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## Nurturing resiliency among adolescents with emotional and behavioral disturbances (EBD) in a special education setting

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NURTURING RESILIENCY AMONG ADOLESCENTS WITH EMOTIONAL AND  
BEHAVIORAL DISTURBANCES (EBD) IN A SPECIAL EDUCATION SETTING

An Abstract of a Dissertation

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Doctor of Education

Approved:

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Dr. Frank Kohler, Committee Chair

---

Dr. Michael J. Licari  
Dean of the Graduate College

Rimaz Herz

University of Northern Iowa

August 2013

## ABSTRACT

Many youth with emotional and behavioral disturbance (EBD) face significant challenges and difficulties with their families, schools, friends and peers, and even themselves, and experience them academically, emotionally, physically, socially and behaviorally. These youth need resilience to help them overcome these difficulties and challenges.

This qualitative study focused on understanding the nature of schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities or needs, and how such schooling and interventions might explicitly or implicitly promote resilience. The researcher sought to examine interventions used by observing a specific self-contained program with clearly defined services. This study contributes meaningfully to the construct of resilience and hopefully raises awareness about resilience and makes clear its importance for students with EBD.

Six participants (including: four special education teachers, the school psychologist, and the interventionist) of a self-contained school were interviewed, observed, and collected data from them three times each, over the course of several months to explore what interventions the school used and if the program fostered and nurtured resiliency in the youths receiving specialized services. The data analysis resulted in several themes in response to study's research questions.

Results from this study add to the literature on why resiliency is important and it affects individuals with EBD in special education settings. The research suggested and recommended based upon the findings, analysis, and conclusions that: (1) the need for

developing a comprehensive intervention to address all the needs and challenges that students with EBD have and teach them all the skills they need academically, behaviorally, emotionally, and socially; and (2) encourage a school-wide system to integrate resilience as an important intervention teachers and educators should consider to students with EBD.

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August 2013

## DEDICATION

In the name of God, I start. Thanks, God, for helping me and giving me all the support, patience, and resilience to finish my endeavor. Thanks for all the blessings.

To Hwaida, my sister: While you are no longer physically present, your spirit and your lessons you taught me are embedded in my being. I am truly thankful for you and my sole grief is that you cannot carry this dissertation and read it, sharing with me your ideas, agreements, or disagreements. I miss you, Hwaida, now more than any time. My only consolation is that I practiced resilience with you throughout life: my childhood, my schooling, the war in Lebanon, missing our brother Qais, marriage, the delivery of my sons, your sickness, your health, our happiness, and our tears . . . all these were with you, and you taught me resilience. Without resilience, Hwaida, it was hard to handle your death.

To my dad, Afif, my mom Mariam, and my eight brothers. For you all.

To my husband, Souhail, who supported me in my doctoral endeavor verbally and physically. You endure a lot with me, took care of our kids, taught them, and more. Souhail, I cannot do that without you. I am very thankful and forever grateful.

Moussa, Siraj, and Lareen, my offspring: I am so lucky that I have you, and my dream is to make you proud of me. All my life is for you and I hope I can teach you resilience throughout your life to live it with passion.

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## CHAPTER 1

### INTRODUCTION

#### Introduction

The evolution of special education over the last forty years has been considerable. Starting in the 1970s, the goal was to identify students with disabilities who, at the time, were excluded from school, and provide them an appropriate public education. A decade later, the common belief was to teach students with disabilities a functional curriculum so they could live independently and participate in community activities (Mastropieri & Scruggs, 2010). In the United States, as of 2006, more than six million children receive special education services through the Individuals with Disabilities Education Act (IDEA; National Center for Learning Disabilities, 2010). Under IDEA 2004, special education and related services were expected to be designed to meet the unique learning needs of eligible children with disabilities—preschool through age 21—and prepare them for further education, employment, and independent living.

While many efforts have been made by educators and researchers in the field of special education to help students with disabilities and their families, one of the barriers to helping students with disabilities is focusing on whether those students master and have academic knowledge similar to students without disabilities, and not just focusing on skills in social and emotional interactions (Mastropieri & Scruggs, 2010). Social and emotional skills are important, must be integrated, and remain with youth (with or without disabilities) into work, college, at home, with friends, etc. To achieve the goals of socialization and behavioral, mental health, and well-being, students with disabilities

need more support and should be held to equally high expectations as students without disabilities. This support must not be merely in schooling and with homework, but must also foster behavioral and emotional well-being and teach students coping skills in much the same ways as they are taught reading, writing, and math.

Special education students may experience social, behavioral, and academic failures, and may have difficulty coping or self-correcting with any degree of success. This can lead to feelings of lack of control, which can increase vulnerability and lead to helplessness and contribute to academic, social, and emotional failures (Whitmore & Maker, 1985). Some students with disabilities do not have the opportunities to experience success, which lead them to become “at-risk” individuals. This can also be related to internal and external risk factors, such as poverty, divorced homes, alcohol, or drug abuse. Unfortunately, school can become very difficult for these students, and they may be referred to specialized and restrictive settings, such as self-contained programs, juvenile justice, or correctional facilities.

Most students with a special education classification who have an Individualized Education Program (IEP) are educated in general education settings because of the concept of least restrictive environment (LRE). The idea of the LRE is that students with disabilities should be educated in general education or inclusive classrooms to the maximum extent possible. But, if the public school that addresses the needs of students who typically cannot be met in a regular school, then the school that referred the student to specialized or restrictive settings providing non-traditional education serves as an adjunct to a regular school, or fall outside the categories of regular, special, or vocational

education (U.S. Department of Education, 2002). Therefore, many students may learn in self-contained settings or in a special education school. What Works Clearinghouse (2011) posits that self-contained settings entail pull-out instruction for part or all of the school day, and may go so far as to include specialized schools, residential arrangements, and hospitals. In this regard, special education settings are designed to educate those students for whom a change of placement is warranted, as a result of significant behavioral misconduct.

Many researchers in sociology, psychology, and education research constructs such as students' acquisition of coping skills, self-determination, community access, and participation with peers and adults. The goal of specialized services or interventions related to these constructs is to make a difference and help students make progress in areas that promote positive personality characteristics such as resilience, well-being, forgiveness, and hardiness. This shift in focus exemplifies a larger shift in research focus in psychology to recognize and explore mental health and well-being, not just mental illnesses and pathology (Silegman, 2002).

Research shows that powerful social and emotional factors affect students' learning and overall well-being (Becker & Luthar, 2002; Cambourne, 2002). Some of these factors include: the students' relationships with adults and peers, students' motivation, sense of self, ability to succeed, and mental and physical wellness (Osher, Sidana, & Kelly, 2008). These factors are important for all students, and influence students' abilities to attend to learning and their engagement in learning activities. They are particularly important for students who come from economically disadvantaged

backgrounds or who exhibit emotional, behavioral, or learning disabilities. Research suggests that it is hard to improve academic outcomes for these students, both individually and collectively, without addressing the social and emotional barriers to learning they face that cannot be addressed through academic remediation (Spier, Cai, Kendziora, & Osher, 2007).

In this regard, resiliency can play a positive role or guidance for making schools and communities healthier places. Resiliency is an indicator of adjustment following adverse events, such as victimization, sexual or drug abuse, poverty, traumatic events, juvenile justice, neglected or delinquent setting, disabilities, or poor academic performance. Resilience is a multidimensional construct regulating optimal human functioning, and is typically studied in the field of positive psychology that addresses personal strengths and mental wellness, rather than weaknesses and mental illnesses (Masten, 2001; Seligman, 2002). Resilience has also been defined as the capacity to meet a challenge and use it as a springboard for psychological growth (Baldwin et al., 1993) to cope with high-risk situations, or to exhibit the ability to do well against the odds, and recover (Rutter, 1985; Masten, 2001). In summary, resilience is the ability to cope with adversity, adapt to challenges, or to change exhibiting beliefs, behaviors, skills, and attitudes to move beyond experiences of stress, challenges, or adversity.

Many contemporary theorists support the notion that resilience exists in every self-actualizing person. It is a life span process, and is viewed as a learned skill set and an ingrained part of one's life. Work and school settings can foster resiliency in children and adolescents, regardless of disability (Brown, 2010; Fergus & Zimmerman, 2005; Masten,

2001; Brown, Jean-Marie, & Beck, 2010). In this vein, resilience is an important capacity or factor for students with disabilities, especially for students with emotional and Behavioral Disturbances (EBD). The challenge is to address or foster resilience in those youth in schools and in special education programs.

To date, there is little research on the relative effectiveness of resiliency interventions used with students with disabilities in general or with students with EBD specifically. Empirical support for resilience intervention is limited even in psychological studies, but it is promising. Studies have shown that 70% to 80% of young people raised in severe hardship develop social competence, personal coping skills, stability, and happiness by midlife (Brown & Brown, 2005). However, with increased emphasis on evidence-based practice, more rigorous research is necessary so that educators and mental health providers can offer interventions that produce adaptive outcomes for children with disabilities. In this regard, interventions in special education may overlap with not only skill building, but also with the development of resiliency.

To help special education youth advance academically, socially, and emotionally, early and contemporary researchers of resilience have suggested numerous strategies and interventions for building resilience. Recent work identifies three core elements of resilience development: (1) attention to external supports (relationships and community); (2) inner strengths (individual personality characteristics); and (3) learned skills (coping skills). Developing these resilience elements works synergistically, meaning that improvement in one element is likely to cause improvement in the others. For example,

teachers who have positive relationships with students find it is easier to engage students and develop their students' social and emotional skills.

The goal of this study is to explore how resilience applies to adolescents with disabilities who are placed in special, self-contained facilities, to identify approaches that may help educators promote the presence of resilience, and to provide additional resources and methods of intervention for further exploration, research, and practical application. The statement of the research problem is addressed in the following section.

#### Statement of the Problem

In the United States, 8 % of students in K-12 are listed as having an emotional disturbance under the IDEA, and this percentage remains relatively consistent year to year (U.S. Department of Education, 2007). Compared to all students with disabilities, students with Emotional and Behavioral Disturbance (EBD) are more likely to be placed in restrictive settings and to drop out of school (Chesapeake Institute, 1994; Valdes, Williamson, & Wagnor, 1990). Effectively serving and meeting the needs of youth with EBD is a national concern. The necessity of addressing the needs of these youth has become increasingly apparent. Failure to do so threatens the success of the nation's educational objectives, such as No Child Left Behind (NCLB), and limits life-long opportunities for many individuals. In the state of Iowa, many students with EBD are enrolled in specialized programs, including residential schools or alternative education programs, such as Expo Alternative High School, Bremwood, and Four Oaks.

EBD is a significant disorder for youth and their caregivers. Youth who are EBD and receiving specialized services from different school programs (residential or

alternative) often encounter social and emotional problems and difficulties. They often experience considerable behavioral problems that lead them to drop out of school, and they are typically delayed by two or more years behind their peers in basic academic skills. They may also experience learning disabilities and mental and behavioral problems in much greater proportions than their peers (Quinn, Rutherford, Leone, Osher, & Poirier, 2005). Further, they may experience depression, anger, lack of social-emotional skills, and mental anguish. Many youth with EBD face significant challenges and difficulties throughout their lives, with their families, schools, friends, and peers (Mastropieri & Scruggs, 2010). They may experience these difficulties academically, emotionally, physically, or socially, and may develop behavioral problems that can impede their developmental well-being.

Resilience has been defined as the capacity to meet a challenge and use it as a springboard for psychological growth (Baldwin et al., 1993), to cope with high-risk situations, and to exhibit the ability to do well against the odds and recover (Rutter, 1985). Masten (2001) defines resilience as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. She refers to resilience as “a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (p. 228).

In summary, resilience is the ability to cope with adversity and adapt to challenges or change, and to exhibit beliefs, behaviors, skills, and attitudes to move beyond stress, challenge, or adversity. It exists in every person; it is a life-span process, and schools can build it in children and adolescents to help them face all situations in life.



The problem is that many intervention programs for students with EBD teach discrete academic and behavioral skills, and do not address or support students' capacity to overcome challenges and adversity. Specialized programs and interventions need to address resiliency to help youth with EBD cope with adversity and face life positively. While it is important to examine the interventions and services already exist in specialized programs for youth with EBD, it is more important to implement resilience in school-wide interventions with the intention of helping youth with EBD.

#### Purpose of the Study

This study examined qualitatively the services and interventions that institutional staff implemented to address the resilience of students with EBD in a self-contained program. The purpose of the study was to understand the nature of the schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities or needs, and how such schooling and interventions might explicitly or implicitly promote resilience. The researcher sought to examine schooling and interventions through the lens provided by research about resilience. Resilience was the framework the researcher used to understand what interventions the school used and if those interventions contributed to resilience. Through this investigation, the researcher examined the services and interventions implemented in one self-contained school program, and if the interventions fostered and nurtured the resiliency of youths receiving specialized services. It also examined how the needs of students with EBD in the most extreme cases were addressed through schooling and special education interventions. Additionally, the researcher examined the interventions used by observing a self-

contained program with clear interventions and services. This study contributes meaningfully to the construct of resilience and hopefully raises awareness about resiliency and its importance for students with EBD.

The present study used qualitative information from a wide variety of sources. The qualitative methods were based on collecting archival data and documents, observing, and interviewing in the ethnographic tradition to gather necessary information about the interventions used from various sources, including four special education teachers, the school psychologist, and the school interventionist.

### Theoretical and Conceptual Frameworks

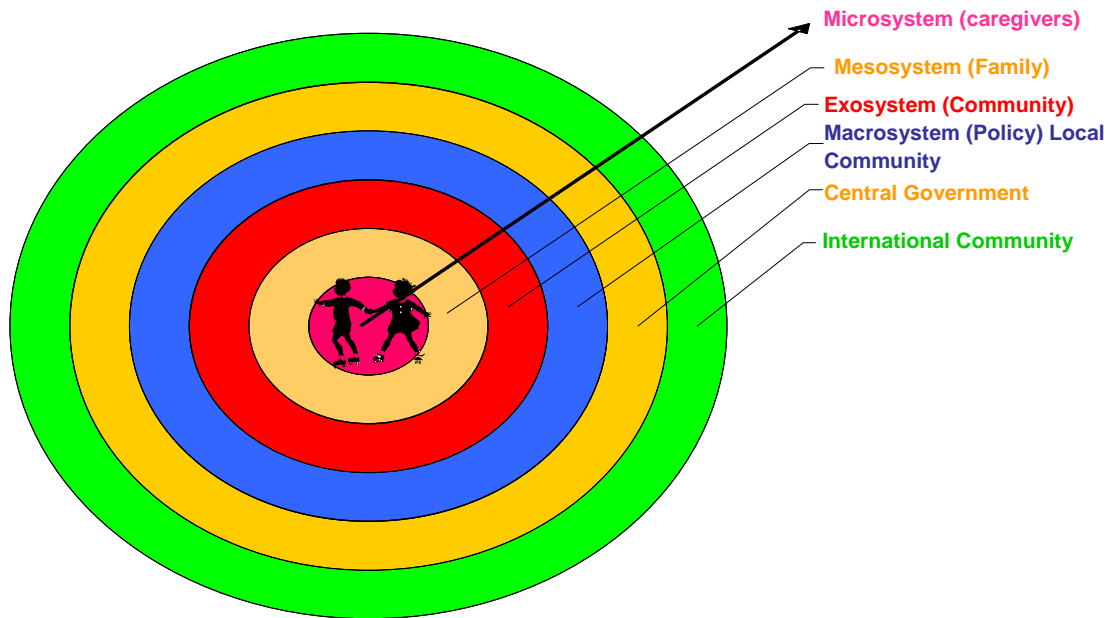
The theoretical and conceptual frameworks that guide this research represent a multi-dimensional lens. Bronfenbrenner's Ecological System's Theory guided the exploration and the description of the environments in which children's development is realized. Positive psychology supported the effect of resilience in improving well-being and promoting psychological growth in adverse circumstances.

#### Bronfenbrenner's Ecological System's Theory

Bronfenbrenner's Ecological System's Theory guided the exploration and description of the environments in which children's development is realized. This model encompasses the "social ecology" in which children develop, including the risks they may face and the factors that protect them. It is important to integrate contextually based knowledge of child development into programs implemented using a resilience perspective. This model shows which communities of interest that have an influence on children's lives, and also who hold different commitments towards children.

In the field of child development, the term “ecology” is characteristically used to refer to the various systems, and the interactions among them, that establish development (Ven, 2008). The ecological framework described by Bronfenbrenner (1979) offers a comprehensive approach for understanding multiple interacting influences on individual development, and for designing models and practices that support child and adolescent development. This model guides the presentation of factors and related programs or interventions for adolescents with disabilities at different levels of implementation (national or state policy, district, school, community, and classroom). Though most educators recognize Bronfenbrenner’s Ecological System’s Theory, Bronfenbrenner’s theoretical framework suggests that development is best understood when it is considered in the context of the environmental systems in which an individual has regular interactions (Bronfenbrenner, 1979). The diagram below (Arntson & Knudsen, 2004) represents Bronfenbrenner’s Ecological Systems Model. It shows which communities of interest have influence children’s lives.

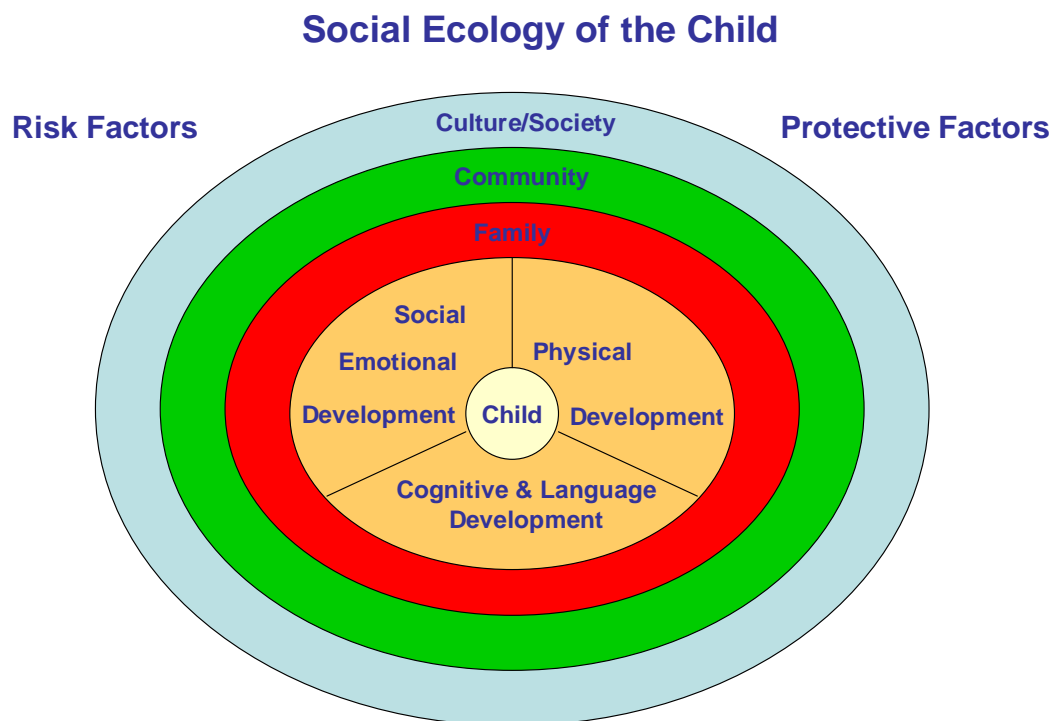
### Broffebrenner's Ecological Systems Model



*Figure 1.* Broffebrenner's Ecological Systems Model.

In Broffebrenner's microsystem, an individual's immediate environment, or the direct setting containing a child or adolescent, has six components: people, physical setting (e.g., classroom), activities (i.e., what people do), timing (e.g., schedule), rules and norms governing behaviour, and roles (i.e., what functions people play and how they relate to each other). The mesosystem is composed of the relationships among microsystems and their immediate contexts, such as family, neighbors, and schools. The exosystem includes the institutions of society in the community, such as health care, economy, employment, mass media, housing, and transportation. The macrosystem is society's overarching values toward children and youth.

It is important to integrate contextually based knowledge of child development into programs implemented using a resilience perspective. The following diagram (Arntson & Knudsen, 2004) represents the social ecology in which children develop, including the risks they may face and the factors that protect them. Some populations have substantial adversity by virtue of their socioeconomic status, cultural disparities, or threats to physical safety. Thus, it is important to recognize that chronic exposure to adversity can occur in any socioeconomic level and within any community, which is addressed clearly in Broffebrenner's theory.



*Figure 2.* Social Ecology of the Child (Broffebrenner's Theory).

Protective factors may be intrinsic to individuals themselves, but they may also be characteristics promoted by the family and the community ecologies surrounding them. Protective factors offer hope that schools can succeed in their mission of preparing students for healthy and productive adult lives, regardless of the risks youths bring with them into the classroom. The value of resilience is that it can lead educators to prioritizing interventions that feature more proactive, relational, ecological, and environmental interventions over reactive medical and behavioral or developmental models. Thus, because the study of resilience focuses on the concept of risk and on protective factors, this study draws attention to research and practice, as it is integrated across individual, school, family, and community systems, to promote and strengthen resilience in youths with disabilities.

This study draws upon Broffebrenner's model to address the student's profile by identifying their innate effects and personal consequences that appear in the microsystem of Broffebrenner's model. For example, the researcher collected data on students' gender, race, grade, age, and special education status to understand their background and history. In addition to other information related to the mesosystem, such as family information, parental data, and their community (Home District), which overlaps with the exosystem, other questions for this study centered be on the school and the policies the student was involved in and whether or not he/she follows boundaries and expectations from adults, schools, the community, police, and educational institutions. The researcher collected data from schools records, observed in the classrooms, and interviewed special education teachers, a school psychologist, and an interventionist. Finally, this study

examined multiple aspects of students' being, including social relationships with others, effective coping skills and problem solving, and inner strengths.

While changes at any level of Bronfenbrenner's model of nested systems can affect the development of children and young people, changes at the microsystem level are most immediately able to be undertaken (Bronfenbrenner, 1979). The school is an important microsystem, one that affords many possibilities and resources for assisting youth to develop resilience interventions, skills, and attributes. Thus, the interventions and services the researcher examined within this study, based on the characteristics of resilience that summarize current resilience theories, falls into three core elements: (1) social competence and building strong relationships (external support); (2) effective coping skills and problem solving (learned skills); and (3) autonomy and a sense of purpose (inner strengths). These three core elements are aligned with ecological systems and contribute to them.

### Positive Psychology

The other conceptual framework this study addressed is that of positive psychology. The aim of positive psychology is to motivate a change in psychology by repairing only the worst things in life to also build the best qualities in life. The field of positive psychology at the subjective level is about positive subjective experience: well-being and satisfaction (past); flow, joy, the sensual pleasures, and happiness (present); and constructive cognitions about the future, optimism, hope, and faith (Seligman, 2002). At the individual level, positive psychology is about positive personal traits, including the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility,

perseverance, forgiveness, originality, future-mindedness, high talent, and wisdom (Seligman, 2002). At the group level, positive psychology is about civic virtues and the institutions that move individuals toward better citizenship, including: responsibility, nurturing, altruism, civility, moderation, tolerance, and work ethic (Seligman, 2002). In this manner, positive psychology does not rely on wishful thinking or self-deception; instead, it adapts what is best in the scientific method to the unique problems that human behavior presents in all of its complexity (Seligman, 2002).

Educators can learn much from the field of positive psychology. Positive psychology is a flourishing field that encompasses the study of positive personality traits. As a positive characteristic of persons, resiliency is a theme that falls within the domain of positive psychology, which is the study of positive human emotional behaviors and interactions, as well as how social institutions shape such states and traits. Resiliency constitutes one of the core concepts within the emerging frameworks of positive psychology (Seligman, 2002). Resilience is defined as the individual's ability to thrive despite adversity (Rutter, 1985; Masten, 2001) and positively adapt under stress and adversity (Wagnild, 2003). Resilience research has received increasing attention within positive psychology, suggesting that the effect of resilience is that it improves well-being and promotes psychological growth in adverse circumstances. This is a humanistic approach that is useful in studying high-risk populations who are vulnerable to psychological and developmental problems under stress, and in identifying protective factors that promote positive adaptation. This holistic perspective is also helpful for maintaining focus on "the positive" and appreciating virtues, as opposed to a



deterministic, deficit view of human behavior. In addition, positive psychology poses important questions for resilience investigators about the differentiation of challenging experiences that weaken development versus those that promote development (Masten, 2001).

In this study, the researcher used a framework of positive psychology to examine interventions and services to see how they fit with or are based on the characteristics of current resilience theories and research. Specifically, interventions might exhibit three core elements: (1) social competence and building strong relationships (external support); (2) effective coping skills and problem solving (learned skills); (3) and autonomy and a sense of purpose (inner strengths). These three core elements are aligned and contribute to a positive psychology approach. Moreover, a model of positive psychology represents the factors that protect individuals from risks and adversities, such as the well-being and satisfaction, sense of humor and happiness, and a sense of meaning and hope. These factors are explored in this study through observing students in their school environment.

#### Summary of Theoretical and Conceptual Frameworks

A comprehensive understanding of resilience requires consideration of the influences that occur between an individual and his/her environment over time, at multiple levels of analysis. In this sense, resilience is not static; rather, it is the set of social, psychological, and biological processes through which one achieves comparative adjustment as developmental task demands and extraordinary events are confronted across the life span. It is widely recognized that family, environment, social milieus, and psychological processes all affect the functioning of resilience in general; hence,

resilience is a multidimensional construct that varies with context, time, age, and life circumstances (Connor & Davidson, 2003; Wagnild, 2003).

In this study, the researcher used a multidimensional approach to resilience that emphasizes the complex and integrated role of schools, families, and communities working together to foster students' educational and psychological well-being. Within this perspective, resilience is the complex interaction of child's characteristics (i.e., innate or personal resilience) and socio-environmental supports (i.e., family, school, and community) that buffer the effects of adverse situations and allow students to succeed despite risk (Esquivel, Doll, & Oades-Sese, 2011). In this study, the researcher selected a self-contained program in a separate school that serves students with EBD. This school is an important setting for adolescents with EBD. From there, the researcher collected data about family. Their life, in this period of time, is primarily in school not and not with family, because school is the place where students spend more time and energy; it is where they experience peers, teacher influences, and other relationships. In this manner, school plays an important role in psycho-social development for those students (Olsson, Bond, Burns, Vella-Brodick, & Sawyer, 2003; Bronfenbrenner, 1979).

This section contributes to understandings of resilience from two models and theories: from Bronfenbrenner's ecological systems model and from positive psychology. Understanding resilience from these two lenses allowed the researcher to look closely at school-based practices and critically examine the development of evidence-based interventions that build resilience in students with disabilities.

The researcher expects these contributions to encourage the development of resiliency in youths at special education schools, particularly in collaboration with families and communities. (This is also Broffebrenner's framework.) The researcher also supports and enables the healthy development and success of all youths, paying special attention to those facing adversity and disability. Moreover, the researcher believes this study promotes the adoption of positive psychology to promote resilience and other emotional and psychological aspects in special education programs and schools.

### Research Questions

Through this investigation, the researcher aimed to examine the methods and interventions that are implemented in one self-contained school program that fosters and nurtured youths' resiliency, and who are receiving specialized services. By examining a specific self-contained program with clear interventions and services, this study contributes meaningfully to the construct of resilience, and provides information that can guide the development of interventions for use with students with EBD. This study addresses the following three research questions:

Research Question 1: What interventions or services do students receive over the course of this study?

Research Question 2: How are these services aligned with the core elements of resilience with regard to external support: social competence and building strong relationships; problem solving and healthy coping skills; and inner strengths, including autonomy and a sense of meaning?

Research Question 3: What are staff's perceptions about using these services or interventions?

#### Significance of the Study

The study illustrates the importance of resilience and provides an overview of how constructs of resilience affect individuals with emotional and behavioral disabilities (EBD). It provides an understanding of how resilience evolves over time. In addition, it describes how resiliency applies to schools and what educators and teachers can utilize to support adolescents with disabilities who face the significant and often life-threatening challenges in the twenty-first century. The study also provides an overview of several interventions that have been implemented for students with behavioral challenges. Finally, it explores how these interventions address the constructs of resilience, and offers recommendations for future practice.

The particular focus of this research is on students with emotional or behavioral disabilities (EBD). Many youths with EBD face significant challenges and difficulties throughout their life with their families, schools, friends and peers, and even themselves, and experience these challenges academically, emotionally, physically, socially and behaviorally. Youths with EBD need resilience to help them overcome significant difficulties and challenges. The field of education has undergone significant changes over the past two decades, but those changes indicate more than ever before that promoting resilience is an effective approach for individuals with disabilities, students at risk, and other diverse learners, because they draw upon the unique characteristics that many individuals with disabilities often possess. Many resilience studies exist in the field of

psychology, sociology, and in general education, but to date, research on resilience within special education is not well established.

Two topics about resilience receive particular attention in this dissertation. First, the researcher assumes that fostering resilience in students with disabilities is too important to embed it in schools and communities; therefore, resilience should also be addressed in special education, not just in psychological and mental health studies. In addition, the researcher believes that resilience will become a stronger mindset for the future, and will foster students with or without disabilities to overcome the adversities and problems they face. Second, interventions and services are developed in isolation, and often do not encompass the perspective and knowledge of multiple disciplinary teams. So, it is necessary to examine how interventions are developed and implemented in schools of special education to understand how they emphasize the core elements of resilience to align with the services and interventions used by the school. This incorporation between core elements of resiliency and the services or interventions used to promote it is crucial to overcome the adversities among youths with EBD. In sum, this study is important and timely because it is designed to produce a better understanding of the interventions and services that students with EBD received in their programs to nurture their resilience.

### Summary

This chapter briefly defined and described resilience and the benefits of resilience for students with EBD. The purpose of the study is to examine the methods or interventions that are implemented to address these students' residency related needs. The

theoretical and conceptual frameworks for this study are guided by Bronfenbrenner's Ecological System's Theory and by positive psychology. These theories provided a lens that supports the goals of this study.

Chapter 2 provides an understanding of how the concept of resilience has evolved over time and in different fields, the core elements of resilience, and offers a discussion of protective factors and interventions teachers can utilize to support adolescents with disabilities who face significant and often life-threatening challenges in the twenty-first century. It also describes the characteristics of students who exhibit behavioral and emotional disabilities/challenges, the significance of these problems, and the variety of programs typically implemented to help promote students' success in life. The last section of Chapter 2 discusses the importance of resilience in students with EBD and how resiliency positively influences their lives.

## CHAPTER 2

### LITERATURE REVIEW

#### Introduction

Society has become more complex and problematic; violence, drug abuse, stress, and depression are on the rise and many individuals experience difficulties that interfere with their functioning. Some face naturally stressful and traumatic difficulties, such as disasters, hurricanes, tornadoes, or earthquakes. Others face social and emotional stressors, such as poverty, family discord, divorce, violence, substance abuse, illness, and disability. It widely known that some youth in our modern and complex society are more at risk and vulnerable in failing to succeed in life because of adversities in their young lives. Some individuals cope and recover from these events and challenges, while others do not.

Most educators recognize that all parts of children's well-being—physical mental, behavioral, social, cultural, etc.—are imperative to their overall development. As teachers, we know that some students with disabilities face more challenges than students without. Many efforts are made to help students with disabilities master academic knowledge and the skills needed for social interaction with others. Social and emotional skills are important, integrated, and remain with the youth with or without disabilities into work, college, home, with friends, etc.

Scholars in sociology, psychology, and education are seeking to determine if students show more growth once placed in specific behavioral and psychological programs and interventions. Examples include teaching interventions that include coping

skills, self-determination, community access, participation with peers and adults, and other positive behavioral supports. The purpose of these services or interventions is to promote progress in positive personality constructs such as resilience, well-being, forgiveness, or hardiness. These programs are popular and promote the research interests in social sciences and positive psychology (Masten, 2001; Seligman, 2002). They are intended to help educators confront the complex question of how to help their students cope and recover from the challenges and difficulties they face, and thus nurture resiliency in children and adolescents.

This chapter describes resiliency and how it applies to schools and to adolescents in special education students who face challenges in schools today. This chapter also provides an overview of how constructs of resilience affect individuals with EBD. This chapter provides an understanding of how resilience has evolved over time and in different fields, the core elements of resilience, and overviews the discussion of protective factors and interventions. Teachers can use these interventions to support adolescents with disabilities who face the significant and often life-threatening challenges in the twenty-first. It also describes the characteristics of students who exhibit behavioral and emotional disabilities/challenges, the significance of these problems, and the variety of programs available to help students achieve success in their life.

The theoretical and conceptual frameworks that guide this research represent a multi-dimensional (or bidirectional) lens. The ecological framework described by Bronfenbrenner (1979) guides the presentation of factors and related programs or interventions as they relate to adolescents with disabilities at different levels of



implementation (national or state policies and at the classroom, district, school, or community levels). It guides the exploration and description of the environments in which children's development take place. Positive psychology suggests the effect of resilience in improving well-being and promoting psychological growth in adverse circumstances. Positive psychology also tries to adapt what is best in the scientific method to the unique problems that human behavior presents in all its complexity (Seligman, 2002). In this manner, resiliency is a theme that falls within the domain of positive psychology, which is the study of positive human emotion, behavior, and interaction, as well as how social institutions shape such states and traits. To achieve the purpose of this chapter, the following questions are used:

1. What is meant by the concept of resilience?
2. What are the characteristics of youth with EBD and what is the significance of problem?
3. What interventions and services can educators use to foster resilience in youths with EBD?

These three questions are discussed in the following sections of this chapter.

### What is Resilience?

#### Introduction

Resilience has been defined as the capacity to meet a challenge and use it as a springboard for psychological growth (Baldwin et al., 1993), cope with high-risk situations, and exhibit the ability to do well against the odds and recover (Rutter, 1985). Masten (2001) defines resilience as “good outcomes in spite of serious threats to

adaptation or development” (p. 228). An understanding of how the concept of resilience has evolved over time and in different fields and models, the core elements of resilience, and the discussion of protective factors and interventions teachers can utilize to support adolescents with disabilities who face the significant and often life-threatening challenges in the twenty-first century are covered in this section.

### Definitions and Models

Definitions and concepts are the building blocks from which theories are constructed. Concepts change and grow over time when new information is generated, and when new interpretations of the concept are formed. So, what is resiliency? The concept resilience has been defined in *Merriam Webster Dictionary* (2011) as: “(1) the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress, (2) the ability to recover from or adjust easily to misfortune or change.” As it is used in social and educational research today, the term resilience evolved from conceptions of invulnerability found in anthropological research that looked at children who experienced adverse life situations, differentiating those that bounced back after the event and those who did not (Werner & Smith, 1992). Beyond this, understandings or applications of resiliency differ by philosophical and professional orientation. For example, psychological approaches focus on resilience from a different perspective than biological or social and ecological models, which are often used in schools. Definitions from psychologists, physicians, and social workers can help educators understand and consider different viewpoints as they work to support students in distress.

Psychological studies of human behavior have defined resilience as the ability to function quickly and competently under threats or extremely stressful conditions (Masten, Best, & Garmezy, 1991). Resilience is also described as the capacity to meet a challenge and use it for psychological growth (Baldwin et al., 1993), to acquire adaptive abilities to cope with high-risk situations, and as involving doing well against the odds, coping, and recovering (Rutter, 1985). Masten (2001) defines resilience as “good outcomes in spite of serious threats to adaptation or development” (p. 228). Thus, from psychology, resilience concerns the developing and strengthening of psychological attributes and ways of thinking in order to bounce back, grow, and change.

Biological models imply that resilience is inherent in an individual's genetic make-up or temperament. Temperamental states and mental health comprise resilience and determine an individual's susceptibility or adaptability in high-risk, environmental conditions (Rutter, 1985; Werner, 1993). These models are grounded in research such as Birmaher, Ryan, Williamson, and Brent (1996), who found that genetic factors account for approximately half of the variance in mood disorders. Similarly, Beardslee, Versage, and Gladstone (1998) found that having a depressed parent is one of the strongest predictors of depression in children and adolescents. Rates of depression have been found to be twice as high in identical twins (monozygotic; more genetically similar) than in fraternal twins (dizygotic; less genetically similar; McGuffin & Katz, 1989; Carlson & Abbott, 1995). The biological model holds that resilience is influenced by biological factors such as mood and temperament, and that it may be unchangeable.

In another vein, the fields of social work and education use ecological models to suggest that resiliency develops over time within the context of environmental support (Egeland, Carlson, & Sroufe, 1993). These environmental models suggest that resilience is not just a matter of biological or psychological strength or weakness inherent to the individual, but considers social interactions and the role of others to address a stressful situation (Rutter, 1987). For example, Egeland et al. (1993) explained resilience as the complex interaction of risk, vulnerability, and protective factors over time that determines children's and adolescents' resiliency and eventual outcomes.

As educators, it is advisable to take from these definitions an understanding that the concept of resilience is changing, and that each field has something to offer. Whatever perspective is adopted, educators must question how it positions them in relation to the child or his or her circumstances. Many researchers stress that resilience is a natural capacity that all individuals have for healthy development and learning, and that it can be viewed as a natural, developmental wisdom that intrinsically motivates humans to meet their various needs (Masten, 2001; Masten & Coatsworth, 1998; Werner & Smith, 1992). Most convincingly, Masten (2001) prompts us to consider that resilience does not come from rare and special qualities, but from the everyday "magic of ordinary": from normative human resources in the minds, brains, and bodies of children; from their families; and from relationships; and from their communities. In this manner, resilience is defined as both a process and an outcome characterized by positive adaptation to adversity (Masten, 2001).

### The Evolution of Resilience

One of the most significant studies on resilience was the 32-year Kauai Longitudinal Study by Emmy Werner and Ruth Smith (2001). The researchers followed 698 disadvantaged infants from birth until age of 32 (Werner & Smith, 2001) on the island of Kauai, Hawaii, from 1955 until 1987. The infants were born into poverty, had a variety of biological and psychosocial risk factors, and suffered stressful life events (Gardynik & McDonald, 2005). The researchers were interested in risk factors related to developmental problems and psychopathology. Their results confirmed the impact of exposure to these risk factors. Werner and Smith (2001) found that a core of the individuals with four or more risk factors (about one third) developed into competent, confident, caring and autonomous adults. Studying these children in comparison to others in the study resulted in the discovery of three types of protective factors that supported the development of resilience in these children:

1. Dispositional attributes of the individual, such as activity level and sociability, at least average intelligence, competence in communication skills (language and reading);
2. Affectional ties within the family that provide emotional support in times of stress, whether from a parent, sibling, spouse or mate;
3. External support systems, whether in school, at work, etc. that reward the individual's competencies and determination, and provide a belief system by which to live.

Werner and Smith (1982) found that the resilient children had a number of similar behaviors and character traits. They found that resilient children were often affectionate and relaxed as infants. They showed that resilient children were active, capable, friendly, comfortable, self-reliant, and reacted well to problems. Resilient adults seemed to be particularly sociable. In contrast, children who were less resilient to adversity were more often nervous, anxious, suspicious, fearful, unpleasant, apprehensive, and withdrawn (Werner & Smith, 1982; 2001).

Another pioneer of resilience research in the early 1970s was Garmezy (1974), who worked with children of parents diagnosed with schizophrenia and had a high risk of psychopathy. Within this group, he found a few children who resisted well the effects of their parents' mental illness and managed to develop their own adaptive and healthy patterns of behavior. Breaking the deficit-focused, medical model of the time, Garmezy sought to identify factors important in developing resilience in these children and to understand the nature of their resistance to life's adversities. His work was supported by Anthony (1974) who, while studying similar children, found some that effectively resisted being overwhelmed by their parents' mental illness. He called these children invulnerable.

Other research indicated that the concepts of invulnerability (Anthony, 1974) and invincibility (Werner & Smith, 1982), as a fixed attributes evidenced only in some children, gave way to the idea of resilience as a characteristic more fluid in nature that can be developed and fostered in all children. For example, Rutter (1987) and Benard (1993) both showed that an individual's resilience varied over time, and that those who

successfully coped with adversity at one time might react quite differently to stressors at another time. Research results reflected the idea of resilience as positive adaptation despite adversity that was never permanent and a developmental progression with new vulnerabilities and strengths emerging with changing life circumstances (Luthar, 1991).

In addition to identifying internal assets of the individual and external strengths or protective factors in the environment as important in developing resilience, Rutter (1987) proposed the concept of mechanisms that protect against psychological risks associated with adversity. He identified four main mechanisms (or processes) to build resilience: (1) reduction of risk impact, (2) reduction of negative chain reactions, (3) establishment and maintenance of self-esteem and self-efficacy, and (4) being opening to opportunities.

Later, Benard (1993; 2004) claimed that the four most common internal attributes of resilient children were:

1. Social competence: Responsiveness, empathy, caring, communication skills, and a sense of humour;
2. Problem-solving skills: Planning, organizing, seeking out resources, thinking critically, creatively, and reflectively;
3. Autonomy: Sense of identity and the ability to act independently and exert control over their own circumstances, task mastery, internal Locus of Control (LOC), self-efficacy, the development of resistance (to negative messages), and detachment (from dysfunction);
4. Sense of purpose: Having goals, aspirations, achievement motivation, persistence, hopefulness, and optimism. (p. 13-35)

A focus on the characteristics or mechanisms of resilience is incomplete without consideration of the contextual variables that promote its development. Benard (1993) identified environmental factors such as families, schools, and communities that help build resiliency, and these were characterized by caring and supportive relationships, positive and high expectations, and ongoing opportunities for meaningful participation. This built on the work of Garmezy (1991), who also highlighted the protective effects of warm, coherent families and external support from other adults, such as teachers or grandparents.

Finally, Benard (1993) considered the specific role that schools could play in the development of resilience. She asserted that effective schools provide opportunities for children to develop the internal assets of resilience, including: problem-solving skills; autonomy; a purposeful, constructive, and optimistic outlook on the future; effective communication; and relationship skills.

In the late 1990s, Planta and Walsh (1998) argued against locating resilience within the child, the family, or the school. They described resilience as a characteristic of a “process involving the interactions of systems” produced by transactions between the child, family, peers, school, and the community (p. 412). Planta and Walsh suggested that the more interactions there were, and the more child-centered those interactions could be, the better the developmental outcomes would be for the child.

The understanding of resiliency changed further. Resilience research now supports a developmental framework of change; it is seen as a normative process rather than a special attribute that promotes adaptation only in high-risk conditions. Masten



(2001) indicated that resilience does not come from rare and special qualities, but from: everyday, normative human resources in the minds, brains, and bodies of children; in their families and relationships; and in their communities. This understanding of resilience was adopted from Baldwin et al. (1993), who posited resilience as an integral part of development that every child must achieve. Resilience has dynamic biological and environmental components; it can exhibit in the presence and in the absence of adverse or traumatic circumstances (Fergus & Zimmerman, 2005). Resilience is most often examined from a developmental perspective, and seeks to identify variables most likely to produce positive outcomes (i.e., healthy development and adjustment) in the face of adversity, especially during childhood. Simultaneously, resilience is conceptualized as factors that allow an individual to successfully cope with a traumatic event while maintaining a healthy level of functioning (Bonanno, 2004). It is the interaction between numerous factors that eventually determines whether an individual is resilient in the face of adversity or not. However, Fergus and Zimmerman (2005) state that, “resilience is defined by the context, the population, the risk, the promotive factor, and the outcome” (p. 404).

In summary, most definitions of resiliency have come to encompass individual characteristics, the nature of the context, risk factors, and exposure to adverse or traumatic circumstances; they have focused on external and internal protective factors to protect at-risk children from the effects of those risks; and they have focused on successful adaptation following exposure. Resilience is not a static personality trait; it develops over time and can be enhanced. It is part of a dynamic process that includes

individuals' interactions with their surrounding environments. As a result, one cannot study resilience without embracing a holistic perspective. It is a life-span process, and schools can foster it in children and in adolescents to more effectively deal with all situations in their lives, including children with disabilities. Students with disabilities are no different; in fact, one could argue that they have an increased childhood of facing difference challenges and increased resilience for these students is possible if resilience is developed to become more central in educational environments.

### The Theories of Resilience

There are three major theories of resilience. The first is identified by Werner and Smith (1982, 1992) and Garmezy (1974), in which salient protective and vulnerability processes affecting at-risk children are viewed as operating at three broad levels. These include influences at: the community level (e.g., neighborhoods and social supports), the family (e.g., parental warmth or maltreatment), and the child (e.g., traits such as intelligence or social skillfulness). Researchers were interested in risk and protective factors related to developmental problems and psychopathology. Their results confirmed the importance of exposure to these risk and protective factors. Simultaneously, understanding the attachment perspective for individuals in resiliency is important to educators and researchers, representing a primary goal of intervention. Attachment theory emphasizes the relationship established in early childhood between the child and his or her parent, allowing the child to develop self-confidence and a sense of security, protecting him or her later on life, helping them cope with separation and adversity (Davies, 1999).

The second major theory consists of those focused on transactions between the ecological context and the developing child, such as Bronfenbrenner's (1979) ecological theory. In the ecological model, contexts such as culture, neighborhood, and family are conceptualized as consisting of a number of nested levels varying in proximity to the individual. These levels combine with each other over time, shaping onto genic development and adaptation. Consequently, children's development progresses out of active interactions between the child, the family, the school, the community, culture, and the larger political system. With regard to Broffenbrenner (1979), it is important to integrate contextually based knowledge of child development into programs implemented using a resilience perspective. According to this model, the social, cultural, and environmental influences that impact children are embedded in concentric systems, with the child at the center—from the microsystem of family relationships through to the mesosystem of broader social relationships and to the exosystem of schools and neighborhoods, extending outwards to the macrosystem of institutional and ideological arrangements that shape the cultures and sub-cultures in which other systems operate.

The third relevant theory is the theory/knowledge of resilience, which suggests the possibility of transitioning from a primarily diagnostic tool to practical and intentional applications as adjunct to learning and development through intentional practice (Brown et al., 2010). Resilience research supports a developmental framework of change. Brown (2010) argued for a global orientation toward each individual's capacity for life-long learning and development that is facilitated individually or interactively by cognitively, affectively, or behaviorally locating and/or supporting the protective factors of person-to-

person connectedness, opportunities for participation, and high self-expectations. In short, Brown suggests that it is possible to locate aspects of resilience within each and every person. Related to this idea, resilience exists in every person, and he or she must find it within him or herself.

### Measuring Resilience

Several diagnostic tools have been used in the study of resilience, but the conceptual and theoretical adequacy of a number of these scales is questionable. In educational settings, researchers looked at what factors account for the varied influence of curriculum and instructional improvements to raise academic standards. Most have focused on risk factors for academic failure, such as poverty or racial and cultural minority status, but researchers are beginning to look at the other side of risk, and have identified several traits common to resilient youth that enable them to overcome barriers to academic success (Hanson & Kim, 2007).

However, there is little research on how to measure these traits within the general student population, and how to determine the role of the school environment in promoting these traits (Hanson & Kim, 2007). A number of scales have been developed to measure resilience, such as:

- Adolescent Resilience Scale (Oshio, Kaneko, Nagamine, & Nakaya, 2003);
- Baruth Protective Factors Inventory (Baruth & Carroll, 2002);
- Brief-Resilient Coping Scale (Sinclair & Wallston, 2004);
- Connor-Davidson Resilience Scale (Connor & Davidson, 2003);
- Resilience Scale (Wagnild & Young, 1993);

- Resilience Scale for Adults (Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006);
- Resiliency Scale (Jew, Green, & Kroger, 1999).

These scales are varied in their target populations and in their purposes.

Populations vary from early childhood to children, adolescents, and into adulthood. For example, the Connor-Davidson Resilience Scale (CD RISC; Connor & Davidson, 2003) was developed for clinical practice as a measure of stress coping ability for adults. It measures five factors (personal competence, trust/tolerance/strengthening effects of stress, acceptance of change and secure relationships, control, and spiritual influences). The Resilience Scale (RS; Wagnild & Young, 1993) focuses on youth 16-23 years old to identify the degree of individual resilience (personal competence and acceptance of self and life), which is seen as a positive personality characteristic that enhances individual adaptation. In general, the purposes and focuses of scales change according to the age and the objectives or principles for which the instrument was designed.

Although a number of scales have been developed to measure resilience, they are not widely adopted, and no one scale is preferable over others (Windle, Bennett, & Noyes, 2011). Consequently, researchers and clinicians have little strong evidence to inform their choice of a resilience measure, and may make an arbitrary and inappropriate selection for the population and context. While several scales have been developed, they have not gained wide acceptance, and no one scale has established primacy (Connor & Davidson, 2003).

Many researchers, such as Garmezy (1985), Garmezy and Rutter (1985), and Werner and Smith (1992), have demonstrated that resilience is a multidimensional characteristic that varies with context, time, age, gender, cultural origin, as well as within an individual, as they are subjected to different life circumstances. In this regard, methodological reviews aim to identify, compare, and critically assess the validity and psychometric properties of conceptually similar scales and make recommendations about the most appropriate use for a specific population, intervention, and outcome. Windle et al. (2011) reviewed nineteen resilience measures; four of these were refinements of an original measure. For the remaining instruments, they found that all had missing information or questionable psychometric properties. Overall, the Connor-Davidson Resilience Scale, the Resilience Scale for Adults, and the Brief Resilience Scale received the best psychometric ratings.

It must also be noted that these measures have neither been widely used nor applied to specific populations (Carlson, 2001; Mosack, 2002); therefore, they lack generalizability. There remains a need for fully validated measures of resilience that are simple to use (Connor & Davidson, 2003).

#### Components of Resilience: Resiliency and Protective Factors

With respect to the many children who thrive in spite of adversity, it seems reasonable to take a closer look at the assets that contribute to successful coping and development. Resiliency involves a process of interaction between individual and environmental factors—not fixed attributes or traits within an individual. Individual traits are important, but not sufficient, in the development of resiliency. Young people need

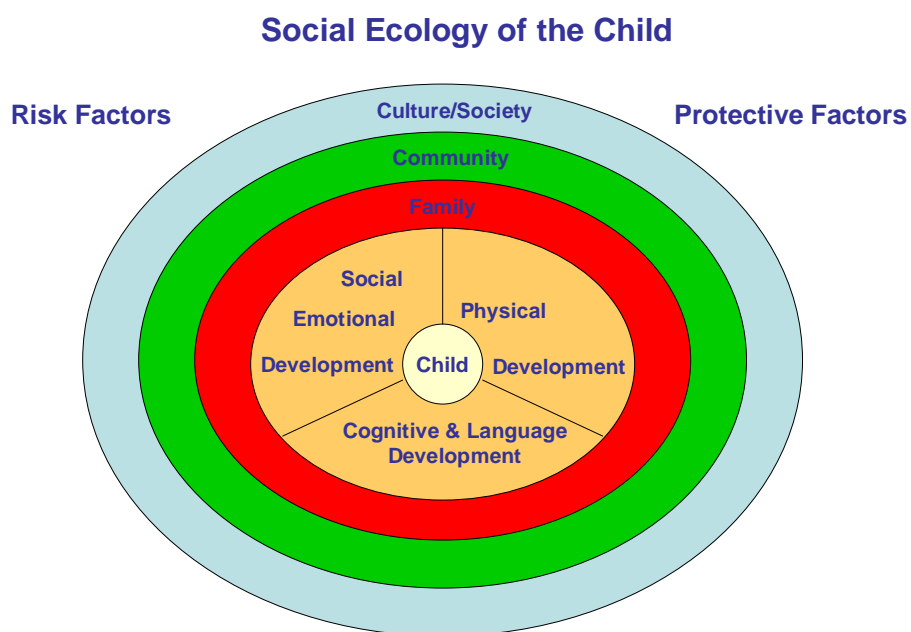
elements in their environment that reinforce and protect the individual traits that help them be resilient (Ginsburg, 2006). These elements could be called protective factors. Masten and Reed (2002) suggest that protective factors such cognitive abilities, problem solving, faith and a sense of meaning in life, a positive outlook on life, close relationships with caring adults, and connections to supportive and rule-abiding people influence an individual's acquisition of resiliency. According to Bender, Thompson, McManus, and Lantry (2007), protective factors include intelligence, relationships, health, self-reliance, and self-efficacy.

Werner (1986) defined protective factors as environmental context variables that buffer or mediate the negative impact of biological or psychosocial events over time. Children who are resilient possess a number of protective factors that tip the scale in their favor for developing positive psychosocial outcomes despite exposure to risk factors (Garmezy, Masten, & Tellegen, 1984; Rutter, 1985; Seifer, Sameroff, Baldwin & Baldwin, 1992; Werner & Smith, 1982). Protective factors are those environmental context variables that buffer or mediate the negative impact of biological or psychosocial events over time (Werner, 1986).

In a stressful situation, protective factors involved with resiliency are thought to empower children with the capacity to recognize any benefits that may have accumulated, rather than focusing solely on the negative implications (Newman & Blackburn, 2002; Oddone, 2002). Also, protective factors are certain characteristics, supports, or circumstances that may help protect some children from the negative effects of stressors brought on by life situations (Boyd & Bee, 2006; Jordan & Chassin, 1998). In

this manner, Oddone (2002) affirmed that we can focus on what does work instead of getting stuck on what does not (Oddone, 2002).

The study of resilience focuses on the concept of risk and on protective factors, which is inherently ambiguous, as resilience is not a permanent state, but a way of growth. Thus, resilience is a study of processes, and therefore poses new methodological challenges. The following diagram (Arntson & Knudsen, 2004) illustrates the environments in which children's development is realized. Figure 3 represents Broffebrenner's Ecological Systems Model. It shows which communities of interest have an influence on children's lives, and who constitute different commitments towards children. The diagram represents the social ecology in which children develop, including the risks they may face and the factors that protect them.



*Figure 3.* Social Ecology of the Child.



This diagram represents that protective factors and risk factors interact with one another from microsystem to macrosystem, from individual to society, and within other levels of influence. Hence, many researchers are interested in learning about the factors fostering resilience. Resilience requires a mental shift that focuses on strengths rather weaknesses and on health or positive adaptation rather than pathology. There is growing research interest in moving away from focusing resources that identify risk factors that promote problem behaviors. For example, Benard (2004) argued that a shift from “risk” to “resilience” offers a more effective framework for supporting healthy development and successful learning (p. 88).

Some personal and social resources that can be viewed as protective factors include having:

- a stable emotional relationship with at least one parent or other caregiver;
- social support from inside and outside the family, including relatives, neighbors, teachers, peers, and clergy;
- an external support system, such as a school or youth group that provides a sense of belonging and fosters confidence;
- an emotionally positive, open, guiding, and norm-oriented educational climate;
- social models who encourage constructive coping (e.g., parents, siblings, teachers, and friends);
- a balance of social responsibilities and achievement demands (e.g., care for relatives, schoolwork, etc.);

- cognitive competence (e.g., at least an average level of intelligence, communication skills, empathy, realistic planning, etc.);
- temperament characteristics that favor effective coping (e.g., flexibility, approach orientation, reflection and impulse control, strong interpersonal skills, good verbal communication skills, etc.);
- experiences of self-efficacy, internal locus of control and corresponding self-confidence, and a positive self-concept;
- a way in which the individual can deal with stressors, particularly by actively trying to cope;
- the experience of sense, structure, and meaning in one's own development (e.g., faith, religion, ideology, sense of coherence, etc.);
- an overall disposition to set goals and actively participate in decisions regarding their life and their future (Bender et al., 2007; Garmezy et al., 1984; Masten & Reed, 2002; Rutter, 1985; Seifer et al., 1992; Werner, 1986; Werner & Smith, 1982, 1992).

Protective factors are important for many reasons. If we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the key to healthy development (Benard, 1991). Protective factors are significant to consider when choosing prevention strategies for schools and communities to use to promote healthy development for children, which is discussed in the following section.

### Promoting Resilience in Young People: Strategies for Fostering Resilience

In fostering resilience, it is important to identify risks and prevent them whenever possible, but it is also important to identify assets and protective systems. Masten (2001) claimed that there are three basic strategies for intervention suggested by resilience research. These strategies are: (1) Risk-Focused strategies; (2) Asset-Focused strategies; and (3) Process-Focused strategies. Risk-Focused Strategies aim to reduce the exposure of children to hazardous experiences. These strategies include: preventing or reducing the likelihood of low birth weight or prematurity through prenatal care; preventing child abuse or neglect through parent education; reducing teenage drinking, smoking, or drug use through community programs; preventing homelessness through housing policies or emergency assistance; and reducing neighborhood crime or violence through community policing.

Second, Asset-Focused Strategies aim to increase the amount of, access to, or quality of resources children need for the development of competence. Providing a tutor, for example, or organizing for a Girls or Boys Club, offering parent education classes, or building a recreation center are all resources children can access. Finally, Process-Focused Strategies aim to mobilize the fundamental protective systems for child development. In this case, efforts go beyond simply removing risk or adding assets, but instead attempt to influence processes that will change a child's life. Building self-efficacy through a graduated success model of teaching, for example, or teaching effective coping strategies for specific threatening situations, fostering secure attachment relationships between infants and parents, nurturing mentoring relationships for children

through a program to match children with potential mentors (such as Big Brothers/Big Sisters of America), encouraging friendships with pro-social peers in healthy activities including extracurricular activities, support cultural traditions, etc., are all Process-Focused strategies (Masten, 2001).

To implement these strategies, most research activity has focused on the three levels of the protective processes, these being the individual, family, and community level protective processes (Olsson et al., 2003). Within each level, researchers have been able to define a range of more specific processes that improve the effects of a risk setting, given the appropriate dose and timing of the protective process. From the vantage point of intervention development, protective resources at each level provide an intervention target to promote resilience in young people. While the nature of intervention at each level may differ significantly, the aim of each remains the same: providing young people with the necessary resources to successfully adapt to ever-changing physical, psychological, and social environments. Where young people are well resourced within themselves and within their family and social contexts, a capacity for constructive adaptation to adversity—resilience—can be enhanced (Olsson et al., 2003).

For example, an intervention at the individual level might take a preventative focus, aiming to develop personal coping skills and resources before specific encounters with real-life adversity. Furthermore, an intervention at the family level might utilize different performances, such as building positive parent-child attachment, parental warmth, encouragement and assistance, cohesion and care within the family, or a close relationship with a caring adult. These are commonly associated with resilient young

people. An intervention approached from the level of the social environment presents another important avenue to promote resilience in young people. In the lives of adolescents, school becomes an important setting or system to promote resilience because it is where they experience supportive peers, positive teacher influences, and opportunities for success. The broader social environment of neighborhood, region, and country may also play an important role in psycho-social development (Olsson et al., 2003; Bronfenbrenner, 1979).

Comprehensive intervention efforts to change the lives of youths with disabilities or those at risk include all three of the protective strategies explained above along with three levels of interventions: individually, family, and community. In effect, these programs aim to prevent or reduce problems in development by promoting good adaptation. Each has a different model and emphasis, but they all utilize multiple strategies to reduce risk and increase protection in the lives of youths (Masten, 2001). To implement these interventions and strategies, it is beneficial to consider the core elements of resilience to help youths with disabilities fostering resilience at schools. The core elements are synthesized here.

#### Core Elements of Resilience

The understanding of resiliency has continued to evolve over the past twenty years. Resilience research now supports a developmental framework of change, which is seen as a normative process rather than special attributes that promote adaptation in high-risk conditions. For example, Masten (2001) suggests that resilience does not come from rare and special qualities, but from ordinary, normative human resources in the minds,

brains, and bodies of children, and also from families, relationships, and from communities. Fergus and Zimmerman (2005) state that, “resilience is defined by the context, the population, the risk, the promotive factor, and the outcome” (p. 404). Resilience has dynamic biological and environmental components that are exhibited in the presence and the absence of adverse or traumatic circumstances (Fergus & Zimmerman, 2005). It is the interaction between numerous factors that eventually determines whether an individual will be resilient in the face of adversity or not. Finally, Benard (2004) noted three factors that predict reliably such resilience: (1) caring and connected relationships; (2) opportunities for participation and contribution; and (3) high self-expectation. In summary, resilience is viewed as a learned skill set and an engrained part of one’s life and work (Brown et al., 2010). Related to this idea, Brown et al. (2010) suggested that resilience exists in every person, and individuals must to find it within him or herself. In conclusion, contemporary theorists agree that resilience is a life span process that schools can build within children and adolescents—including those with disabilities—to face all kinds of situations in their lives.

Both early and contemporary researchers of resilience have suggested numerous strategies and interventions for building resilience. As outlined previously, Bonnie Benard (1993, 2004) claimed that the four most common internal attributes of resilient children were social competence, problem-solving skills, autonomy, and a sense of purpose. Deci and Ryan (2000) proposed three basic psychological needs for predicting growth, integrity, and well-being; they are: autonomy, competence, and relatedness. The need for autonomy refers to behavior congruent with one’s volition, abiding interests, and

values. The need for competence refers to an individual's sense of mastery, capability, and self-confidence. The need for relatedness refers to feelings of being connected, belonging with, and being cared for by others (Deci & Ryan, 2000).

To help special education youth advance academically, socially, and emotionally, researchers of resilience have suggested numerous strategies and interventions for building resilience. Recent work has identified three core elements. Resilience can be developed through attention to external supports (i.e., relationships and the community), inner strengths (i.e., individual personality characteristics), and learned skills (i.e., coping skills). Developing these resilience elements works synergistically; improvement in one element is likely to affect improvement in others. In sum, the characteristics of resilience according to current theories can be categorized in three core elements. They are:

1. Social competence and building strong relationships (i.e., external support): Students must feel connected to teachers and the learning setting, feel safe emotionally and physically, must have access to appropriate support, must be aware of and know how to access support, and must be surrounded by peers who have socially responsible behaviors.
2. Effective coping skills and problem solving (i.e., learned skills): Learners need to learn to manage their emotions and relationships positively.
3. Autonomy and a sense of purpose (i.e., inner strengths): Students need to be actively engaged in learning endeavors that are relevant to them and that enable them to develop the skills of autonomy and the capacity to reach positive life goals and have hope and a sense of meaning.

These three core elements are a cluster; the relationship between them is essential in promoting resilience for students with disabilities, especially for students with EBD. Each element has distinct components that are interdependent and reinforce each other. For example, teachers who have positive relationships with students find it easier to engage students and develop their social and emotional skills. From this perspective, this study explores how resilience applies to adolescents with disabilities or youth at risk of being placed in special education setting or fully self-contained facilities or programs. To do so, this study identifies adolescents with EBD, describes the characteristics of students who exhibit behavioral and emotional disabilities/challenges, and explores the variety of programs designed to help them succeed in life.

### Adolescents with Emotional and Behavioral Disturbances (EBD)

#### Introduction

Effectively serving and meeting the needs of youths with emotional or behavioral disturbances (EBD) is a national concern (Rapp & Arndt, 2012). The necessity of addressing the needs of these youth has become increasingly obvious. Failure to do so threatens the success of the nation's educational objectives, such as No Child Left Behind (NCLB), and limits life-long opportunities for many individuals. EBD is a significant disorder for youth and their caregivers, including those in families and in schools. Many youth with EBD face significant challenges and difficulties throughout their life with their families, schools, friends, and even themselves. They experience them in many ways: academically, emotionally, physically, socially, and behaviorally. These problems can impede their development and well-being (Quinn et al., 2005). The following section



describes these students and addresses what they need to help them overcome significant difficulties and challenges.

### Prevalence and Definition

In the U.S., 8% of students in K-12 under IDEA are listed as having emotional disturbances. Boys outnumber girls in this category by about 3.5 to 1; this percentage remains relatively consistent year to year (U.S. Department of Education, 2007; Mastropieri & Scruggs, 2010). Individuals with EBD are sometimes referred to as emotionally disturbed, socially maladjusted, psychologically disordered, emotionally handicapped, psychotic, and seriously emotionally disturbed (Turnbull, Turnbull, Shank & Smith, 2004).

Emotional or behavioral disorders are difficult to define because definitions of this disability—including the one used in the *Individuals with Disabilities Education Act* (U.S. Department of Education, 2004)—use the term “emotional disturbance” to describe students with emotional or behavioral disorders, which is one of the special education categories. This term is related to mental health problems that lead to disruptive behavior and emotional and social problems. Moreover, Attention Deficit Disorder (ADD), Attention Deficit and Hyper Activity Disorder (ADHD), and conduct disorder are all examples of a behavior disorders (Austin & Sciarra, 2010). The term “behavior disorder” is currently and more frequently used by many professionals and parents because it has greater utility for education than does the term seriously emotionally disturbed (SED); it is more representative of students who are disabled by their behavior and currently served under IDEA (Austin & Sciarra, 2010).

### Eligibility for Services

Emotional disturbance is one of thirteen disability categories specified under IDEA, and is defined as follows:

- (i) The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
  - (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
  - (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
  - (C) Inappropriate types of behavior or feelings under normal circumstances.
  - (D) A general pervasive mood of unhappiness or depression.
  - (E) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (ii) The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance. (CFR §300.7 (a) 9)

Students who meet the criteria, as determined by a multidisciplinary team, may receive services under IDEA. Thus, a student with EBD is a student who exhibits one or more of the above emotionally based characteristics of sufficient duration, frequency, and intensity that it/they interfere(s) significantly with educational performance to the degree

that provision of special educational services are necessary (U.S. Department of Education, 2004).

#### Characteristics of Students with EBD

Students with emotional disturbance who are eligible for services under IDEA typically exhibit mood disorders, anxiety disorders, ADHD, conduct disorders, or other psychiatric disorders (Austin & Sciarra, 2010; Mattison & Felix, 1997). Many students with emotional disturbances are at great risk for substance abuse disorders (Turnbull et al., 2004; Capaldi & Dishion, 1993; Leone, 1991; Leone, Greenberg, Trickett, & Spero, 1989) and negative encounters with the juvenile justice system (Gilliam & Scott, 1987; Leone, 1991). Delinquency consists of the commission by juveniles of illegal acts, which could include crimes such as theft or assault. Some children who are delinquent have emotional or behavioral disorders, and many of these children are at great risk for being involved with the criminal justice system (Edens & Otto, 1997).

Gender, race, and poverty mediate service provisions for students with emotional disturbances (Kortering & Blackorby, 1992; Osher & Hanley, 1995; Valdes et al., 1990). Males, African Americans, and students with a family income under \$12,000 are more likely to be placed in restrictive settings, less likely to receive counseling in school, less likely to graduate, and more likely to drop out of school than their female, White, and more affluent counterparts. For example, students with family incomes under \$12,000 are almost 2.5 times more likely to drop out of school than those whose families earn over \$25,000 (Osher & Osher, 1996).

In comparison with other students with or without disabilities, children with behavioral and emotional disturbances are more likely to live with one parent, in foster care, or in another alternative living arrangement (Marder, 1992; Wagner, 1995). Students with emotional disturbances are particularly vulnerable to environmental changes such as transitions and a lack of positive behavioral support during transitions. These students' presenting behavior, as well as its intensity, is episodic and subject to change over time and may serve to direct attention away from underlying issues, such as depression (McCracken, Cantwell, & Hanna, 1993; Wehby & Symons, 1996; Wehby, Symons, & Shores, 1995). These variations in behavior often result in students with emotional disturbances being blamed for disability-related behavior or becoming subjected to negative reactions from their peers and teachers (Forness, Kavale, MacMillan, Asarnow, & Duncan, 1996; Lewis, Chard, & Scott, 1994).

Olweus (1993) found that approximately 60% of boys identified as bullies in grade six through nine had one criminal conviction by the time they reached 24 years of age. Similarly, Pepler and Craig (2000) and Olweus (1993) found that students with emotional or behavioral disorders typically had higher rates of anxiety, depression, withdrawal, suicide, aggression, gang involvement, negative peer interaction (or were rejected), and had physical health problems more so than normal populations.

Moreover, 9% of all students receiving special education services are classified as having behavior disorders, 80% of all students identified as having emotional and behavior problems are educated in regular schools, and approximately 6,000 students with emotional or behavioral disorders are incarcerated in correctional facilities (U.S.

Department of Education, 2001). Not surprisingly, many students with emotional disturbances experience poor academic results. They fail more courses, earn lower grade point averages, miss more days of school, and are retained at a grade more than students with other disabilities (Wagner, Blackorby, & Hebbeler, 1993). Furthermore, 55% leave school before graduating and only 42% graduate (Wagner, 1995). Their academic outcomes are reported in the research literature (Chesapeake Institute, 1994; Valdes et al., 1990), including:

- Two thirds could not pass competency exams for their grade level. These children have the lowest grade point average of any group of students with disabilities.
- 54% failed one or more courses in their most recent school year. These students have a higher absenteeism rate than any other disability category, and missed an average of eighteen days of school per year.
- 48% percent drop out of high school, compared with 30% of all students with disabilities and 24% of all high school students.
- Over 50% are not employed within two years of exiting school.

Failure to address the needs of students with emotional disturbances is a sign of poor community results and poor academic results. Researchers conducting in the National Longitudinal Transition Study (NLTS) found that within three to five years of leaving school, 48% of young women with emotional disturbances were mothers, compared to 28% of young women with other disabilities; 58% of students with emotional disturbances had been arrested, versus 19% of those with other disabilities; and

10% of youths with emotional disturbances lived in a correctional facility, halfway house, drug treatment center, or “on the street”—twice as many as among students with other disabilities (Wagner, 1995; Wagner, Blackorby, Cameto, Hebbeler, & Newman, 1993).

### Challenges that Face Adolescents with Disabilities

In the United States, more than fifteen million children, adolescents, and adults receive special education services through the Individuals with Disabilities Education Act (National Center for Learning Disabilities, 2010). For students with disabilities, however, this period can be even more challenging. These students are at risk, “as indicated by higher rates of absenteeism, lower grade point averages (GPAs), higher rates of course failure, lower self-esteem, more disconnection with schools, and higher dropout rates” (Blalock, Patton, Kohler, & Bassett, 2008, p. 24). Young people with disabilities want and need the same things as people without disabilities, but often need additional support in achieving their goals (National Joint Committee on Learning Disabilities, 2004).

Adolescence can be seen as a period in time, a set of experiences, and a range of goals. It is the current terminology for what most people call “growing up,” or changing from childhood to adulthood, with adult roles and opportunities. Secondary and high school students face many choices and difficult challenges in their lives. Adolescents must deal with dramatic physical, cognitive, and social changes brought on by maturation, cultural influences, and societal expectations. Being an adolescent poses significant challenges for most individuals, and more extreme challenges are associated with the emergence of mental illness. Depression and anxiety disorders continue to be the most common forms of mental health illness in adolescents, and place youths at risk for

attempting or completing suicide. Suicide is the third leading cause of death among older adolescents, accounting for 12.3% of all adolescent deaths each year (CDC, 2008). Some groups of adolescents are at higher risk for suicide, including Aboriginal youth and youths with other forms of mental illness, such as schizophrenia and bipolar disorder (Austin & Sciarra, 2010).

For two decades, the Office of Special Education Programs (OSEP) has sponsored research initiatives that continue to develop a knowledge base of promising approaches and strategies for the delivery of special education services for students with disabilities. Follow-up studies of former special education students conducted have consistently documented the unsatisfactory outcomes achieved by young adults with disabilities as they leave school and attempt to access employment, postsecondary education programs, and adult community services (DeStefano & Wagner, 1991; Halpern, 1990; Wagner, 1993). Predominant themes emerging from these and other studies include lower than desired academic achievement levels, high dropout rates, substantial levels of unemployment and underemployment, economic instability, dependence, and social isolation (National Center on Secondary Education and Transition [NCSET], 2004). They also show low levels of participation in postsecondary education and training programs (NCSET, 2004). Youths with disabilities from diverse cultural groups also remain among the most underemployed of all young people with disabilities (National Council on Disability, 2000).

For youths with disabilities, several factors beyond academic achievement affect their performance. If these students do not perform well, what must schools focus their

efforts and resources on to help these youths? Students who experience failure, or who see little chance of passing academic tests, may decide to leave school for fear they will be held back or because they expect they will not graduate with a standard diploma or acceptable alternative certificate (NCSET, 2004). Given such pressures, it is possible that schools and the educators within them may encourage special education students to seek alternative programs and leave their buildings, effectively causing many to drop out of school. The dropout rate for students with disabilities is twice that of students without disabilities (NCSET, 2004). High-stakes tests add to the pressure on students, because they determine whether students are promoted from one grade to the next or if they will graduate from high school with a standard diploma (Thurlow & Johnson, 2000). Another obstacle an adolescent with disabilities face is repeating a grade to increase his or her academic achievement even though persuasive evidence indicates, for example, that repeating a grade does not improve the overall achievement of students with disabilities (Allington & McGill-Franzen, 1992).

All of these challenges are a source of fear and anxiety to young adults with disabilities; they continue to face significant difficulties in accessing postsecondary education, learning functional skills, living independently, fully participating in their communities, accessing necessary community services (such as healthcare and transportation), participating in community and leisure activities, and securing jobs and pay (NCSET, 2004; Pierangelo & Crane, 1997).

Altogether, students with EBD are more likely to:

- Have lower grades;



- Fail more classes;
- Fail minimum competency examinations;
- Be retained;
- Be expelled;
- Have a lower grade point average in high school;
- Drop out;
- Have a higher rate of absenteeism;
- Be served in restrictive settings;
- Have more encounters with the juvenile justice system; and
- Fail to graduate from high school.

Additionally, students with EBD:

- Are not employed within two years of exiting school;
- Are at high risk for becoming homeless;
- Have less stability in keeping a job; and
- Females with EBD are six times more likely than their peers to have multiple pregnancies at a young age and lose custody of their babies.

In this manner, it is essential to provide information about the status quo of adolescents with EBD to understand the challenges the students' face and to also employ strategies and approaches in special education to improve the quality of life for these students.

### Interventions and Strategies for Youth with EBD

The focus in this section is to describe some interventions and strategies for adolescents with EBD. The first intervention described below is the Positive Behavioral Interventions and Supports (PBIS), and the second one is Boys Town Educational Model.

The Office of Special Education Programs (OSEP) funds the Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), or the School-Wide Positive Behavior Support (SWPBS), which provides methods to teach staff and students how to establish behavioral expectations (both school-wide and individually), acknowledge appropriate behavior, use ongoing data to make decisions, and establish a continuum of consequences for violating behavioral expectations. PBIS, or SWPBS, has been positively associated with a decrease in discipline referrals, an increase in instructional time, and an increase in perceived school safety (Sugai & Horner, 2006). In this regard, many elementary and high schools have employed features of PBIS to reduce problem behaviors and enhance learning environments.

Elements of PBIS suggest a positive impact for students in both general and special education, and the federal government has mandated that those students with individualized educational programs (IEPs) receive a functional assessment of behavior. Problematic behaviors of students tend to be progressive throughout schooling, and given the significance of discipline problems and aggression in schools, the federal government has mandated that student IEPs should include a functional behavioral assessment (FBA) with a proactive positive behavioral intervention plan (BIP; U.S. Department of Education, 2004).

PBIS, or SWPBS, is a systems approach to establishing the social culture and behavioral supports needed for all children in a school to achieve both social and academic success. It is an approach that defines core elements that can be achieved through a variety of strategies. The core elements at each of the three tiers in the prevention model are defined in Table 1.

Table 1

*Core Elements of Positive Behavioral Interventions and Supports (PBIS), or School-Wide Positive Behavior Support (SWPBS)*

<b>Prevention Tier</b>	<b>Core Elements</b>
<b>Primary</b>	<ul style="list-style-type: none"> <li>• Behavioral expectations defined</li> <li>• Behavioral expectations taught</li> <li>• Reward system for appropriate behavior</li> <li>• Continuum of consequences for problem behavior</li> <li>• Continuous collection and use of data for decision-making</li> </ul>
<b>Secondary</b>	<ul style="list-style-type: none"> <li>• Universal screening</li> <li>• Progress monitoring for at risk students</li> <li>• System for increasing structure and predictability</li> <li>• System for increasing contingent adult feedback</li> <li>• System for linking academic and behavioral performance</li> <li>• System for increasing home/school communication</li> <li>• Collection and use of data for decision-making</li> </ul>
<b>Tertiary</b>	<ul style="list-style-type: none"> <li>• Functional Behavioral Assessment</li> <li>• Team-based comprehensive assessment</li> <li>• Linking of academic and behavior supports</li> <li>• Individualized intervention based on assessment information focusing on (a) prevention of problem contexts, (b) instruction on functionally equivalent skills, and instruction on desired performance skills, (c) strategies for placing problem behavior on extinction, (d) strategies for enhancing contingency reward of desired behavior, and (e) use of negative or safety consequences if needed.</li> <li>• Collection and use of data for decision-making</li> </ul>

Source: Institute for Education Services (IED), 2011. Available at: <http://www.ies.ed.gov>.

Positive behavioral support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments where teaching and learning occurs. Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (e.g., personal, health, social, family, work, recreation) for all children and youths by making problem behaviors less effective, efficient, and relevant. Students with EBD and other disabilities usually serve under the tertiary tier, and can benefit from positive behavioral interventions that are based on information from a functional behavior assessment (FBA) and the Behavioral Intervention Plan (BIP).

An FBA is a process in which a team of individuals: (a) identifies a problematic behavior to target, and (b) observes the environmental events that precede and follow the behavior to develop a hypothesis statement as to why the problematic behavior is occurring (Scott, Anderson, & Spaulding, 2008). When an effective hypothesis is formed, the team may then act on the design and implementation of a BIP, sometimes referred to as a behavioral support plan. In this level, teachers work with administrators and behavior specialists. The design of the BIP is highly contingent on the effectiveness of the FBA, with the ultimate goal being to teach an alternative skill or replacement behavior to the targeted problem behavior (Maag & Katsiyannis, 2006).

In the same vein, What Works Clearinghouse (WWC; Institute for Education Services [IES], 2011) focused on interventions designed to meet the academic,

behavioral, social, and emotional needs of K–12 students with an emotional disturbance and for students formally described as at risk of being classified as having an emotional disturbance. The emotional disturbance classification encompasses several psychiatric, behavioral, and emotional concerns; related interventions range from behavior modification, psychiatric medication, psychotherapy, and nutritional changes. Related to WWC, there are many interventions that teachers can deliver to students with an EBD.

These types of interventions include:

- **Behavioral Interventions:** These interventions include functional behavioral assessments (FBAs) with accompanying support plans. These are data-driven interventions tailored to the needs of specific students. FBAs are sometimes delivered as part of wider prevention programs, such as School-Wide Positive Behavior Interventions and Supports and cognitive behavioral interventions (CBI). Subcategories of behavioral interventions may focus on externalized behavioral concerns as well as internalized ones.
- **Academic Interventions:** An overlap often exists between behavioral and academic interventions, and several educators argue that strong curricula can prevent behavioral concerns. Furthermore, the behavioral supports PBIS may entail reinforcement of academic skills and tasks.
- **Social Skills Training:** Some interventions have a strong focus on improving social skills among target children. The general goal of such training is to help students recognize social signals and react appropriately, such as check-in-check out (CICO), check and connect, character education, and other

strategies. These interventions are often delivered in group sessions, but could be offered in individual therapy or as a component of a wider support plan, such as cognitive behavioral intervention.

- **Other Therapeutic Interventions and Consultations:** This encompasses practically any form of school-based counseling provided directly to students, such as consulting services in which personnel train parents to provide home-based delivery of services, or teacher delivery of classroom-based programs. (IES, 2011)

Along with this, there is a model was designed specifically for educational settings, and was based on a philosophy of care Boys Town practices in its direct-care programs and services for youths and families. It is rooted in applied behavioral analysis and social learning theory. The model was a framework for using relationship-building techniques, behavior-management practices, and social skills instruction. This model is called Boys Town Educational Model. Some educators provide an educational model in a self-contained school to students with EBD who are ages 11 to 18 and identified as having the most severe emotional and behavioral disabilities or needs (Lamke, Pratt, & Perhamus, 2011).

Boys Town was founded in 1917 in Omaha, Nebraska, where Father Edward Flanagan opened a home for wayward boys. In 1919, Boys Town opened its first school and provided educational opportunities for children who faced neglect, indifference, and abuse. In the decades that followed, the work continued, expanded, and evolved: “Today, Boys Town is the nation’s largest child and family services organization and delivers a

continuum of care that continues to embrace a philosophy of caring, healing, teaching, and learning” (Lamke et al., 2011, p.1).

The Boys Town social skills curriculum details twenty-two basic social skills to help students acquire the knowledge, attitudes, and skills they need to strengthen and broaden their social and emotional development. Skills were grouped into four categories that can be taught progressively or out of sequence, depending on the circumstance: basic, intermediate, advanced, and complex. These social skills set the foundation for creating a well-functioning classroom and school. Each of these skills was broken down into specific and observable steps.

When teachers teach social skills to students, they identified the behavioral steps. Each step should be measurable and observable so students can clearly understand what was expected of them. Identifying and defining the elements of a social skill could be done through a process called “task analysis.” The most effective way to task-analyze any skill was to follow these guidelines: (1) keep focused on the limited skill; (2) identify behaviors of the skill as steps; (3) use specific and observable terms; and (4) put steps in order of performance (Lamke et al., 2011).

After reviewing literature on the Boys Town Model, the researcher found that the majority of research based on the Boys Town Educational Model, as well as other models, this organization offered is highly considerate and deferential. One study was that of Burke, O’Neill Fichtner, DelGaudio, and Powell (2007) from the University of South Florida. They discussed the relationships among model fidelity, dosage, and student outcomes in high-risk elementary schools. This study examined the effects of low

and high levels of fidelity with the Boys Town Model as a school-wide classroom management program in public school elementary students' classroom behaviors and suspension rates. The results were promising.

Another study of the Boys Town Model examined the effects of a student and family assistance center and a school-wide classroom management program in a middle school that serves students from a high-crime, high-poverty urban community. The researchers found out that the interventions provided to students through the Boys Town Model gave them the opportunities to learn and use social skills in a safe environment. The interventions had the potential to reduce the affects of poor academic achievement in earlier grades (O'Neill Fichtner et al., 2007).

Additionally, Thompson, Nelson, Spenceri, and Maybank (1999), in their article, "Safe and Effective Schools: The Boys Town Model," described the Boys Town Education Model and reported on its effectiveness in a large, urban elementary school. Two years after the model was implemented, this school saw a 52% reduction in school suspensions, and teachers reported that the majority of their students were paying attention in class, following instructions, and participating in classroom activities.

In this regard, it is necessary to consider services in self-contained settings as a program that serves students with EBD. Most children with a special education classification taught in general education settings are appropriately served in regular education classrooms with supplementary aids and services because of the concept of least restrictive environment. The idea here is that students with disabilities should be educated in general education or inclusive classrooms to the maximum extent possible



(Rapp & Arndt, 2012). Some students, however, may require self-contained or pullout programming. Self-contained settings involve pull-out instruction for part or all of the school day, and may go so far as to include specialized schools, residential arrangements, and hospitals (IEP, 2011).

Social and psychological skills are not typically taught in schools, and many schools have limited mental health services for students. Youths with EBD typically need a variety of professional interventions, including medication, psychological treatment, rehabilitation, or other possible treatments. In sum, services for students with an emotional disturbance often do not provide them with the support that enables them to succeed, including: tutoring, counseling, school-wide behavior support plans, and collaboration with families or other service providers (Cheney & Osher, 1997; McLaughlin, Leone, Meisel, & Henderson, 1997; Nelson & Colvin, 1996; Quinn, Gable, Rutherford, Nelson, & Howell, 1998). The following section discusses services and interventions related to resilience.

### Interventions and Services for Fostering Resilience in Youth with EBD

#### Introduction

To date, research on the effectiveness of resiliency interventions used for students with disabilities in general, and with BD specifically, are scant. Empirical support for resilience interventions is limited even in psychological studies, but it is promising. Studies have shown that 70% to 80% of young people raised in severe hardship develop social competence, personal coping skills, stability, and happiness by midlife (Brown & Brown, 2005). However, with increased emphasis on evidence-based practice, more

rigorous research is necessary so that educators and mental health providers can be confident in interventions that produce adaptive outcomes for children with disabilities. Resilience is an effective approach for individuals with disabilities because they draw upon the unique characteristics that many individuals with disabilities often possess.

Children and youths with behavioral or emotional disturbances also receive services that vary from one school to another and from one teacher to another. Usually the services or interventions for students with EBD rely on a school psychologist, mental health provider, or a behavioral specialist instead of teachers (Austin & Sciarra, 2010). Fortunately, intensive research efforts suggest that students with emotional disturbances can be improved through interventions that are sustained, flexible, positive, collaborative, culturally appropriate, and regularly evaluated. These interventions should have multiple components tailored to individual needs; they should build on the strengths of those students and their families, address academic and social concerns, be implemented by trained and supported practitioners, and continually evaluated (Carpenter & Apter, 1988; Clarke et al., 1995).

#### The Need for Resilience in Education

Oswald, Johnson, and Howard (2003) note that schools should be characterized as caring, attentive, and stable environments that are success oriented in their predisposition and acknowledge achievements, including those in athletics, music, and art, in addition to academic. Schools should show genuine personal interest in students and have teachers who are positive role models and mentors.

In fact, within the current school climate, students come to school with a wide range of learning, behavioral, and emotional needs (Christiansen, Christiansen, & Howard, 1997). Although individual characteristics put a child at-risk for poor school outcomes, research indicates that the probability of a student's success in school correlates positively to the effectiveness of the school itself (Rutter, 1993). Research has demonstrated that effective schools play a critical role in decreasing the impact of risk factors. Conversely, ineffective schools generate their own set of risk factors that can negatively impact student's educational and social development. Unproductive schools have overcrowded classrooms, inadequate materials and supplies, frequent changes in staff, high rates of staff absenteeism, frequent moves by pupils, and few resources or special programs (Trussell, 2012). They are not successful in providing basic educational opportunities for a large portion of their student population. Research has shown that poorly educated students have low academic achievement, grade retention, poor attendance, and low self-esteem (Frymier, 1992; Slavin, Karweit, & Madden, 1989; Waxman, deFelix, Anderson, & Baptiste, 1992).

The emergent expectation and belief is that schools will deliver socially acceptable, effective, and efficient interventions to ensure safe, productive classroom environments where norm-violating behavior is minimized and pro-social behavior is promoted. Further, effective schools have been found to exemplify a range of protective factors through instructional practices, curricula, teacher perceptions, the ecology of the school and its classrooms, and the promotion of social competence. Research on resiliency has suggested that schools provide an ideal environment in which to promote

academic, personal, and social competencies that are associated with resilient children (Doll, Zucker, & Brehm, 2004).

The specific role that schools play in the development of resilience was considered by Benard (1993), who observed that effective schools provided opportunities for children to develop the internal assets of resilience, including: problem-solving skills, autonomy, a purposeful, constructive, and optimistic outlook on the future; and effective communication and relationship skills. Benard found that families, schools, and communities that helped build resiliency in students with or without disabilities were those characterised by: (1) caring and supportive relationships; (2) positive and high expectations; and (3) on-going opportunities for meaningful participation.

#### Interventions for Youth with EBD Integrated with the Three Core Elements of Resilience

Vander Ven (2008) defined an intervention as an action or group of actions, programs, services, or activities intended to influence or alter the course of development in a positive direction, including encouraging skills and abilities, minimizing harmful influences and effects, and promoting familial effectiveness and values. The goal of this section is to connect the core elements of resilience with several common interventions used in the special education field. This chapter describes interventions for fostering the three core elements of resilience: (1) social competence and building strong relationships; (2) problem solving and effective coping skills; and (3) autonomy and a sense of purpose.

Social competence and building strong relationships. According to Benard (2004), social competence includes the characteristics, skills, and attitudes essential to forming relationships and positive attachments to others. Social competence consists of

responsiveness, communication, empathy, caring, compassion, altruism, and forgiveness. These components are dynamic skills that enable the processes of interpersonal connection and relationship building (Benard, 2004). Positive, supportive relationships with adults are associated with good outcomes for students with behavioral problems. A teacher–student relationship is one of the relationships between adults and youth (Mastropieri & Scruggs, 2010).

The model of Comprehensive Classroom Management by Jones and Jones (2010) emphasizes the importance of positive teacher-student and peer relationships in managing student behavior. The importance of student relationships and being part of a caring community has been supported by researchers in the field (Farmer, Farmer, & Gut, 1999). Researchers at IES (2011) indicated that social relationships and collaborative opportunities with families play a critical role in supporting teachers to manage disruptive behaviors in their classrooms. Many of the recommendations by IES on dropout prevention use the School-Wide Positive Behavior Support (SWPBS).

One research-based practice that relies on positive adult-student relationships is a daily Check-In Check-Out model (CICO). It is a secondary (or targeted) level of support for students at risk of exhibiting severe behavioral problems, and comes from the School-Wide Positive Behavior Support (SWPBS) system (Hawken & Horner, 2003). CICO model depends on the structure of the daily behavior report card, which provides: (a) structure and prompts that students need, (b) adult written feedback, (c) visual reminders of personal goals, (d) data collection, and (e) communication between adults and home. Students check in with school personnel/adult in the morning, receive feedback

throughout the day, and check out with school personnel/adult before they leave. The child earns points to receive daily reinforcement. The primary feature of this intervention is that students check in with teachers after each class to receive immediate feedback about their behavior during that class period. Progress is monitored through daily behavior performance reports that are sent home for parents to sign (Todd, Campbell, Meyer, & Horner, 2008). Todd et al. (2008) found that this system resulted in a reduction of problem behaviors while helping students become more consistent in exhibiting socially appropriate classroom behaviors.

Another research-based intervention for building positive relationships is Check and Connect. Check and Connect was initially developed to encourage middle school youths at high risk of dropping out to remain engaged in school and on track to graduate (Sinclair, Christensen, Evelo, & Hurley, 1998). This intervention promotes student engagement in school through relationship building, problem solving, and persistence. Key components of the program involve checking and connecting with students, families, and school staff. Students may be referred to Check and Connect for a variety of reasons, including chronic attendance problems, poor grades and assignment completion, behavioral challenges, and truancy. The “check” component is based on indicators of engagement involving: (a) systematic assessment of alterable signs of student engagement, such as attendance, behavior referrals, and academic progress, and (b) regular evaluation of these indicators of engagement to ensure a prompt response when students exhibit signs of school withdrawal. The “connect” component refers to the personal connections that monitors make with students, families, and school staff in

implementing this intervention. Monitors work to create positive relationships between students, families, and the school, always focusing on keeping education a salient issue for disengaged students. Monitoring student progress allows the re-teaching of specific steps in problem solving and appropriate behavior when necessary (Todd et al., 2008; Riccominni, Bost, Katsiyannis, & Zhang, 2005). The practice of mentoring is not a new approach for those seeking to improve the lives of at-risk or disadvantaged youth. Jones-Brown and Henriques (1997) found that having caring adults work with youth is effective and important because they can directly help students overcome adversity. Youth indicate that mentors are valuable listeners, sources of information for problem solving, and individuals with whom they can spend positive time (Jones-Brown & Henriques, 1997).

A third intervention for building social competence and relationships is peer tutoring. According to American Institutes for Research (2006), peer tutoring is an instructional strategy that consists of student partnerships that link high with low achieving students or those with comparable achievement. Peer tutoring is an effective educational strategy for classrooms of diverse learners because it promotes academic gains as well as social enhancement. Programs can be successfully implemented at the classroom level or on a wider scale, at the school or district levels. Peer tutoring is particularly advantageous in inclusive classrooms because it allows teachers to address a wide range of learning needs and engages all students simultaneously. With administrative support and the professional development of personnel, peer tutoring can help students engage in active learning while staying abreast of the progress they are making. Students are held accountable for their achievement, and are motivated by social

or tangible rewards. One goal of peer tutoring is to create self-managed learners with high self-esteem, and the collaborative learning aspect of the strategy encourages positive social interactions between students within a classroom. Fantuzzo and Rohrbeck (1992) found that peer tutoring increases student choice and participation with others, and that when the students engaged in the structured activities, they reported higher levels of competence and positive conduct than students in unstructured activities.

In summary, the field of special education involves a variety of interventions to improve students' social competence and relationships. The more adults provide support and positive relationships, the more students gain resilience. Thus, researchers become education practitioners, and as such, should continue to develop and select social relationship interventions to students facing diversity.

Problem solving and effective coping skills. Problem solving includes many abilities, from planning and flexibility through resourcefulness, critical thinking, and insight (Benard, 2004). Some students seem to instinctively know how to behave effectively, while others, such as students with EBD, need to be shown effective problem-solving techniques. Students need to view learning as an activity they do for themselves in a proactive manner, rather than viewing learning as a covert event that happens to them as a result of instruction (Zimmerman, 2001). According to researchers, problem solving appraisal strengths are associated with better psychological and social adjustment, better physical health, greater hope, lower levels of depression and anxiety, and better coping with adversity (Heppner & Lee, 2002). Typically, students learn to recognize difficult situations that have produced inappropriate/violent responses, then



identify and implement an acceptable response. This idea coincides with the concept of resilience.

One research-based practice that addresses problem-solving and coping skills is cognitive-behavioral intervention (CBI). CBI refers to a number of different interventions used to change behavior by teaching individuals to understand and modify thoughts and behaviors. Riccominni et al. (2005) found that teaching students how to think through a situation and apply strategies that generalize improves the student's overall behavior across settings, and that problem solving is the most frequently used cognitive component in CBI. Students who show high risk of being suspended from school or failing classes receive intensive interventions. As soon as a student shows increased risk, the teachers, monitors, or counselors take immediate actions to reconnect the student to school. Although existing support services—when needed and appropriate—increase the degree of interaction with the student, one intensive intervention strategy is teaching students learned problem-solving skills (Riccominni et al., 2005). Researchers have identified five steps in the cognitive-behavioral problem-solving strategy: (1) “Stop, think about the problem”; (2) “What are some choices?”; (3) “Choose one”; (4) “Do it”; and (5) “How did it work?” (Riccominni et al., 2005, p. 5).

Etscheidt (1991) examined the procedures of problem solving as the following:

- a. Stop and think before acting. Students learn to use self-talk and relaxation techniques to restrain aggressive responses and impulsive actions.
- b. Identify the problem. Students are required to distinguish the specific aspects of a problematic situation that may elicit an aggressive response.

- c. Develop alternative solutions. Students generate at least two alternative solutions to a problematic situation.
- d. Evaluate the consequences of possible solutions. Students assess the benefits of each possible solution.
- e. Select and implement a solution. Students perform the selected alternative.

(Etscheidt, 1991, p. 111)

Cognitive-behavioral interventions have shown effectiveness across educational environments, disability types, ethnicity, and gender, and provide educators with a conceptual understanding and technical information to assist in implementing CBIs that reduce aggressive behaviors in students (Cobb, Sample, Alwell, & Johns, 2005; Riccominni et al., 2005; Etscheidt, 1991).

Character Education Program is another intervention for students to learn methods and strategies for effective problem solving and decision-making. Berkowitz and Bier (2005) represent an effort to uncover and synthesize existing scientific research on the effects of K-12 character education in their report, "Works In Character Education: A Research-Driven Guide for Educators." They report that in the sixth grade curriculum for the "Responding in Peaceful and Positive Ways" program, a social-cognitive, problem-solving model is used in which the following steps are emphasized: "Stop," "Calm Down," "Identify the problem and your feelings about it," "Decide among your options," "Do it," "Look back," and "Evaluate" (p. 6). Each week, one of the steps is discussed in detail. "Stop" and "Calm Down" sessions, for example, teach students about the relationship between physiology and emotions. Students are taught to identify physical

manifestations of anger and anxiety and then how to calm down in various ways, including breathing techniques (Berkowitz & Bier, 2005). Berkowitz and Bier (2005) identified thirty-three programs and found a wide range of outcomes affected by the corpus of research on character education. They identified those most commonly and effectively impacted by character education programs, such as social skills and awareness, self management, problem solving, explicit focus on values or ethics, and academic curriculum integration.

In summary, there are number of interventions developed for teaching students problem-solving and coping skills. The interventions mentioned above are just a few examples of the large amount of those found in general education and in special education. Problem solving, anger control, self-instruction, and self-control are examples of interventions under the umbrella of CBI. Using problem-solving techniques, such as planning, monitoring, and evaluating, assists students in performing tasks more effectively and independently, and is therefore related to the desired outcome of having students with EBD acquire this important skill.

Autonomy and a sense of purpose. Having inner strengths—autonomy, sense of meaning, and self-knowledge—means knowing who you are. Autonomy means more than independency; it means thinking, feeling, and making moral decisions you believe in (Steinberg, 1999). It is having a clear sense of what you believe and how you feel rather than trying to be what others want you to be. One of the most important tasks for all adolescents is learning skills that will help them manage their own lives and make positive, healthy choices. Related to Benard (2004), autonomy includes many interrelated

and overlapping subcategories of attributes, such as positive identity, internal locus of control, self-efficacy and mastery, resistance, self-awareness, and humor. Each one of these components plays a significant role in students' well-being, and acting independently is associated with the sense of purpose that carries with it a deep belief that one's life has meaning and that one has a place in the universe. Russell and Bakken (2002) emphasized that the development of autonomy prepares young people to make decisions and take care of themselves. Autonomy is similar in both resilience and in helping students with EBD.

One research-based practice to enhance student autonomy is the self-advocacy behavior management (SABM) model. Because management and organizational difficulties are major obstacles for many students with learning and behavior problems (Anderson, Munk, Young, Conley, & Caldarella, 2008), many researchers endeavor to help students overcome this difficulty through established training in self-monitoring, self-advocacy, self-management, self-determination, and so on. One of these researchers is Ronen Sebag (2010), who discusses a behavior management technique that concentrates on student self-determination and self-advocacy and is used with secondary school students with learning disabilities. Sebag examines the self-advocacy behavior management (SABM) model. It is student centered; it puts the student in charge of identifying the areas of conduct struggle and devises a strategy to successfully tackle the struggle, and reflect on success, progress, and areas in need of improvement. According to the author, implementing a behavior management model that focuses on student self-determination and self-advocacy can improve students' understanding of themselves and

their strengths and weaknesses as well as support their ability to formulate strategies and goals for behavior improvement. The self-advocacy behavior management (SABM) model puts the student in charge of: (a) identifying the conduct struggle, (b) devising a strategy to successfully tackle the struggle, (c) reflecting on the effectiveness of the strategy, and (d) making necessary adjustments for further progress. The SABM model is designed to develop self-management and self-advocacy—crucial skills that can support improved conduct and self-determination. SABM's ultimate purpose is to provide students with the knowledge and skills needed to effectively handle their behavioral struggles, which can affect their lives both in and out of school (Sebag, 2010).

The SABM model above is based on self-advocacy literature, although self-advocacy is a component of the broader concept and approach to self-determination (Ryan & Deci, 2000). Furthermore, it is based on the belief that all individuals have the right to direct their lives. Self-determination programs have been shown to promote higher levels of achievement and success rates—both academic and social—for students with disabilities and prepare them for life outside and beyond school (Deci & Ryan, 2000). Thus, Self-Determination Theory (SDT) is an excellent example that demonstrates autonomy in this manner. In particular, it has taken a strong stand on autonomy and how one pursues goals that enhance well-being outcomes at both between-person and within-person levels. SDT relies on shared commitments and responsibilities between the individuals and the community (Ryan & Deci, 2000). So how do educators—teachers, parents, and monitors—encourage autonomy while ensuring that goals are met? In this

regard, Ryan and Deci (2000) shed the light on some guidelines to enhance autonomy.

These are:

1. Share decision making. If goals are non-negotiable, it allow students to determine how they will get there. The more students participate in the decisions that affect them, the more engaged they will be.
2. Explain the reasons for goals and rules. Explaining why a rule exists, or how a task is important to a larger objective, is almost always useful in promoting engagement for adolescents.
3. Adopt the other's perspective. Once teachers understand students' perspectives, it is easier to work out together how might help achieve valued aims.
4. Foster an alliance. Hierarchical relationships have their place. Make mutual interests clear and also offer support.

In the same vein, a range of autonomy-supportive instructional practices have been investigated, including: (a) providing choices of tasks within the classroom, (b) affording students time to complete assignments, (c) allowing freedom of expression regarding academic topics, and (d) permitting students to make the micro-choice of text during learning activities (Assor, Kaplan, & Roth, 2002). The concept of self-determination encompasses a broad set of knowledge, skills, and behaviors that enable an individual to seek goals, make decisions, solve problems, speak up for themselves, explore options, understand what supports are needed for success, and evaluate outcomes (Ryan & Deci, 2000).

In summary, there are numerous special education interventions that focus on enhancing autonomy and sense of purpose. Thus, parents and teachers can help youths develop sense of self-governance, responsibility, independence, and decision-making, which, altogether, are called autonomy (Russell & Bakken, 2002). Students with disabilities are among those who need to acquire this significant ability of autonomy to help them building resilience.

### Conclusion

The purpose of this chapter was to define resiliency and describe how it applies to schools and to adolescents in special education who face challenges in schools today, and then to provide an overview of how the construct of resilience affects individuals with EBD. This chapter sought to provide an understanding of how the concept of resilience has evolved over time and in different fields, the core elements of resilience, and the discussion of protective factors and interventions teachers can utilize to support adolescents with disabilities who face the significant and often life-threatening challenges in the twenty-first century. It described the characteristics of students who exhibit behavioral and emotional disabilities/challenges, the significance of these problems, and the variety of programs to help these students success in their own lives. The last section of this chapter discussed the relationship between resilience and interventions for students who receive special education services, the importance of resilience in students with EBD, and how resiliency influences their lives positively. The intent was to establish a connection between the core elements of resilience and common intervention approaches and techniques used in the field of special education.

Contemporary theories suggest that resilience is not a static personality trait; it develops over time and can be enhanced. It is part of a dynamic process that includes individuals' interactions with their surrounding environments. One cannot study resilience without adopting a holistic perspective; it is a life-span process, and schools can foster it among children and adolescents to face all situations in their life—even if those are students have disabilities.

The researcher also described three core elements of resilience: (1) social competence and building strong relationships, (2) problem solving and effective coping skills, and (3) autonomy and a sense of purpose. The researcher believes that these three core elements are a cluster; in other words, the relationship between the three core elements is essential in promoting resilience for students with behavioral disorders. Each one of these elements has distinct components that are addressed with research-based interventions in students' homes, schools, and community settings. The overview of interventions that are implemented for students with behavioral challenges included positive behavior support (PBS), cognitive behavior intervention (CBI), student-adult relationships (i.e., between students and teachers, families, and mentors), check-in-check-out (CICO), check and connect, character education, and self-determination.

A primary purpose of education is to provide students with the tools necessary to become self-sufficient and independent agents in their lives academically, personally, and socially (Sebag, 2010). All the models and interventions discussed in this study advance that purpose; first and foremost, they are tools for students. These tools improve the resilience of students and align with educational purposes. Resilience becomes a goal and



an outcome that is central to effectively educating students with disabilities and other special needs. Students with learning and behavioral challenges and who fail to apply organizational skills may not have had the opportunity to acquire them through an explicit instructional approach, and may not acquire essential skills unless they are provided with systematic direct instruction (Anderson et al., 2008). From this perspective, these interventions and approaches offer tremendous advantages when combined into one treatment or approach. Thus, resilience is considered as a well-being or positive psychology approach that is responsive to the need for the “tools” or elements of change (i.e., high-risk situations, coping strategies, understanding and support, and inner strengths) early in the behavior change process. Developing elements of resilience work synergistically; improvement in one element is likely to affect improvement in others.

Once resilience is seen as part of human development, schools and programs should focus on developing resilience as a skill in school alongside peers, families, and communities, and integrate resilience as an important intervention teachers and educators should consider (Brown & Brown, 2005). Resilience interventions almost always include multiple components, because evidence of the impact of specific intervention components on students’ behavior cannot formally be attributed to one component of an intervention (Benard, 2004). Therefore, it is important to understand that there is no perfect program for students with disabilities. In addition, a school-based, wrap-around plan can become the student's IEP, which means that wrap-around planning does not

need to involve an additional set of meetings, paperwork, or procedures (Eber, Nelson, & Miles, 1997).

In summary, students with EBD cause teachers, parents, and peers to suffer from their attitudes and behaviors because they are made aware of the referrals and problems that appear in schools and in homes. This makes students with EBD ideal candidates to understanding resilience. Resilience is important for students with disabilities, especially for students with EBD. The researcher believes that resilience is a learned skill, and the potential to be resilient exists in every person. It is a life-long process, and because we believe that schools can develop it in children and adolescents to face all situations in life, it is necessary to consider resilience when we research students with disabilities to shed light on the significance of integrating resilience in schools. In fact, adolescents with disabilities come to school with a wide range of learning, behavioral, and emotional needs. As educators, the researcher believes that resilience is an effective framework for supporting healthy development and successful learning for those youths. The following chapter describes the research methodology used in this study, including the methods of the study, school selection, participants involved in the study, the data collection, and the analysis.

## CHAPTER 3

### RESEARCH PROCEDURES

#### Overview of Methodology

In this study, the researcher presented a view of how a self-contained program and the interventions used provided students identified as having the most severe emotional and behavioral disabilities might explicitly or implicitly promote resilience. The researcher used qualitative inquiry to frame her study. She gathered school demographic data from three different sources (interviews, observations, and archival data) to provide a context for the school program and the participants' experiences, as reported in interviews, as seen in observations, and as collected from archival data. The researcher collected the data and analyzed it by participating in ongoing peer reviewers (involving the advisor, the research committee, and a colleague). After that, the researcher shared the analysis with the study's participants in member check to increase the validity of the findings. The study was guided by Bronfenbrenner's ecological model and a framework of positive psychology.

#### Introduction to the Research Methodology and Rationale

The purpose of the study was to understand the nature of schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities or needs, and how such schooling and interventions might explicitly or implicitly promote resilience. I sought to look at schooling and interventions through the lens of previous research about resilience. Resilience was the framework I used to understand what interventions the school used, and if those contributed to

resilience. Through this investigation, I examined the services and interventions implemented in one self-contained school program, to determine if the program fostered and nurtured resiliency in the youths receiving specialized services. It also examined how the needs of students with EBD were addressed through schooling and special education interventions, in the most extreme cases. I sought to examine the interventions used by observing a specific, self-contained program with clear interventions and services. This study contributes meaningfully to the construct of resilience, hopefully raises awareness about resilience, and makes clear the importance of resilience for students with EBD.

The chosen qualitative method of this research was used to understand how resilience applied to adolescents with disabilities who were placed in special, self-contained facilities. The method was also chosen to identify approaches that may help educators promote the presence of resilience, as well as provide a number of additional resources and interventions for further research exploration and/or practical application. By using a qualitative approach, I explored the experiences of teachers and other support staff in a self contained program, and I realized the obstacles that restrict vulnerable students from building resiliency in succeeding academically, emotionally, and socially. I further investigated what interventions and services were helpful to students with disabilities with regard to nurturing resiliency. As a former principal who worked in an orphanage in Southern Lebanon, I had previous knowledge of resilience as it related to living in an orphanage and studying in its school. This experience opened my outlook in choosing a site related to my prior career and life. In the orphanage, I dealt with many students with EBD and their experiences. There, I lived with those students as part of the

orphanage, and knew the needs of its teachers and its students. In this manner, I believe that a more efficient manner to conduct qualitative research is in the field, which I have some knowledge about coming into this research study. Being able to choose a topic of interest situated within my passion and not only made this study meaningful, but also made it worthwhile to study this study sample, its site, and the teachers who worked hard and in silence.

There has been a significant amount of research involving the statistical realities of students with disabilities and about their schooling, but there are few significant qualitative studies that have examined the interventions and services used to build resiliency within students with disabilities in a self-contained program. I was also interested in understanding more about resiliency and what special education and school interventions and services provided to students with EBD to nurture their resiliency. Therefore, using the participants' own words and providing concrete descriptions helped me tell stories of the successes and of the struggles of teachers dealing with students with EBD. I came to know the realities of students and of teachers in a special education program through interactions with, and explorations of, the participants' views.

Glesne (1999) stated that "Qualitative inquiries look to the specific, both to understand it in particular and to understand something of the world in general" (p. 153). In this manner, studying this particular case using qualitative research is likely to contribute to an understanding of similar cases. My role in this study was that of a participant-observer. I attempted to maintain a role as a structured observer based on the realities of the program and of the classrooms I observed. I tried to understand and

respect the participants' roles and jobs during observations, interviews, and in asking for data. I had contact only with participants, and not with students. At the same time, I was interested in resilience as a topic of the study, and so I focused on the services and interventions the participants used with the students with EBD. I was interested because I believed that aspects of emotional and social behaviors were necessary to address—alongside academic instruction—while teachers provided services for students with IEPs.

My passion emerged from when I worked in the orphanage, and there I felt that too many students within this population were not being properly served by those in education, particularly in light of the emotional and social instruction they received. I hypothesized that resilience resulted in better post-secondary outcomes for this population, but specifically that interventions fostering resilience conducted in the study were important to understand what occurred in special education programs. Hence, a qualitative research project was developed to understand the performance of resilience in exploring events, processes, and activities in a self-contained program. In short, I used a qualitative approach not merely for my own sake, but also in the reasonable hope of bringing something greater to attention of others.

Glesne also stated that, “qualitative researchers depend on a variety of methods for gathering data. The use of multiple data-collection methods contributes to the trustworthiness of the data, which is called triangulation” (p. 31). The purpose of triangulation is to increase confidence in research findings. Data-gathering techniques used in this study were: participant observation, interviewing, and document collection. I drew on a combination of techniques to collect research data, rather rely on a single

technique. In this qualitative study, I collected data through participant observations, which included observational field notes, interviews of teachers and support staff, and document collection. The procedures used to interpret and organize the data in this study included coding, field notes, and analyzing data and documents.

This study takes a qualitative approach, exploring information from a wide variety of sources. The qualitative methods were based on collecting archival data and documents, observing, and interviewing from an ethnographic tradition to gather necessary information about the interventions used from various sources (including: four special education teachers, the school psychologist, and the interventionist) within the school's context. The context for this study was in a Midwest, rural, self-contained school.

### Epistemology

Cresswell (2009) writes that “Qualitative research is a means for exploring and understanding the meaning individuals ascribe to a social or human problem” (p.4). The processes for this research study involved: emerging questions and procedures, data collected from the participants' setting; data analysis building inductively (from particulars to general themes), interpreting the meaning of the data, and writing the report or conclusions of this study. Throughout this process, the researcher gave participants a voice on a component of the world of education research and an opportunity to define their thoughts and experiences. The foremost goal for the researcher was to listen to her participants and to hear the way they interpreted their school, its students, resilience, and the interventions they used, and then used Brofenbrenner's ecological model and positive

psychology as frameworks to analyze the findings. In this manner, qualitative inquiry was the most appropriate methodological approach for this study.

The researcher not only selected a qualitative methods study to conduct, but also decided on an approach to inquiry. Creswell (2009), recommended five approaches to qualitative inquiry they are: “narrative, phenomenology, ethnography, case study, and grounded theory” (Creswell, 2009, p.176). Researchers “might study individuals (narrative, phenomenology); explore processes, activities, and events (case study, grounded theory); or learn about broad culture-sharing behavior of individuals or groups (ethnography)” (Creswell, 2009, p.177).

The researcher sought to establish the meaning of resilience from the views of participants and how they implemented resilience throughout their interventions with students with EBD in a self-contained program. Exploring this process, activities, actions, and interactions were grounded in the views of participants. This process involved using multiple stages of data collection and the amelioration and interrelationship of categories of information (Corbin & Strauss, 2008). In this way, the key elements of collecting the data for the study were to collect data from participants, observe participant practices by engaging in their activities, and interview them by listening to their thoughts and ideas about implementing resilience in their interventions and services.

#### Site Selection: AEA 267-Bremwood Site Description

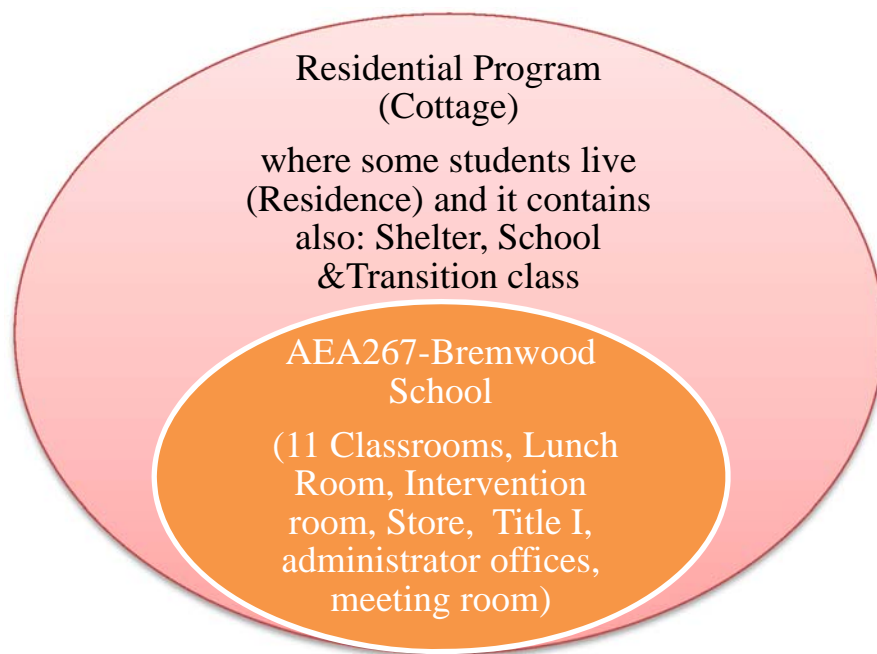
This study was conducted in AEA 267-Bremwood in Waverly, Iowa, a self-contained setting. The AEA 267-Bremwood School provided a prescribed program with protective and intensive services to students with EBD under the direction of a specially



trained staff in a specially designed facility within the public school system. Bremwood was established in 1975 as a single classroom for students with learning or behavioral disabilities. As the student population increased, the school grew to the present day eleven classrooms. As a result, and in partnership with Lutheran Services in Iowa (LSI), the AEA 267-Bremwood School serves students at all ability levels in grades six through twelve, but the majority of students have EBD (“About Our School,” 2013).

Most students with a special education classification who had an IEP were educated in general education settings because of the concept of least restrictive environment (LRE). The idea of the least restrictive environment is that students with disabilities should be educated in general education or inclusive classrooms to the maximum extent possible. It is probable that many students may participate in self-contained settings or a special education schools, such as alternative or residential programs. The site selection for this study was a self-contained setting or a special education school. According to What Works Clearinghouse (2011), self-contained settings entail pull-out instruction for part or all of the school day, and might go so far as to include specialized schools, residential arrangements, and hospitals.

The school is located in small district in northern, rural Iowa. The site has two buildings: one building contains a living space for residents (including a cottage, a shelter, and four classrooms), while the other contains the AEA 267-Bremwood School (see Figure 4). The researcher observed only within the AEA 267-Bremwood School for this study.



*Figure 4.* How special education and other programs fit together at AEA 267-Bremwood.

The site also has space for outdoor recreation, and the physical facility appeared safe and secure. The school's physical space was wide, full of light, clean, and appeared to be well maintained. Facing the reception were offices for administrators, including: the principal, the school manager, the secretary, the social worker, and the school psychologist. There was also a meeting room, a rest room, and a room for the economy token stuff. In this room, students can purchase things he or she wanted, such as Pokémon cards, pencils, pops, and school supplements. The entrance door and the entry hall was the area used for intervention program. There were two empty rooms to the right of the entrance, and a big interventionist room in the left. The police officer was present daily in the entrance of the building. The staff called him a guardian who guarded the school every day from the morning until the end of the school time. Additionally, he

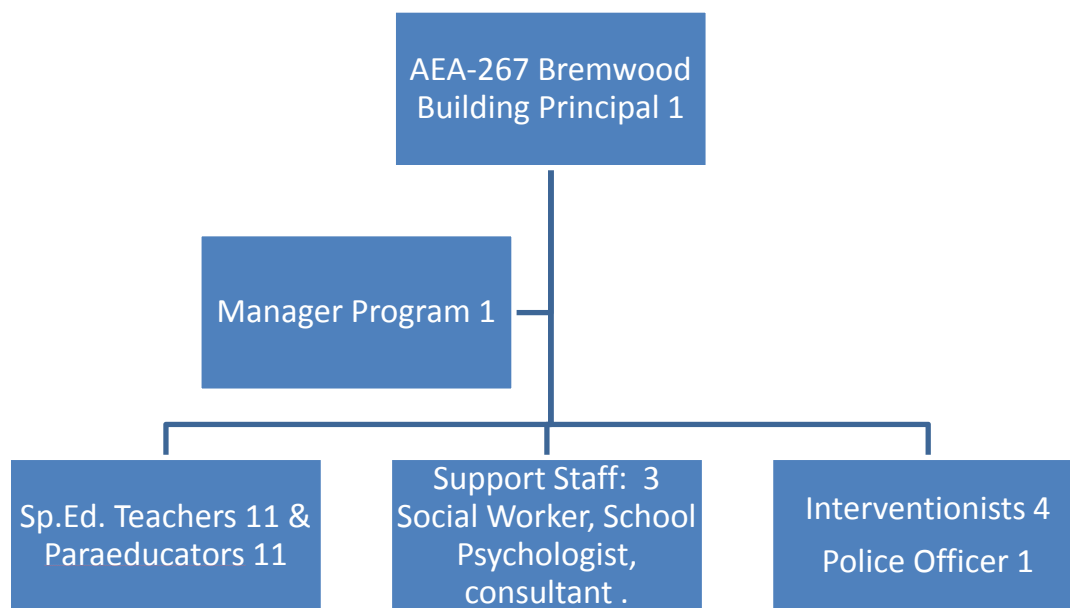
helped the staff in understanding the law, school policies and to be responsible for the school's safety rooms, which used seclusion and restraint policies (Archival or Data Records [ADR], January 14, 2013). The entrance hall led the observer to the middle and high school section.

AEA 267-Bremwood School held eleven self-contained content area classrooms and one resource room for a Title I reading program. Whenever students arrived to Bremwood, the teachers assessed them academically and arranged classes adequate to their academic needs. Because of this, students from different grades were often intermixed in the same classrooms. For example, one of the classes the researcher observed had one student from tenth grade, two students from grade eights, and one from seventh. The high school students rotated between four classes, while middle school students spent most of the time in the same classroom, though they also had students at different grade levels. For example, one middle classroom teacher had sixth, seventh, and ninth graders at the same time. On the other hand, the school also contained two big classrooms for a life skills program for students to be taught about life (i.e., food, washing dishes and clothes, etc.). Other activities the students were involved in, such as art, gym, and music, were found in a different building related to the cottage and the school. Activity classes were used as multipurpose classes between the school and the cottage. In addition to the physical security, every one of the staff had telephone-radio communication. This device directly connects the staff to the rest of campus, including: teachers, interventionists, police officer, and administrators. If any accident were to occur, the teacher can talk through this phone and other staff can hear him or her directly.

In addition to the physical security on campus, every member of the staff had telephone-radio communication. This device connected the staff directly to all of campus, including teachers, interventionists, the police officer, and administrators. If any accident occurred, the teacher could talk through the phone and other staff could hear him or her directly. Also remarkable was the daily presence of a police officer in the entrance of the building. Called a “guardian,” the officer guarded the school every day from morning until the end of the school day. This officer helped staff to understand the law, policies, and was responsible for the safety of the school’s rooms. These safety rooms were under seclusion and restraint policies 103B (ADR, January 14, 2013). If staff needed any help with students, the police officer was there, ready to catch any sudden situations. The physical facility appeared safe, secure, and concrete.

At the AEA267-Bremwood site, the basic staffing pattern was organized on a hierarchy model (see Figure 5). It had a Building Principal who was responsible for the overall management of the site and the program. The building principal had an assistant or program manager who was responsible for daily operations, and supported the special education teachers and the interventionist. Special education teachers were responsible for the academic program and for the behavior one for the students they taught. Every classroom had one classroom teacher and one associate, and staff added as needed based on the students IEP. The interventionist room contained the main interventionist, who was responsible for the room and the processes within the room. Two interventionists helped the main interventionist in this process, and they took their orders from the director. Another person involved in this room came from the cottage. This person

changed every day, and he or she responsible was for observing and writing reports to the cottage about students who were lived there, or on campus.



*Figure. 5.* Organizational structure of AEA 267- Bremwood School program.

The school Facility serves approximately 75 youth per year, changing from one semester to another, though the exact number served annually depends on students' length of stay and on existing state and federal contracts. Youths were typically referred by the school district, which was unable to provide services to meet the needs of students with EBD. One accommodation for students in the IEP was to refer them to a self-contained special education school like Bremwood. Other students were referred by the court, the Department of Human Services, or parents who cannot handle the child's behavior at home.

At the time of study, 53 students were enrolled in AEA 267-Bremwood from grades six through twelve. Males were the highest proportion of students enrolled in Bremwood 77% from different ages and grades. Of those 53 students, 87% (or 46) were Caucasian, 6% (or 3) were black, 6% (or 3) were multiracial, and 1% was Hispanic/Latino. The ages were varied: 20% were 12-13 years old, 36% were 14-15 years old, 30% for 16-17 years old, and the smallest proportion was 14% (or 7 students) who were 18-19 years old. The grades varied, too: 25% of the students were in ninth grade, while 17% were in tenth, 13% were in eleventh and twelfth, while 15% were seventh and eighth grades, and just one student from grade six. Also noteworthy from the records was that 96% of students were referred from different schools that were an hour or more bus ride daily. Just two students were from the same home school district of Bremwood. Of those 53 students, 63% referred from their home schools, 22% were referred from either the Department of Human Services, and the juvenile justice system and parents refereed the same amount of students—7.5%, or four students. The majority of the students, 87% (or 46), were qualified for free or price-reduced lunches. All on-campus students, 28% (or 15), were eligible for free or reduced lunch, while of the 72% (or 38) students who were off-campus, only some were eligible for lunch support (ADR, February 4, 2013). The median household income in these communities ranged from \$47,366 to \$39,587, which was slightly equivalent to the state's average income of \$48,044. Property value in these communities ranged from \$138,435 to \$95,500 compared to the state's average of \$122,000 (city-data.com).

The primary goal of such programs was to build effective academic and behavioral skills that lead to the outcome of the student returning to the general education program, while still receiving instruction in a safe and nurturing environment. While enrolled in the program, students were required to complete academic work, attend regularly, and follow rules of school conduct. To exit the program, students must have no behavioral referrals during the semester in which they were trying to exit and return to their community schools. While involved in the program, students had access to school psychologists for support services, and intervention groups were offered (e.g., anger management, social skills) periodically. In this regard, the AEA 267-Bremwood program was designed to educate those students for whom a change of placement was warranted resulting from significant behavioral misconduct.

#### Letter of Cooperation and Staff Recruitment

The researcher emailed the principal of the school asking permission to conduct her study in AEA 267-Bremwood School. A letter outlining the purpose of the study and the interest in working with four special education teachers, one interventionist, and one school psychologist for three weeks in different months was sent to the school. The total was six participants. The first visit was in December, 2012, the second was in January, 2013, and the last one was in February, 2013. Each classroom visit lasted three whole school days. After the principal spoke with the teachers, and once the participation of a facility was secured, the letter was sent to the staff to request their individual participation (see Appendix D). The principal agreed that the researcher could conduct the study in the school, and wrote a letter of cooperation (See Appendix E).

### Criteria for Participant Recruitment

As for criteria defining an educational service provider, teachers and educational staff were volunteer participants and were included in the study regardless of age, gender, ethnicity, or length of employment. The researcher's initial interviews lasted two days, and were conducted with one school psychologist, one interventionist, and four special education teachers from two high school and two middle school classrooms. The pool of participants was six.

The researcher provided the principal with recruitment flyers and texts for emailing notifications to school personnel regarding selection and the voluntary participation (see Appendix C and Appendix D). Informed consent was secured during the first site visit to participants (see Appendix B). The researcher explained the study to the participants and provided the informed consent document to each interested volunteer. All participants were provided with the opportunity to question, discuss, and provide informed consent to participate. The researcher requested that informed consent forms be turned in by the end of the meeting or within the week if individuals needed additional time to consider and decide if they would like to participate. All informed consents were signed directly after the researcher explained the study.

### Ethical Considerations

The researcher followed safeguard procedures to throughout the course of the study to address and adhere to the importance of ethical considerations. First, the researcher submitted a proposal for the study to the Institutional Review Board (IRB) at the University of Northern Iowa for their approval. The appropriate forms were filled



with the IRB office. The participants then received written and verbal information regarding the process for the study. Participants were requested to read and sign a voluntary participation form before the study began. This document outlined the purpose of the study and how the results would be reported. Additionally, individual meetings were held with participants to verbally explain the study, provide the opportunity to check for understanding, and allow participants to ask questions. They were also informed that they could stop interviews at any time, and had the right not to participate if they preferred.

Participant privacy was protected in multiple ways during recruitment. Privacy was maintained by restricting the number of letters sent to the selected site. Only the educational administrator was notified initially and invited to participate. The researcher did not communicate with other individuals at the site or affiliated with the site, unless given permission by the administrator. At meetings where recruitment activities were conducted, individuals present were not required to share any private information or indicate a willingness to participate publicly; they were provided with forms and indicated their willingness to participate individually. The researcher requested the assistant administrator not be present when teachers and other school personnel were invited to participate. He accepted. Further, when asked for references or referrals among school teachers and employees, the researcher informed the assistant to provide the principal with all the documents that the researcher held.

The researcher attempted to reduce potential influence, coercion, or appearance of coercion by explicitly stating that participation was voluntary and that any participant can

withdraw at any time. It was anticipated that the researcher had no relationship with any of the participants. The researcher also notified them that they would be involved in member-checking findings and conclusions reached by the researcher. The researcher emphasized that the decisions of any individuals to participate in the study would be kept confidential and would not be provided or used by the researcher or the administration to impact funding or status within the facility/site in any way. Further, pseudonyms (participant numbers) were used to disguise the identity of the individuals in all information resulting from the study and its dissemination.

### Participants

The participants in this study were the school personnel in the AEA 267-Bremwood School, and the pool was limited to six. These personnel were dealing with students who experienced emotional and social failure because of their placement into a special, self-contained school. Such a placement occurred after a student had committed behavioral infractions severe enough (multiple suspensions or an expulsion) to warrant removal from the regular educational setting. The removal was intended to be temporary, and re-entry into the student's community school was contingent upon his or her following the behavioral and academic program during placement in Bremwood.

AEA 267-Bremwood had eleven special education teachers and other support staff, such as the social worker, the school psychologist, the special education consultant, and other specialists. All teachers were provided by the local school district and held the appropriate licensure and certification for serving students with EBD. In every classroom, para-educators were present during the school day and assisted the teachers with keeping

order in the classroom. Para-educators are trained in professional development and workshops with the teachers. The school kept all the personnel up to date with any new initiative or policies they were required to know.

The total number for this investigation from the AEA 267-Bremwood School consisted of six staff personnel; four special education teachers from different grades (middle school and high school), one school psychologist, and one interventionist. After selecting the staff personnel, the researcher explained the purpose of the study, her interest in working with them, and received their consent. Each participant held the appropriate licensure and certification to serve students with EBD, and was employed by the school district. Each participant also had a minimum of five years of direct experience working with students with EBD. The researcher called the participant by the number of the codes they had when they signed IRB forms. Participant 1 was a female high school teacher; Participant 2 was a male high school teacher; Participants 4 and 5 were male middle school teachers; Participant 3 was a male interventionist; and Participant 6 was a female school psychologist.

#### Participant 1

She had a varied background in working with students with disabilities. Her experience included twenty-five years as a special education teacher at different sites. She had worked at AEA 267-Bremwood for thirteen years at the time of the study. She was the only female teacher in high school. She taught a career class and other subjects. She cared a lot about her students; she raised their awareness to be more rational, realistic, and independent. She was cooperative and fully engaged in each round of

interviews, and answered the questions with broad answers encompassing numerous aspects. She was warm, open, acceptable, and cooperative.

#### Participant 2

He had been at Bremwood since 2004. Prior to this, he worked for four years in a residential placement facility as a residential self-advocacy counselor. He had fourteen years experience in working with students with emotional disorders in the community. He taught high school English, math, and technology. He was also on the Boys Town Consultant Team in the school, which observed other teachers, gave them feedback, and wrote a report for the principal. He was practical and realistic, and he cared a lot about students and their ability to self-advocate. His responses were concise and to the point.

#### Participant 3

He was a school interventionist. He was a teacher for three years and then went into school administration and a district support in another state for seventeen years, was a principal for ten years, and at the time of the study, he had worked at AEA 267-Bremwood for five years as an interventionist. He worked in the room with students as a behavioral interventionist. He was eager to be involved in this study, and he was acceptable, open, and cooperative. His responses were broad and gave a lot of details and examples.

#### Participant 4

He had been a middle school classroom teacher at AEA 267-Bremwood for six years. He held an endorsement for special education K-12. He was an elementary school fifth and sixth grade for twelve years in different states and sites. He was strict and firm.

He cared about his students and wanted the best for them. His responses were thorough and precise. He gave a lot of examples to describe his thoughts.

#### Participant 5

He had been a middle school teacher for eight years working with students with disabilities. He was certified special education K-12. He had degrees in law enforcement, sociology, social studies elementary, and special education degree. His experiences were quite wide. He had seventeen years of experience working in both residential and teaching. His first career job was working in a residential setting. He then worked at Bremwood as a tracking person, which is a position that helps kids who in trouble with the law. He worked for a residential setting in Bremwood for five years, and then moved to the intervention room for four years, working as a behavioral interventionist. The principal encouraged him to continue his teaching degree and become a teacher at Bremwood. He was knowledgeable, had a sense of humor with students; it was fun to observe in his room. He was very engaged in this study and eager to answer the questions.

#### Participant 6

She had been a school psychologist for seven years; this was her third year in AEA 267-Bremwood. She also worked in public schools, so she visited Bremwood twice a week. She had a specialist degree in school psychology, and her Bachelor's degree in elementary education. She was one of the support staff in Bremwood; her role was to oversee the IEPs, the process, and to make sure teacher implemented them correctly. She

was also in charge of brainstorming intervention ideas and checking in with kids when needed. Her responses were thorough and precise.

The observations of the four classrooms—two in the high school (tenth, eleventh, and twelfth grades) and two in the middle school (seventh, eighth, and ninth grades) – showed that classes were well controlled. The teachers were both female and male. They were solid and firm; there was zero tolerance for any mistakes or misbehaviors from students. The management style employed by teachers was one of authority. It was obvious that the teachers were professional and have been honing their craft for many years. They knew how to lead the class in an organized fashion: they kept students on task, maintained order, and created an environment conducive to learning. The students seemed focused on their tasks and determined to do their work correctly. If small distractions came about, teachers dealt with them and urged students go back to work. The para-educators directly and indirectly worked with individual students who were disruptive, and provided positive feedback to students who were doing particularly well. When dealing with disruptive youth, the teacher spoke to the student at her or his desk. If this did not resolve the problem, the teacher removed the student from the classroom to resolve the situation in private, or sent him or her to the intervention room. In this room, many people worked with students for intensive re-teaching for a specific skill the student missed, such as following instructions, basic body language, eye contact, etc. If the student had a behavioral problem, the interventionist dealt with it, but if the problem was mental or emotional, the staff referred the student to the school psychologist or the social worker.

## Classrooms

The school had eleven classrooms. Seven were the middle school classrooms (sixth through ninth grades), and four were high school classrooms (tenth through twelfth). The students rotated between these classes. Every classroom had between two and seven students and two adults (one adult was a special education teacher, while the other was a para-educator or associate). The researcher observed in four out of eleven classrooms; two were middle school and two were high school. The classrooms were bright, spacious, and near to the ground with several round or rectangular tables and comfortable chairs. Classroom designs were set to teach the students academically, which was obvious from the design of the tables, desks, and the kinds of books on the shelves. The teachers had desks set up in five clusters. The desks did not all face the front of the classroom. There were textbooks, stories, library books littered everywhere around the room. Textbooks were available and were located in the middle of the class on a large table or on the shelves where students clearly knew what they had to do next. Classes included math, algebra, language arts, physics, biology, history, career, etc.

Classrooms also held a large seminar room that was wide and deep. Desks were arranged in a “U” in one classroom, and each side was a short row of three or four desks. Other classrooms had different shapes, and there were just enough desks for all of the students. The teacher sat at her or his desk most of the time, or by the students when needed. The physical space of the four classrooms was wide, full of light, clean, and appeared to be well-maintained. In one of the classrooms, the teacher preferred to shut the light off because he “wanted his class to be a calming environment.” Despite that, the

room still had light from its wide windows. The teacher set up a desk at the front of the room carrying their computer and connecting to the projector facing a white board. The para-educators or the associates also had their own desk with computers and students' files. The white board was where the teachers instructed their students, jotting down schedules and what students were required to do.

The classrooms were well organized. The funding for the building as a whole was obvious; it was fancy, expensive, and numerous materials were found in each classroom. Each class had a bathroom. A sink, soap dispenser, and paper towel holder were located close to the bathroom. The United States flag was located above the white board. The rooms had also fair amounts of maps and posters. These posters encourage students in learning (e.g., self-monitor sheets such as a pop sheet for E2020, and pages of reading and math) and in life (e.g., success, reinforcement, being positive, trusting, etc). Many posters were the Boys Town social skills posters, such as the steps of following directions skill, accept criticism, tone of voice, etc. Other examples were photographic posters containing pictures of things like the sun, moon, night, pets, etc. Such statements were encouraged and motivated.

Classrooms had number of cabinets that stored student files and other documents. There were shelves for books, and binders for each student that contained all their tests, probes, and progress sheets. There were seven laptop computers in every class observed, where students could complete their online program E2020 or other assignments. Teachers distributed handouts and assignments when needed. The assistant technology they used included the computers, projectors, whiteboards, television, and videos.



Teachers saved students' tests, probes, career files, the "I have Plan Iowa" for high school students, and progress sheets in binders for each student to track such things in IEPs. Para-educators saved the Daily Points sheets from the Boys Town Program and bunched them in the students' binders. In one classroom the researcher observed, there was a large puzzle set on top of a large table, and the teacher permitted students to do the puzzle when they finished their works. The white board was where the teachers instructed students, jotting down schedules and what were required to do.

Students were quiet and did their activities. The ratio of the students in the classroom was small, so any behaviors or disruptions from students and the teacher or the associate figured it out the culprit and talked about it with that student. Some students recorded individually in their journals or in a big group when the teacher used a direct instruction strategy. In general, students were engaged most of the time either in actively listening, producing their own reading, writing, or watching movies. The observer noted that students were academically and were active in doing their homework, reading, doing math or science assignments or their E2020 program, or were on computers for health assignments. One time, a student was read out loud his book while others listened and sat, while others completed assignments.

#### Data Collection Procedures

Glesne (1999) writes that "qualitative researchers depend on a variety of methods for gathering data. The use of multiple data-collection methods contributes to the trustworthiness of the data which is called triangulation" (p. 31). The purpose of triangulation is to increase the confidence in research findings. The data-gathering

techniques used in this study were: participant observation, interviewing, and document collection. The qualitative researcher drew on some combination of techniques, rather than a single technique, to collect research data. In this qualitative study, the researcher collected data through participant observations, which included observational field notes, interviews of teachers and support staff, and document collection to find answers to research questions. The procedures used to interpret and organize the data in this study were coding and field notes.

### Participant Observation

In conducting research at the AEA 267-Bremwood school, the researcher used observation methodology, including field notes of classroom actions and practices. Observation protocols were informed by the refined research questions and findings in the literature. The goal of these observations was to distinguish the activities and services students with EBD in the program received to nurture their resiliency. The observations were held at four classrooms---two high school and two middle school. The total number of visits during the three months of study was fourteen. The first day from the first site visit was to conduct in-depth interviews. During the next four days, the researcher observed in each of the four classrooms—one day for each class. The researcher observed the whole class and not merely a specific sample from the class.

While at the school, the researcher used a packet for the observation that included forms, tables, and patterns that were created (see Appendix I and Appendix J) in order to reduce the information to a controllable or manageable level for the purposes of review. Establishing appropriate areas of investigation is an important goal at the beginning of

any participant-observation research. Once the areas of investigation were established for this study, the researcher continually observed through the data collection period. The researcher took notes from back or the side of the classroom. The researcher did not teach, give advice, or assist teachers, students, or administrators. For the purposes of this study, the researcher acted as an observing participant without any interference or impediment to any participant or students.

Brantlinger, Jimenez, Klingner, Pugach, and Richardson (2005) in their article, "Qualitative Studies in Special Education," asserted that the researcher should follow quality indicator guidelines for observation. These six guidelines are: (1) the researcher should select the appropriate setting and people for observing, (2) sufficient time should be spent in the field, (3) the researcher should fit into the site by being accepted, respected, and unobtrusive, (4) field notes should be systematically collected by audiotape and written during the observation, (5) minimal impact on setting, and (6) sound measures were used to ensure confidentiality of participants and setting. In this manner, the setting and people selected for the observation was appropriate for the study, and sufficient time was spent in the field. The researcher felt accepted, respected, and unobtrusive during observations, and the field notes were systematically collected by audiotape and written during the observation. Sound measures ensured the confidentiality of participants and of the setting. The study was purposely designed to have an impact on setting, but at the same time, there was minimal impact (Brantlinger et al., 2005).

The researcher observed and took field notes on four daytime site visits to the AEA 267-Bremwood school on three different occasions over the course of three months,

or a trimester. Each class was observed three times over three months. The total number of visits during the three months was three days for each grade, and twelve days for the program as a whole. The researcher sat in the back of the room or to the side and took notes describing how the teacher provided interventions and services to students that were integrated with the core elements of resilience. The researcher did not evaluate or assist teachers, students, or administrators. The researcher became a part of the school and was immersed in the setting, participants, and used the research questions to enhance her awareness and curiosity about the purpose of the study. After each observation, the researcher analyzed her notes for meaning and evidence of personal bias. Interview questions were often developed through participant observations.

The researcher used a form to organize her observations as the researcher/primary investigator (PI) (see Appendix I). This form helped to capture information on the services and interventions the researcher wanted to observe that were implemented in the classroom and were aligned with the core elements of resilience with regard to:

- a. external support, such as social competence and building strong relationships;
- b. learned skills and healthy coping; and
- c. inner strengths, such as autonomy and a sense of meaning.

#### Teacher Interview

Brantlinger, et al. (2005) write that there are quality indicators for conducting interviews with participants. One indicator is that an adequate number and representation of participants are appropriately identified and recruited for the study. Once participants are selected, interview questions must be clearly worded, not leading, and appropriate for

exploring domains of interest. During and after interviews, adequate mechanisms must be used to record and transcribe the data. When sharing the results from the interviews, the researcher must ensure he or she represents the data sensitively and fairly, and ensure confidentiality for participants.

For this study, the researcher conducted three rounds of interviews with the educational staff (four special education teachers, one interventionist, and one school psychologist) throughout the trimester of observation. Each interview session was redesigned and structured based on responses from previous interviews. Three types of interviews were used: structured, open, and depth-probing. The researcher had specified questions she wanted to ask during structured interviews and during the initial and final visits. The second visit was an open interview. During the observation, the researcher was prepared to develop new questions to follow unexpected leads that arose in the classroom while observing. Depth-probing interviews required the researcher to capture how the respondents thought or felt about something by asking them to further explain or tell more about their response. Each round of interviews had a different purpose; therefore, different types of interviews were utilized.

The researcher piloted interview questions with a teacher who has taught youths with behavioral challenges to clarify the interview questions, to confirm the accuracy of the teacher's responses, and to ensure the research questions. After piloting, the researcher created three sets of interview questions: initial, during the observation, and final interview. (For piloted interview questions, see Appendix F.)

Each interview was audio recorded digitally and transcribed immediately. Informal interviews during the observation were not audio recorded. Each teacher was interviewed formally three times, while the interventionist and the school psychologist were interviewed formally two times due to time sensitivity. The interviews took place in an empty classroom or in the conference room. Each took roughly thirty to sixty minutes to complete. Prior to initiating the interviews, the researcher thanked the interviewee for signing the consent form (see Appendix B). Data was transcribed and coded by the researcher based on themes and patterns from the responses. Questions for the interviews were formulated from the literature review and from a conceptual framework created by the researcher. The researcher studied the interview questions before going to the school, and if any themes emerged following the second-round interviews, a member check occurred.

The participants in this study were the school psychologist, the interventionist, and four special education teachers. Vital to this study were the interviews with the staff because they spent most of their time in the school/program and the targeted students for this study. These educational staff dealt with students with IEPs who were at-risk for emotional and social failures due their need to be placed into a special self-contained school. Thus, to understand students with disabilities, it was necessary to interview the people who knew the most about the students and who communicated with their parents.

#### Data Records or Archival Data

The researcher asked the school manager (the assistant principal) about the student's data records or archival data. Information collected from this archive included

students' special education status, their eligibility for free/reduced lunch, and gender. Cultural and linguistic information was provided to the researcher (see Appendix H). Knowing the students' demographic information helped the researcher in determining the current and future needs for students in regard to resiliency as well as the defined or distinct services they needed. The school manager and the interventionist removed all identifying information to protect the students and to ensure the confidentiality of the record. The researcher took this information from the data and created a separate sheet using only student numbers for identification purposes to protect participant confidentiality (see Appendix H). The researcher maintained confidentiality of all research participants and documents in all phases of this study, discussed the research with the school manager, principal, or with other personnel, and answered any questions for clarification.

#### Data Management

All data gathered during this study ensured confidentiality of participants. The researcher used participant initials and numbering systems to identify interview transcripts, notes, and data. Transcriptions were coded with an identifier, which were necessary for the researcher to analyze and code the data. Each interview session was digitally recorded and transcribed. Audiotapes were deleted from the recording devices at the completion of the study. The researcher and the dissertation committee members are the only individuals who viewed the transcriptions. The transcriptions will be maintained for three years after the completion of the study. Any paperwork with personally identifiable information was removed prior to being received by the researcher. The

researcher asked the site to remove all confidential information; however, if that was not acceptable, a third party was used to remove all identifiable information. All information was considered highly confidential and treated as such.

While collecting data off-site, participant records and data—physical and electronic (e.g., thumb drives and digital audio recorders)—were always in the possession of the responsible researcher (PI) until returning to campus, where it was stored on a master, password-protected external hard drive. The data will be stored in a locked file cabinet for no less than three years, after which time physical documents will be shredded and the digital data will be erased using the most appropriate and advanced erasure technology available.

#### Data Analysis Procedures

In this study, the researcher took a qualitative approach to explore information from a wide variety of sources. The qualitative methods for this study included observation and participant interviews from the ethnographic tradition to gather necessary information about the sample from various sources.

Brantlinger et al. (2005) identified quality indicators for analyzing data in qualitative study. First, the results should be sorted and coded in a systematic and meaningful way. Second, a sufficient rationale should be provided to explain what was and was not included in the finding. Third, documentation of methods should clearly establish the trustworthiness and credibility of the data. Fourth, the researcher's reflection about his or her personal position should be provided. Fifth, data conclusions should be substantiated by sufficient quotations from participants, field notes of observations, and



evidence of documentation inspection. Finally, the researcher should make connections with related research.

Corbin and Strauss (2008) described a three-tier approach to data analysis: open coding, categorization, and axial coding. After the researcher collects raw data, coding must be done. Coding is defined as "extracting concepts from raw data and developing them in terms of their properties and dimensions" (Corbin et al., 2008, p.159), which requires researchers to think outside the box and put aside preconceived notions that the researcher expects to find. Open coding begins by brainstorming possible conceptual labels for the data. Conceptualizing the data provides a language for the researcher to talk about the data. These concepts range from low to high-levels. Low-level concepts are specific to the participant, whereas high-level concepts are categories/themes that tell "what a group of lower-level concepts are pointing to or are indicating" (Corbin & Strauss, 2008, p. 160). Coding by themes requires the researcher to think and reflect on the raw data acquired through interviews. Axial coding goes hand-in-hand with open coding. Axial coding is defined as the "crosscutting or relating concepts to each other" (Corbin & Strauss, 2008, p. 195). The researcher used axial coding to relate categories to their subcategories (Corbin & Strauss, 2008). This type of organization allows the researcher to make connections based on the interview data that, in this study, was provided by the educational staff from the school.

The researcher developed descriptive reports based primarily on the qualitative information and data that was collected on-site from interviews and observations in the school. In qualitative research, the researcher must ensure that the collection of data is

credible and trustworthy (Brantlinger et al., 2005). Data triangulation that included classroom observation, staff interviews, and archival data were used to collect a variety of data sources. When collecting data, the researcher attempted to “understand and self-disclose her assumptions, beliefs, values, and biases” (Brantlinger et al., 2005, p. 201). For more clarification, the researcher piloted the interview questions with a teacher who had taught youths with behavioral challenges to confirm the accuracy of the teacher's responses and to ensure the validity of the research questions. After piloting, the researcher created three sets of interviews: initial, during the observation, and final interview. Finally, an audit trail recorded to keep “track of interviews conducted and/or specific times and dates spent observing as well as who was observe on each occasion” (Brantlinger et al., 2005, p. 201). Member checks were conducted to confirm the accuracy of the teacher's interview responses. This ledger of information was justified, confirming that a sufficient amount of time was spent in the field so that the results were dependable. From the qualitative information, the researcher identified themes and patterns of the findings. The researcher used codes identified in open coding to form axes with similar codes. Categories were then named based on codes in the axis. Data triangulation included data collected from teacher interviews, archival data, handouts, and observational field notes to develop themes.

#### First Round Data Collection

After the initial interviews were conducted and transcribed, the researcher highlighted key words from each participant's responses. Key words that were highlighted in the participants' interviews included: “Boys Town Model,” “teaching

tool,” “intensive teaching,” “coping skills,” “Level 3 BD,” “behavioral problems,” “baggage,” “on-campus students,” “off-campus students,” and “parents.” After the transcribed interview was re-read, and key words and phrases were highlighted, the researcher used Microsoft Word to organize the data into axes. Each axis had similarities, so the researcher used data from the participant's interview to describe the axis. When all participants' data was collected, the researcher performed a constant comparison between data. Commonalities found within all of the data were codes that fell into the following categories: “Boys Town Model,” “teachers,” “students,” and “resilience.” Data from opening coding included: “structure,” “rigid,” “not enough,” “students need it,” etc. These data were organized in an axis, labeled “Boys Town Model.” This label became a category for that data. Another category that was used was called “Teachers,” in which the following data were used: “never give up,” “focusing on academics,” “consistency,” “general education setting,” and “interventionists.” Teacher interviews was just one source from which data were collected.

Data collected from the school manager, the interventionist, or the teachers themselves were the second source of data collection. These data included, for example, numbers from the interventionist, students' numbers and demographic information, and referrals from the classroom to the interventionist. Codes from those handouts or numbers were used by the researcher, and easily fell under categories from interview data, including: “Boys Town Core or book,” “daily point system” (i.e., the green and yellow cards), “office referral process sheet/policy,” and “student contract.”

Observational field notes were the last source of data collection, and included the researcher's personal notes based on what she saw participants doing or what the participants shared with her throughout classroom observations. Data from observational field notes all fell into existing categories that were developed based on codes from the interview. Codes from the observational field notes that fell under the existing category, "Boys Town Model," included: "rigid structure," "students working with the interventionist," "quiet hallways and classrooms," "there were no behavioral problems to see," and "some corrective teaching." Another category was "Students," which included codes such as: "limited number in the classrooms and in the intervention room," and "no severe behavioral problems or accidents." Data compiled for participants was based on the convergence of interview data, archival data and documents, and observational field notes, all of which provided multiple lenses in the analysis of data.

After the data from each participant was coded and categorized, the researcher used those codes to write validation statements based on the first round interview responses. One example of a validation statement and question used on Participant 2 was:

Last time when we talked about the services and interventions you mentioned that the social competence, coping skills and autonomy are important in the program. Your priority was the coping skills because if they have that they can solve the other problems they have or you can build the relationship or can build their autonomy. Are you agree or you want to add something else?

Another example validation was came from one of the teachers:

You mentioned also something. Last time, you told me the mental health issues are more than the behavioral issues now in the school. Do you still think this? Do they refer them because of mental health issues and not the behavioral? Because this school is referred by behavior, right? And now maybe they refer them because of mental health issues? What are the reasons you think?

The same process of validating first round interview responses was used for the all participants. The researcher also asked all participants questions based on data collected through observational field notes. Here is one example field note:

When I'm observing here in the beginning, I thought I would see the behavioral and shouting, yelling, something. I did not find anything like that. Why? I noticed that students were focusing on their academics more than teaching them social skills. How often do you provide social skills direct teaching class for students with EBD in your classroom? Or asking the interventionist: how long you did your intensive teaching with the students? How long the students spent in this room or in an empty room?

Based on data from the first round of interviews, archival data and documents, and observational field notes, targets for second round data collection were established.

Targets for the second round of observational data collection included: How do teachers implement their interventions? How are these interventions related to resiliency? First round observational data revealed that, as a team, the staff was used at Boys Town as a model teaching tool for all interventions used in this school. The sole intervention staff provided for students was called the "Boys Town Model." Therefore, one targeted area of interest for the second round of observations was to ask if there were other services the staff provided for students or integrated with the model. Special attention was given to classroom activities and situations that provided interventions participants performed with students related to the three core elements, which are: building positive relationships, coping skills, and inner strengths such as autonomy. A constant focus for the researcher was to determine how the teacher used interventions and if such interventions related to these three core elements. Data related to these target areas was a

constant focus throughout the process of collecting observational data. For example, the researcher asked the following questions of participants:

Last time you told me you used the positive relationship with students, can you show me that? Can you show me an example how you can teach the coping skills? How you build independence for the students?

### Second Round Data Collection

The researcher used validation statements and follow-up questions for the second round of interviews. During this time, the researcher continued observing and collecting documents and taking observational field notes. During this round, the researcher informally interviewed the participants; she relied more on the observations field notes and taking notes. After all the data were transcribed, the researcher coded and categorized the data for each participant. For the participants, several codes were identified from the second round interviews, such as: “barriers,” “negativity of the Boys Town,” “effective,” “difference between grades,” “drop out,” “parenting,” and “priority.” Once all the codes were sorted into axis, the researcher then came up with a category to identify all of the codes, which fell under the categories of the first round. One example category was “Students,” which included codes such as: “drop out,” “poverty,” “parenting,” “middle and high school students,” “smooth transition,” “change needs time,” “absent,” etc. Several other codes fell under the remaining categories: “Boys Town Model,” “Teachers,” and “Resilience.”

Data collected from the school manager, the interventionist, or the teachers themselves was the second source of data collection. These data included handouts about problem solving and other skills provided to students from the intervention room, data

records from the interventionist before and after using Boys Town Model, and new referrals to the interventionist from the classroom. Codes from those handouts or numbers were used by the researcher, and easily fell under categories from interview data.

Data from observational field notes fell into existing categories that were developed based on codes from the interviews. Codes from observational field notes that fell under the existing category, "Teachers," included: "zero tolerance of any misbehavior from any student in the classroom," "using the daily sheets and adding the points," "priority changes related to the teacher in providing interventions," and "positive feedback and reinforcement when students obey and followed the orders." Data compiled for participants were based on the convergence of interview data, transcripts from classroom activities, and observational field notes.

After the convergence of data was completed, the researcher returned to the first set of codes and reorganized them across a different set of axes that was based on participants' information that was gathered from the second set of data collection. A constant comparative was completed between participants' first and second set of codes, each completed individually. The researcher found common codes between the two sets of axes and between the six participants, and reorganized them into four categories. The categories included: "Boys Town Model," "Teachers," "Students," and "Resiliency." Originally, the researcher included the category of "Boys Town Model" for the first and second round data collection, but the researcher found that the codes that fell under this category were best described using a new subheading under this category, which was:

“Intervention Room.” Common codes included under this category are: “it is not an escape,” “the time the students spent,” and “intensive teaching for specific skills.” These codes originated from participants’ responses in their first and second round interviews.

The researcher then compared participant data obtained through the first and second sets of collected data. The common codes from these data fell nicely into the “Intervention Room” category. The researcher added the handouts about problem solving and other skills provided to students from the intervention room, data records from the interventionist before and after using Boys Town Model, and new referrals from the classroom to the interventionist, to include in this subheading of the “Boys Town Model” category.

Observational field notes written by the researcher from the first and second rounds of data collection were compared in the same way as transcripts from classroom activities. The researcher added target codes such as “police officer,” “the store the students buy from,” “the lunch room” and also “what to work on” to the “Boys Town Model” category. The constant comparative completed for the participants helped the researcher narrow her focus to reoccurring codes from the first and second rounds of data collection.

The researcher then used these data to come up with validation statements and questions to ask for third round interviews based on targets observed from second round interviews, the literature review, the theoretical framework, and from research questions. An example of a validation statement and follow-up question that was written based on the target area of resilience was:



Last time when we talked about the core elements of resilience and which one is your priority to implement, you told me autonomy is your priority. From that, you can go to the coping skills and build interaction with the relationship with kids. How you implement autonomy in your classroom? Do you think you can implement autonomy with Boys Town Model and How?

The researcher then coupled the content from the literature review with data already collected to ask subsequent questions related to resilience. An example of a validation statement and follow-up question related to this integration was:

From my observation, I noticed that you are focusing also on independence and autonomy with the students. Do you think you are focusing on that because they are in high school? If we related that to the resilience, do you think what you teach and the program and the other handouts that you use, all the individual as you said – do these services help them in building resilience? Does the program itself help in building resilience?

Another example asked of the school psychologist was:

From my observation I will tell you what I see and tell me if you agree or not. I saw the teachers teaching the students the academics, reading, writing math, and doing what they have to do. If they did not behave appropriate they tried to tell them and to teach them the social skills. If not they still making progress in behavioral, then they refer them to the interventionist room. In the interventionist room they teach them the social skills, focusing on social skills. You, as a school psychologist, and the social worker are working with the students on the inner strengths and the belief in themselves. This is my big picture of the school. Am I right?

Based on the literature review, the researcher asked,

Last time I interviewed about the program and what you are doing, you talked about the students with EBD and the services you provide here. I want to ask you about the interventions. Because when I read articles and when I do the literature review, I found out three core elements that can build resilience. I want to share that with you to tell me if that's right or wrong. Related to your experience of course and all your work. The social competence or the positive relationship between the adult and the student. The other one is the coping social skills, the problem solving and all those skills. The third one is the autonomy and the independence and inner strengths. So, do you agree with that? How you implemented here in the school?

The researcher also coupled content from the theoretical framework with data already collected. Broffebrenner's Ecological Theory and positive psychology were used to create questions. One example of a validation statement and follow-up question asked was:

You mentioned something about the students who are not following the instruction. You expect something, but after that you feel they missed the skills. Why do you think that is? Is it poverty? Is it family? What kind of supports these kids have emotionally and socially? Why do you think? Can you think of any other risk factors the students came with? What protective factors the students had after they left Bremwood?

Other questions were asked that aligned with the targets observed from the second round data collection, the literature review, the theoretical framework, and from research questions.

### Third Round Data Collection

For the third round, the researcher recorded the interviews formally with the participants twice, one for the questions that she asked them in the round two (as mentioned above in the round two section) and one for the round three to wrap up the data and information. After all the data were transcribed from third round interviews, archival data and documents, and observational field notes, the researcher coded and categorized the data for each participant. Several codes were identified from the participants' third round interviews, such as: "the rationale," "intertwined," "ties," "never give up," "Bremwood goal," "disparity," "students' future," "not enough," "inconsistency," etc. Once all the codes were sorted into axes, the researcher then created a category to identify all of the codes. One example of a branch subheading fell under the category of "Teachers" was called "It's Working but not Enough," and included codes

such as: “teaching in the past,” “social class,” “15 students in the class,” “focusing on academics,” “missing rationale,” “curriculum not a choice,” and “working together.” Several other subheadings for the four main categories were established based on the codes highlighted from the participants’ interviews.

Data collected from the school manager or the participants were the second source of data collection. The data from this source all fell into existing categories that were developed based on codes from the interviews. In the last round, the researcher checked with the manager concerning students’ demographic data and about a letter from an off-campus student’s mom to support the school. The researcher took all documents before they were used and created the new subheadings of categories, such as: “Boys Town Book,” “the handouts,” and “the reasons for referral”—all of which were used under the “Boys Town Model” category. The researcher then compared the participants’ data obtained through the first and second sets of collected data, and the data fell nicely under those categories.

Observational field notes were the last source of data collection. The data from observational field notes all fell into existing categories that were developed based on codes from the interviews. Codes from observational field notes that fell under the existing category, “Teachers,” included: “teachers talked individually to a student,” “sent a student to the interventionist,” “slight differences in consistency,” and “the importance of the para’s role in the classroom.” Data compiled for the participants was based on the convergence of interview data, archival data and documents, and observational field notes.

After the convergence of data was completed, the researcher returned to the first and second sets of codes and re-organized them across a different set of axes based on information the researcher gathered from the third set of data collection. A constant comparative was completed between the participants' first, second, and third sets of codes through the three kinds of sources (see Appendix O). The researcher found common codes between the four sets of axes and reorganized them into three categories with subheadings or sections from each. The categories included: "Boys Town model," which included five sections talking about the school, the students, the model itself, the teachers, the intervention room, and the social and emotional services in the program. The second category was "Resilience," which included the meaning of resilience and the three core elements of resilience related to how the participants implemented the concept or not. The last category was "Participants Perceptions," which included perceptions and thoughts about the model, interventions used, and the barriers they faced.

The researcher also established categories from the constant comparative and from direct quotations from the participants' interviews, which were used as a springboard to develop emerging themes. Categories such as "Teachers" emerged into the theme "Teachers: 'We Continue to Do it Over and Over,'" which was a direct quotation from Participant 2's interview and other participants. The category "Boys Town Model" emerged into the theme "Nothing Outside the Box of the High Fidelity Structured Model." "The Baggage Holding them Down" emerged into a student category, which was a quotation from the interventionist and the school psychologist describing the students at Bremwood. The other theme, "Resilience More in Action than in Words," emerged from

interviews with the participants, who mentioned that they did not focus on resiliency, as it was not in their curriculum, but was there with what they were doing in the classroom and other places.

Following the final round and the emergence of themes, the researcher constructed detailed narrative to share with participants in the Member Check (see Appendix P).

During the initial analysis, the data revealed 9 themes. The themes included the students, the teachers, the model they used, the intervention room, the school psychologist, the resilience, the three core elements, the perspective of the participants, and the barriers.

During the final analysis which was after the researcher conducted a meeting with the committee as a pre-defense and revised these themes with the members, she reorganized these themes, changed their names and they revealed seven themes, which reflected more fully developed themes and a logical organization as will describe in the following chapter.

### Trustworthiness

Glesne (1999) mentioned that “trustworthiness or research validity is an issue that should be thought about during research design as well as in the midst of data collection” (p.32). Creswell (2009) indicated that “validity is one of the strengths of qualitative research and it is based on determining whether the findings are accurate” (p.191). In this study, the researcher ensured validity by following verification procedures described by Creswell (2009, pp.191-192).

### Use Rich, Thick Description

The researcher collected a rich, thick description to convey findings. She provided detailed descriptions of the setting, the students, and the interventions and services participants used, providing many perspectives about the themes to reach the goal that the results were realistic and rich.

### Spend Prolonged Time

The researcher also spent prolonged time in the field to be able to develop trust, learn more about the interventions and services in this school, and to listen to the participants' perspectives about resilience and the program in general during three whole weeks on three different occasions over the course of the study.

### Researcher Bias

The researcher reflected upon her own subjectivity and how she would use and monitor bias in the study. The researcher wrote memos regularly to monitor and reflect on her own bias and presence in the study. She did this both at the beginning of the study to map her own beliefs and assumptions that might influence her work as well as during the data collection and analysis phases. The researcher understood the role of the researcher from and her own background as a pre-principal for an orphanage. There were some similarities to the experiences and practices of the staff in this school, but the researcher made every effort not to overlap these experiences discuss these similarities in front of the participants. At the same time, the researcher endeavored to be transparent with her participants about the purpose of the study and what their interview data, the observations, or the collected data would be used for. The researcher also requested

frequent feedback from peer reviewers to help reduce the conversion of her own experiences and beliefs.

#### Peer Reviews

The researcher requested peer reviews not only to reduce researcher bias, but also to verify her analysis and interpretation of the data. External reflection and input on the work helped the researcher enhance the accuracy of the study. In addition to committee members, the researcher asked a special education colleague to read the analysis to help her identify any areas of bias.

#### Use Member Checking

A member check was conducted to present the researcher's themes to the participants and to the principal assistant to confirm the authenticity and accuracy of their interview responses, data collected, and observational field notes. Five participants out of six participated in a brief, follow-up member check. They were provided with the themes and the headings of the findings. They were asked to identify any areas they strongly agreed or disagreed with, and to provide any additional information they felt the researcher missed. In response to the member check, participants were eager to hear the research findings. While conducting the member check with the staff, they agreed with all the themes and the data outlined under each theme. They did not add, move, or discard any of the data. This step increased the validity of the data and gave participants an opportunity to provide additional data if they desired.

### Project Timeline

During the summer of 2012, the researcher conducted the dissertation proposal and defended it on September 2012. The next step the researcher conducted was a small pilot for the interview questions and protocol. The researcher submitted the IRB paperwork in October 2012. Upon IRB approval, the researcher contacted the school's principal to ask about their interest in participating in this study. The researcher conducted initial interviews at the end of November 2012, and began observing in early December 2012. The second visit was in January 2013, and the last visit was in early February 2013. The researcher analyzed the data and conducted member checking in March 2013. In April 2013, conclusions were written and the study was presented for review.

Chapter 4 presents each of these themes in the order of significance in response to each research question.



## CHAPTER 4

### FINDINGS

In this study, the researcher used a qualitative approach to explore information from a wide variety of sources. The qualitative methods for this study included observation and participant interviews from the ethnographic tradition to gather necessary information about the sample from various sources (including: four special education teachers, the school psychologist, and the interventionist) within the school's context. The context for this study was in a rural, Midwest, self-contained school.

The researcher's methodology was a descriptive qualitative study in a constructivist tradition. The researcher selected a grounded theoretical approach to use in this study because she derived resilience as a framework to understand what interventions the school used and if those interventions contributed to resilience. Exploring this process, activities, actions, and interactions were grounded in the views of participants. This process involved using multiple stages of data collection and the amelioration and interrelationship of categories of information (Corbin & Strauss, 2008).

Corbin and Strauss (2008) described a three-tier approach to data analysis: open coding, categorization, and axial coding. After the researcher collects raw data, coding must be done. Open coding begins by brainstorming possible conceptual labels for the data. Conceptualizing the data provides a language for the researcher to talk about the data. Coding by themes requires the researcher to think and reflect on the raw data acquired through interviews. Axial coding goes hand-in-hand with open coding. The researcher used axial coding to relate categories to their subcategories (Corbin & Strauss,

2008). This type of organization allows the researcher to make connections based on the interview data that, in this study, was provided by the educational staff from the school. The researcher developed descriptive reports based primarily on the qualitative information and data that was collected on-site from interviews and observations in the school. In qualitative research, the researcher must ensure that the collection of data is credible and trustworthy (Brantlinger et al., 2005). Data triangulation that included classroom observation, staff interviews, and archival data were used to collect a variety of data sources.

The purpose of the study was to understand the nature of schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities, and how such schooling and interventions might explicitly or implicitly promote resilience. The researcher sought to look at schooling and interventions through the lens of research on resilience. Resilience was the framework the researcher used to understand what interventions the school used, and if those interventions contributed to resilience. Through this investigation, the researcher examined the services and interventions that were implemented in one self-contained school program, and if the program fostered and nurtured the resiliency of students receiving specialized services, and how the needs of students with the most extreme cases of EBD were addressed through schooling and special education interventions. By examining a specific, self-contained program with clear interventions and services, this study contributes meaningfully to the construct of resilience and expectantly raises

awareness about resilience and its importance for students with EBD. The data analysis resulted in several themes in response to study's research questions, which were:

1. What interventions or services do students receive over the course of this study?
2. How are these services aligned with the core elements of resilience with regard to external support, including: building strong relationships and social competence, healthy coping skills and problem solving, and inner strengths such as autonomy and a sense of meaning?
3. What are the staff's perceptions of using these services or interventions?

From the qualitative information, the researcher identified themes and patterns of the findings. The researcher used codes identified in open coding to form axes with similar codes. Categories were then named based on codes in the axis. Data triangulation included data collected from teacher interviews, archival data, handouts, and observational field notes to develop themes. In this chapter, the researcher presented each of these themes in the order of significance in response to each research question.

Before the themes and the findings in each theme are described, the researcher felt it was important to describe the students this program served. The researcher perceived that to understand the nature of schooling and interventions provided, it was important to understand the nature of the students that were in this program. Those students identified as having the most severe emotional and behavioral disabilities, and the section below would describe the characteristics of these students and the reasons of referral to a self contained program.

### Overview of the Students

The system was built to serve students with Level 3 EBD. These students had specific characteristics and were in Bremwood as a self-contained program for significant reasons. These students came from a range of places, including court, Human Service Department (HSD), home school district, or from parents. Some lived in the cottage (the residential placement), and spent the short time studying at Bremwood. The majority of the students were bused to the school from their home school districts, and those who did spend longer terms at Bremwood were placed in the cottage. The process to refer a student to Bremwood was a long journey: from a general education setting to a self-contained program, and then again to a general education setting or to graduate from Bremwood. The school tried to address priority academic needs for these students and to teach them the social skills needed in their journey.

At the time of study, 53 students were enrolled in AEA-267 Bremwood from grades six through twelve. Males were the highest proportion of enrolled students in Bremwood 77% from different ages and grades. Of those 53 students, 87% (or 46) were Caucasian, 6% (or 3) were Black, 6% (or 3) were Multiracial, and 1% was Hispanic/Latino. The highest proportion of the students was Caucasian/White. Ages varied, 20% were 12-13 years old, 36% were 14-15 years old, 30% were 16-17 years old, and the least proportion was 14% (or 7) who were 18-19 years old. Grades also varied: 25% of the students were in ninth grade, 17% were in tenth, 13% were in eleventh and twelfth, 15% were in seventh and eighth, and just one student was from grade six. Also noteworthy from the records was that 96% were referred from different schools that were

an hour or more away by bus. Two students were from the same home school district of Bremwood. Of those 53 students, 63% were referred from their home schools, 22% were referred from the Department of Human Services, and those referred from the juvenile justice orders and from parents was the same amount of students, or 7.5% (or 4) students. A majority of students, 87% (or 46), qualified for free or reduced priced lunches. All on-campus students, 28% (or 15), were eligible for free or reduced lunches, while the students who were off-campus 72% (or 38) only some of them were eligible for lunch support not all (ADR, February 4, 2013).

Through this investigation, the researcher examined the services and interventions that were implemented in one self-contained school program, and if those interventions fostered and nurtured resiliency for youths receiving specialized services. The study also examined how the needs of students with the most extreme cases of EBD were addressed through schooling and special education interventions. In this section, the researcher attempted to describe the characteristics of the students, why they were referred to Bremwood, and if the program helped them bounce back from their adversities. This section was based on an analysis of data from Participant Interview (PI), Observation Field Notes (OFN), and Archival Data Records (ADR). To understand the students in Bremwood, the researcher uses three subheadings for this section:

1. Students Presented Significant Academic and Behavioral Challenges and Needs;
2. Students Presented Significant Emotional and Mental Health Challenges and Needs; and

### 3. Staff Demonstrated Caring and Commitment to Students.

#### Students Presented Significant Academic and Behavioral Challenges and Needs

There were many concerns that led a student to attend Bremwood, and most of them were behavior-based. Students that attend AEA 267-Bremwood had a long history of documented behavior that impacts their learning. For example, if a student demonstrated a severe behavior at one time that threatens the safety of themselves or of others, then the general education IEP team may choose to bus the student to Bremwood for their education. Those students were entitled to have special education services, as determined by an evaluation by the AEA and school staff. The evaluation is based on lack of success in general education, and an IEP team would meet to discuss what the student needed to be successful. There were many different accommodations and modifications that can be made at most school districts before coming to Bremwood. If the school district was unable to provide services to meet the students' needs, they can look at a special school like Bremwood. If Bremwood has a room in the school, the IEP team can consider Bremwood as an option to students with significant behavioral and academics challenges and needs.

From this point it would be helpful to highlight the places and the process that students were followed to refer them to Bremwood:

1. Schools: Schools send some students with EBD that could not be served in a general setting due to a severe disability, including: refusals, violence, threats, or non-attendance. These behavioral issues negatively impact students' educations. The assistant principal assured the researcher that there is no

minimum or set number for home school referrals because it is truly specific to the school district and what they can support.

2. Department of Human Service (DHS): The government agency that ensures that students' basic needs are met by the parents; if not, students are referred to AEA 267-Bremwood.
3. Juvenile Court Officer (JCO): A government branch of the court system that helps track and progress youths through the court system. These students are those referred from courts and characteristically have crimes on their records, such as sexual abuse, isolation, drugs, alcohol, etc.
4. Parent: The parent can request a child live on campus due to misbehavior or an inability to control them at home. (OFN, December 14, 2012).

Though, students who attend AEA 267-Bremwood had an educational needs that could not be met at the local public school in addition to a history of behavioral issues such as the student disrupted other students, sought constant attention, argued, threatened, kicked, destroyed property, etc. The school usually kept the student at the campus school for at least 45 days, letting their behavior decide their next step, whether it be to continue at Bremwood or integrate to a local public school.

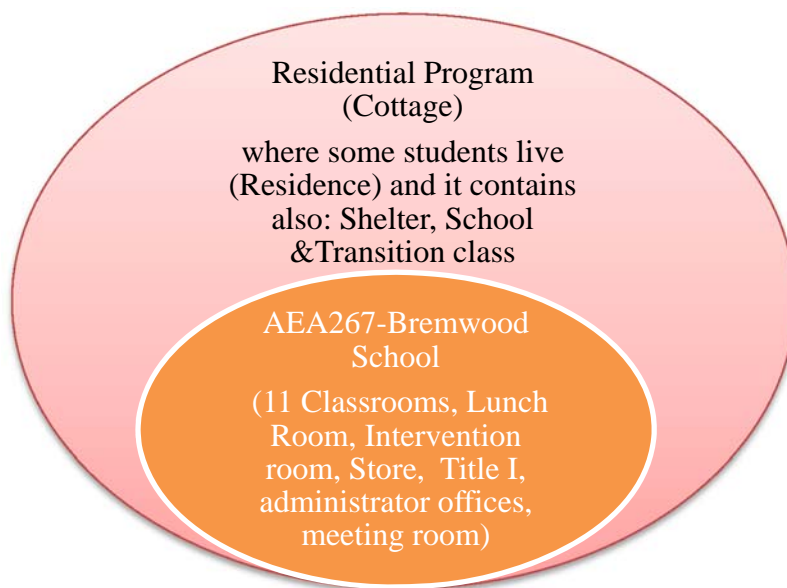
To better understand the students' challenges and needs, the researcher checked specific IEPs to look at the reasons for referral to Bremwood. The researcher determined that previous special education teachers, in their home districts, reported in some IEPs that:

- The behaviors had impact on the student's ability to be successful in the general curriculum and to function in both small and large settings without significant behavior supports and monitoring;
- Students seek constant attention of teachers in school;
- Students refuse to do school work unless a teacher or peer helps him or her;
- Students disrupt school by blurting out, arguing with or threatening peers; made noises to disrupt classes; walked out of school if he or she felt their needs were not being met;
- Students were removed from school for non-compliance or threatening others;
- One of the students physically shored the PE teacher and had sworn at other teacher;
- Students talked about inappropriate topics such as illegal substances and sexual acts;
- Disability impacts the ability of students to acquire and generalize the use of appropriate school and classroom skills compared to peers;
- Students show deficits in social skills with peers and adults and the need to learn and exhibit appropriate coping skills;
- When bothered, students become disruptive by hitting, kicking, shoving, destroying property, or refusal to comply 70% of the time;
- The school provided the educational program for those students who were abused, neglected, runaway, or delinquent youths of all ages by removing



them from dangerous situations, assessing their needs, and beginning to work toward correcting their attitudes and behaviors (ARD, December 14, 2012).

As mentioned above, when students were accepted in Bremwood, some of them live on campus while others were off campus (see Figure 6). Students who lived on campus did so for several reasons, including that they were court ordered based on past criminal behavior; their home was not functional and the child was being neglected, requiring the Department of Human Services (DHS) to remove of the child; or that parents noticed problems and could not handle the child's behavior at home.



*Figure 6.* How special education and other Programs fit together at AEA 267-Bremwood.

During the investigation, participants shared with the researcher that students in the Bremwood School appear to come from problematic family backgrounds; for example:

We have those kids who are still at home, coming on buses from their home schools. Then we have kids who live here who have been in 8 facilities, 3 hospitals, and 5 foster homes. They don't know who to listen to. They don't know that "I've got a new staff here. When he says 'no' he means 'no.'" Why should he listen to him? "I'm only going to be here a month. I'm only going to be here two months. I'm not going to listen to them." They've had many people throw in the towel, including their parents for a lot of them (PI 1, February 4, 2013).

Each student is uniquely different, but a lot of them have the same issues. It comes down to a lot of them, if you look at their past, it's usually abuse in some way. Or poverty is an issue too with a lot of our kids. They get themselves in trouble with the law and end up here (PI 3, November 28, 2012).

After conducting initial interviews with participants, the researcher identified some of the IEP goals for some students, and found that most students had just as many behavioral goals as academic goals. The academic goals had a large amount of reading and math. Some of the goals reported in the students' IEPs were academic (i.e., in reading or in math), or were behavioral, such as: practicing self-restraint, considering choices, being responsible for the consequences of their decisions, maintaining a healthy self-concept, obeying the law, using instruction and support in appropriate classroom behaviors and anger management, when being bothered by outside influences or school issues, student should ask a clarifying question to meet his or her needs rather than becoming disruptive, etc (ARD, December 14, 2012).

From all the above, it was clear that these students experienced significant hardship such as poverty, unstable families, jail, court, poor academic achievement, poor attendance, lacked motivation, skipped school, lacked communication with parents, and more.

### Students Presented Significant Emotional and Mental Health Challenges and Needs

The school provided an intensive residential program for children ages 12 through 18 who had severe behavioral and mental health problems. The school manager and the participants shared with the researcher that some students had autism while others had mental illnesses or other disabilities such as: Oppositional Defiant Disorder (ODD), Post Traumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), schizophrenia, anger management, out-of-control behaviors, poor peer relationships, learning challenges, anxiety and worry, phobias, depression, and other disabilities. As the participants said, these students carried “baggage” that held them down (OFN, December 14, 2012). For example, the interventionist mentioned the baggage the students held, describing their backgrounds and challenges. He said:

These students have special situations that they’re dealing with. They’ve come from a background that’s been abusive. In some cases emotional abusive, sexually abusive. They come with a variety of issues to us . . . . Students we have here are like any other students. . . . They come with baggage. (PI 3, November 28, 2012)

Another participant described the basic psychological needs the students lacked in their baggage. These basics affected their emotional, social, and mental health issues, as one of the participant said:

It’s across the board. You have kids with autism. You have some kids that need to learn the simplest social skills such as greeting a person, looking the person in the eye, using eye contact. You have some kids that don’t know how to use effective coping skills. They just get extremely angry very quickly. You have some kids that are learning life skills such as how to read a recipe, how to cook, how to sew a button on. Just simple life skills. They have an IEP. You focus on those goals, whether it’s academic or behavioral. You focus on the goals that they have (PI 2, November 28, 2012).

Other participant mentioned that the students had no initiative for their future, he said:

They're not motivated. There are some students that we'll never reach because they don't want to be reached. They are defiant or refuse to do what it takes. Kids that come here don't want to be in school. That's why they get sent here. They're demonstrating behaviors in their regular schools. They're acting out, so they get sent here. So we're already getting kids that don't want to be in school. Some of them, when they come here, they still don't want to be in school so they won't do anything. We have kids that won't even come. But there are kids that do not come to school that are supposed to be coming to school.....They don't want to come. They don't want to do it. They have no initiative (PI 4, February 7, 2013).

From the records, students with IEPs were referred to Bremwood after the staff met as a team and discussed what the student needed to be successful. There were many different accommodations and modifications the researcher identified in the IEPs, but it was obvious that these school districts were unable to provide services to meet these students' needs, so they referred students to a special school like Bremwood. It was clear from reviewing the IEPs that many students who attended AEA 267-Bremwood demonstrated a threat of safety for themselves or others around them. At the same time, the students had a long history of documented academically, behaviorally, and emotionally concerns that impacted their learning.

On the other hand, the staff distinguished between behavioral problems and mental health issues; staff agreed that students who have serious or chronic mental health issues, especially those who were off their medication, suicidal, or "cutters" (i.e., have a history of hurting themselves) were less successful in the program, and they attended the school for many years. These students needed constant supervision because of being suicidal, or were irrational and unstable. Staff reported seeing an increase in these types of students (OFN, December 14, 2012).

However, the school psychologist described the students' emotions and fears. She felt that the students in general and the females specifically were worried about their future and with living issues, while males worried about the school and teachers. She said:

For a lot of our kids [girls], they don't know where they're going to live in the next six months. They don't know who they're going to live with, where, what they're going to be doing, where they're going to go to school. There is so much uncertainty about the future. So maybe that would be the biggest issue that kids come to . . . Maybe not as much with boys . . . Some conversations I've had with the boys lately have been conflict with teachers, don't like school. (PI6, November 29, 2012)

All participants agreed that students were in Bremwood for specific reasons. The reasons varied, but all students needed assistance to handle their problems. Participants believed that these students required emotional and social services as much as they required academic and behavioral ones. The high school teacher, for example, said:

We serve Level 3 students whose behavioral disabilities prevent them from being served in their general ed setting, or they are adjudicated delinquents and the court has ordered them placement outside of their home and they have legal reasons that they're not welcome in a public school setting. We have the most severe kids in our state with behavioral disabilities. That's who we serve here. Many of them have mental health issues. Some have actual diagnoses for mental health. Many of them have underlying learning disabilities, especially in the areas of reading and math. (PI 1, November 28, 2012)

#### Staff Demonstrated Caring and Commitment to Students

The third focus in summarizing the students is demonstrating that the staff had the strong feeling of caring and commitment to the students. The problems of these youths are behavioral, academic, and emotional, and are seen as inherent deficits in their IEPs of social skills and behavioral problems. All participants—both teachers and staff—felt that the students struggled a lot when attending Bremwood school and any change they had

after that take time. Teachers never give up, though, and tried until students got it. They followed the Boys Town Model and they completed the structured and repetitive components from the model. They had the empathy and understanding, and they had power and authority at the same time. Teachers employed a rigid and structured management style. They mixed the feeling of safety and caring with authority and power. The teachers were did not ignore any single act of misbehavior, even if it was small. The staff was firm, systematic, repetitive, and determined to give directions and information to the students. At the same time, the staff held much empathy, worried about the students' future, and they "blamed" parents. One participated stated:

I really do blame the parents for a lot of these kids that are here, for a lot of their behaviors. I truly do. Is it right? Maybe not . . . But I believe it's the way they were raised. It's difficult. I have a lot of empathy for the children here. (PI 2, November 28, 2012)

One disappointing example was mentioned from the first participant, who had a lot of empathy for those students, and understood well the feelings of students when they suffered from poverty, lived with foster parents, lost an authority figure, and all the other circumstances they lived with. She stated:

If you were married 8 times and you had 8 different husbands, you'd think by the time 9 came around would your kids even want to listen to that person? Well, it's kind of what they've had. They've had 9 mothers and 9 fathers and 56 aunts and uncles telling them what to do. By living in all these different places. So when you use the word 'authority figure' who is that? Who is in charge right now? Who has the power? And how do I determine that, that I should listen to them? That they're really wanting to help me? (PI 1, February 4, 2013)

Another participant referred to students' problems to the parents and how that affected them. He mentioned an example of one middle school student who did not want to do

anything and when he grew up and live on government assistance like his parent. He reported:

We have another boy who is a 9th grader. He does not like school. He doesn't care what I say.... He flat out told me, "I want to live on food stamps. I can just sit there. I can get government assistance for housing. I can get government assistance for food." ... he knows the tricks. He sees people sit back doing nothing, living on this (PI 4, November 28, 2012).

On the other hand, one of the participant was proud of the service Bremwood offered to these students which was different than any other school, he said:

Because they misbehave or are inappropriate in their public school. Their public school didn't have the resources to deal with that inappropriate behavior. Maybe they were getting referred to the office several times a week. So it disrupts the other kids' learning in the public school, so that student has to be removed from that school and put in a facility like this where we have the resources to deal with their inappropriate behavior. (PI 2, November 28, 2012)

Therefore, the participants believed that they had the resources to help such students and one of these resources was the understanding, caring, and commitment the teachers had to them. Participants reported that many of these children have failed in other forms of placement, like foster homes or youth care programs, and have exhausted all other treatment options in the community. They require the most intensive program because there was a significant risk that they might harm themselves or others. But when the students attended Bremwood, the participants had a commitment to let them reach their goal in Bremwood; the staff wanted children to be able to move to less-restrictive environment and they believed the more they spend time in Bremwood the better they did in their home school. For example, one participant said:

The big picture of our school is to get students so that they understand that their behaviors are affecting their school. If they're not in school they're not going to

learn and that's going to hold them back. Our ultimate goal is to get them back into the regular education setting where they belong where there's more peers their age and their learning at the rate that their peers are or at least near the rate that their peers are learning. They're here more for their behaviors more than anything. Once they get those under control we try to integrate them back into the regular general ed. setting (PI 5, November 29, 2012).

To do so, the participants mentioned to the researcher that they "never gave up," even if the student did. For example, one student said, "I can't do math. I hate math. I'm terrible at math." The teacher was conducting career class, and she related math and money to the topic by discussing jobs and a career. She told him, "You're going to have to deal with money, and money is math. You need this life skill, and we're going to work on this together." She added, "I will work with you and help you to do this." The student did not quit. The teacher then said to the researcher that she had the advantage in that she was teaching the career class, and she would use money to teach math and to help show them they need it and that they can do it if they work at it, through support and good teaching. She added, "You can't quit on them, even though it gets hard. They want to quit. We don't get to quit. Eventually, he's doing math. He's moved beyond the money into other math. Maybe not liking it, but learning it" (OFN, December 10, 2012). The same participant in a different occasion said:

We're going to keep working these until you can do this. We're not going to give up on you. You may give up on yourself. Other people may have given up on you, but we're going to continue this because that's how important we think it is for you. We think these skills are so important to your success that we're not going to let you fail. In order for you to be a success. In order for you to survive. In order for you to flourish in the world." (PI 1, February 5, 2013).



This example demonstrated that the teachers were really care and commitment to students. They had a feeling that if the student failed in this school then he or she would not continue their education and their future would be vogue and mysterious.

During the observations and interviews, participants shared the information they knew about these students. Participants informed the researcher with all the details about every student. They cared and they had a really commitment to them and their parents as well. Participants agreed that off-campus students had more support from parents than on-campus, but that “it depends on the parents” most of the time. A remarkable example came from the principal, who shared with the whole staff an email sent from one of the off-campus parents, forwarded to all the personnel. A student’s mother had sent a letter of support to Bremwood and to several state senators and members of the house. In her letter, she described the pivotal roles Bremwood played in her son’s life after attending for five years. He was on track to graduate, and she thanked the whole staff for playing a role in helping him achieve success. This “was a shining moment,” the principal said (ADR, February 4, 2013).

Observational field notes captured that the teachers were very professional with their students. They tried to build relationship with their students, but at the same time, they had a limited sense of humor with students, and zero tolerance for inappropriate jokes or gestures, or any inappropriate behaviors. The teachers were did not ignore any single act of misbehavior, even if it was small. For example, the high school teacher saw a tenth grade student come to class with his dirty shoes. The teacher asked the student why his shoes were dirty, and nicely asked the student to clean them in a way that did not

embarrass the student in front of the class. The student told the teacher that he had been hunting with his brother, and he made a mistake not cleaning them (OFN, December 14, 2012).

In conclusion, teachers never give up, though, and tried until students “got it.” They followed the Boys Town Model and they completed the structured and repetitive components from the model. They had the empathy and understanding, and they had power and authority at the same time. They knew their students well and every detail about them. They effectively maintained control, and no real problems were observed when the researcher visited. Every teacher indicated that they were different from one another in implementing the interventions, but they were similar in their caring and commitment to the students.

### Summary

From all of the above, the school tried to address academic needs as a priority for students, and to teach them the social skills they need to counteract the hardships they face. Participants mentioned that the services provided were adequate to their needs academically and behaviorally more than emotionally. After seeing the students in this site, the researcher thought it was easy to see what interventions this site offered to students identified as having the most severe emotional and behavioral disabilities or needs. The researcher sought from the first four themes to examine what interventions and services this specific, self-contained program used.

### First Research Question Findings

#### What interventions or services do the students receive over the course of this study?

The researcher collected information about the interventions and services that were already implemented in a self-contained school and that served students identified as having the most severe emotional and behavioral disabilities. The researcher sought to examine these services and disclose if they helped in building resiliency by examining the participants' perceptions and areas of expertise. In this study, participants described their experiences teaching students with EBD, their education system, and the model they used. The answer for the first research question clearly pinpoints the "Boys Town Educational Model."

The school used the "Boys Town Educational Model" exclusively; any other services provided were to move toward this model. The Boys Town Model behavior-based treatment model that applied social skills learning and prescriptive discipline procedures. The major goal for all the teachers, therapists, and the support staff was not to go out of the Boys Town "box." The staff was very cohesive in using the model; they did not wish to think outside of it. There were three themes that emerged to describe the intervention and services in this school.

The first theme is "High Degree of Fidelity and Quality." Boys Town Model was highly structured and implemented in a highly structured environment where there is a small ratio of students to teachers; therefore, students could learn academically, and behavioral learning could be addressed quickly and with zero tolerance. Implementation this model used quality, highly individualized, and trained staff. The school provided a

variety of training and instruction resources for teachers, administrators, and other school staff that supported or enhanced the educational environment. The school also had three well-trained teachers and a training and consultant if teachers faced difficulties in implementation the model. The staff implemented five components of the Model out of six. They missed the daily lesson on social skill instruction but they tried to implement this component in the intervention room.

The second theme is “High Level of Staff Belief and Commitment to the Model.” All participants—both teachers and support staff—felt that the students did better in Boys Town interventions than when attending school, but that would take time. Teachers never give up, though, and tried until students got it. Teachers employed a rigid and structured management style. The staff was firm, systematic, repetitive, and determined to give directions and information to the students. They followed exactly the Boys Town Model and they completed the structured and repetitive components from the model. They were proud of it and felt that the model was effective for all students inside and outside of Bremwood.

The third theme is “Bremwood’s Limited Efforts to Provide Emotional and Mental Health Needs.” The staff was focusing on academics and behaviors and limited on emotional and mental health services. All interventions focused on the behavioral and academic needs of the students on their IEPs, ensuring students were adequate in these areas. The most common accommodation staff modified for students was frequently offering positive reinforcement. The interventions students received from this model emphasized academics from special education teachers in structured classrooms,

intensive behavioral teaching from interventionists in the intervention room, and when needed, emotional and social services from the school psychologist or the social worker.

In the following section, the researcher describes the Boys Town Model then presents the themes in the order of significance in response to the first research question.

#### Boys Town Educational Model

The importance of this section is to shed the light on the interventions the school used to address student needs. The major service or intervention provided for students in AEA267 Bremwood School was the Boys Town Educational Model, which is a national program used all around the United States. The Boys Town program is founded on a well-documented, theoretical curriculum. There is systematic implementation with clearly described staff job responsibilities. Teachers, interventionists, support staff specialists, the program principal, and the manager were dedicated to the program and believed in its effectiveness.

The Boys Town Educational Model is the spine of the program, describing the philosophy of the school. It is the core curriculum that all the teachers, staff, and students followed. Implementing this model in school is not a choice; it is required. The model was tightly structured and rigid. It contains 22 skills students should know and practice, including: "Follow the Directions," "Body Basics," "Accept Criticism," etc. Students have classrooms that are adequate for their academic needs and goals, but if they misbehave or do not follow directions, teachers perform corrective teaching. The teachers also perform corrective teaching if the student fails to address the specific skill the student missed, and then the teacher referred them to the intervention room.

In the intervention room, teachers move away from the intensive teaching of one specific skill if students failed to implement it appropriately. If students make a progress in understanding the skill and knew their fault or mistake, they practice replacement behavior, apologize for the teacher, and return to the classroom. Additionally, if students have trouble with emotional or mental health issues, the interventionist, and/or the teacher refer them to the school psychologist or to the social worker if they are in the building. This model is used for every student, but if there are times when the model does not fit one of the students, the support staff helps to modify some recommendations that went with the model. Related to the system, this model should follow; without any exception all staff are actively used Boys Town Model.

To get a full picture of the self-contained school service and the interventions teachers used, one must understand the uniqueness and the individuality of this program. To become familiar with the program, the researcher observed in four out of eleven classrooms, the intervention room, took a tour in the building, and spent fourteen days in three different months observing, interviewing, and collecting data. The researcher still remembers the first day she visited Bremwood and interviewed participants. They were surprised when the researcher asked them what interventions were used in this behavioral school, to which they replied directly: "It's Boys Town."

The Boys Town Educational Model was the main intervention and the core used by staff at this school. So that the researcher could know more about this model, she asked for the core or the curriculum used by staff used in this program. First, the researcher borrowed the "Boys Town Book" from the school manager and researched

studies that evaluated the Boys Town Model. Second, the researcher collected data from the Boys Town Book and from handouts located in the intervention room and in classrooms. These handouts outlined reports teachers used to refer the students to the interventionist and the contract the students wrote and signed (ADR, December 4, 2012).

On the other hand, the researcher asked participants and administrators their reasons for choosing and implementing this model in this school with those students. The administrators selected the Boys Town Model in this self-contained program for many reasons. First, the model was shown to be effective in different residential placements. As a national program, it was shown to be effective all around the nation, in different sites and schools. Second, it showed a logical link between students with EBD and the intended outcomes the program sought to achieve. The school manager reported that this program evaluated students who were referred to them and supported their outcomes and individual improvements, and recorded those improvements in their IEPs. Participants also assured that this model helped students return to their home school districts and that it had significant, behavioral outcomes.

The manager also mentioned that this program helped teachers as well because it had documented techniques and practices. Observations captured that documented techniques and practices were rich in this model. Posters for the model were all around the walls, and students and teachers were familiar with this model and how to practice it (OFN, December 14, 2012).

While the researcher reviewed the literature after visiting Bremwood to get a bigger picture of the model, she found that the Boys Town Model involved training for

school staff and administrators, followed by on-site technical assistance, coaching, and evaluation. Staff training includes information and practice with: (a) classroom management plans that establish clear classroom expectations for student behavior; (b) preventing disruptive student behavior; (c) blending social and academic instruction; (d) verbal reinforcement for student pro-social behavior and academic performance; (e) methods for correcting student misbehavior; and (f) a daily lesson on social skill instruction and generalization of skill use. Training for administrators includes ways to implement a school-wide social skills curriculum, intervene with disruptive students, and use data to support building-wide change (ADR, January 14, 2013).

#### Theme 1: High Degree of Fidelity and Quality in Implementing the Boys Town Model

The first theme is High Degree of Fidelity and Quality. This model was highly structured and fidelity implemented in a highly structured environment where there is a small ratio of students to teachers; therefore, students could learn academically, and behavioral learning could be addressed quickly and with zero tolerance. The school provided a variety of training and instruction resources for teachers, administrators, and other school staff that supported or enhanced the educational environment. The school also had three well-trained teachers and a training and consultant if teachers faced difficulties in implementation the model.

The model has the following components: (a) classroom management plans that established clear classroom expectations for student behavior, (b) preventing disruptive student behavior, (c) the blending of social and academic instruction, (d) verbal reinforcement for student pro-social behavior and academic performance, (e) methods for



correcting student misbehaviors, and (f) the daily lesson on social skill instruction. The staff implemented five components out of these six. They missed the daily lesson on social skill instruction but they tried to implement this component in the intervention room. In this theme the researcher will explain the Boys Town components and the intervention room to show the staff's high degree of fidelity and adherence.

#### Boys Town Model Components

The school provided a variety of training and instructional resources for teachers, administrators, and other school staff to support or enhanced the educational environment. Training programs were based on the Boys Town Education Model, which focused on skills teaching, relationship building, and effective discipline procedures. Trained staff members provided consistent teaching and interventions that focused on youths' strengths to help them improve their behaviors and learn necessary life skills. In addition, the school had three well-trained teachers who provided training and acted as consultants for other teachers if they faced difficulty in implementation. The following are the components the consultant committee focused on when visiting colleagues.

Classroom management. The first component was classroom management. Observational field notes captured what teachers did in classrooms. The classrooms were well-organized. Funding for the building as a whole was obvious; it was fancy, expensive, and held numerous materials in each classroom. Each class had a bathroom, "So the students will not disturb any students or teachers and in the same time reducing any danger situation probably happened" (OFN, December 4, 2012).

Classrooms were bright and spacious, with several near to the ground. There were round tables and comfortable chairs. The walls were covered with posters of Boys Town Skills, maps, and pictures that contained subject materials indicating that students used these posters. Classroom materials consisted of copies and handouts that seemed appropriate for this setting. The classroom was a big seminar room that was wide and deep. Desks were in a “u” design in one classroom—each side was a short row of three or four desks. Other classrooms had different shapes, and there were just enough desks for all students. The teacher sat at her or his desk most of the time, or by students when needed. The physical space of the four classrooms was wide, full of light, clean, and appeared to be maintained well. In one of the observed classrooms, the teacher preferred to shut off the light because he “wanted his class to be a calming environment” (OFN, December 4, 2012). Despite that, the room still had light from wide, shiny windows.

The teachers set up a desk at the front of the room, carrying their computers that connected with the projector that faced a white board. Para-educators had their own desks with computers and student files. The white board was where teachers instructed students, jotting down schedules of what they had to do. The rooms had a fair amount of cabinets that stored student files and other documents. The other side of the room had shelves for books and binders for each student that contained their tests, probes, and progress sheets. There were seven laptop computers in every class observed, where students completed their online program (E2020) and other assignment. The rooms had a fair amount of posters all around that encouraged students in learning (e.g., self-monitor

sheets such as pop sheet for E2020 and pages for reading and math) and life (e.g., success, reinforcement, being positive and trusting, etc).

The students were quiet and did their activities. Some students recorded in their journals individually or in small groups when the teacher used a direct instruction strategy. Students were engaged most of the time—actively actively listening, reading, writing, or discussing. The observer noted that students were academically busy, and actively did their homework, reading, doing math or science assignments, doing their E2020 program on computers for the subject of health. One student was read aloud in his book while the others listened, sat, or did assignments (OFN, December 10, 2012). All students worked on daily classrooms activities and recorded their progress in the Daily Point Card (yellow) or the Progress Card (green). The classroom activities they participated in included: reading; listening to direct instruction from the teacher; working individually on assignments; or working on computers to complete online classes (E2020) such as health, animation, or other specific classes related to the students' needs (OFN, December 10, 2012).

Students were well prepared; they knew what class they had next and marched to their destination. Teachers waited for them at the classroom doors and were welcoming. One barely noticed any voices or loud noises between periods, as the students were very quiet. One participant told the researcher during the first visit that:

What you'll find, I believe, is you'll be surprised how well behaved these kids are because it's such tight structure . . . All of the classes. There will be prompts. They are very limited. They don't have a lot of free time. Everything is very structured. "This is how you line up in the hallway; this is how far apart you have to be." Everything is very structured. (PI 2, November 28, 2012)

That was exactly what the researcher noticed and asked participants at the end of the visits why the students were so well-behaved. The researcher did not notice any obvious physical or verbal misbehavior. During fourteen visits, from morning until the end of the school time, the researcher was surprised and looked for any situations where students were not well-behaved. She did not find any. The only misbehavior the researcher found was in the intervention room (OFN 3, December 11, 2012).

The researcher did not notice any other situations of misbehavior. The climate was quite, calm, and was not expected for a “behavioral school.” The psychologist reflected that this calmness occurs for many reasons:

A very structured environment where it’s small ratio of students to teachers so behaviors can be addressed and students can also learn. There are not as many opportunities, which many of these kids require in terms of there’s not as many kids in the lunch room, in the hallways. It’s very structured and for a lot of these kids, that’s what they need. They need more structure in order to have a successful school career, more supervision, more individualized time in the classroom. That’s kind of what our program is all about. (PI6, November 29, 2012)

In summary, the classrooms were well managed and the teachers reported that the majority of their students paid attention in class, followed instructions, and participated in classroom activities.

Prevention of disruptive behaviors. The second component of the model was the prevention of disruptive behaviors. The Boys Town Model was a behavior-based treatment model based on the application of social skills learning and prescriptive teaching. The model considers youths’ problem behaviors as inherent deficits in their social skills and behaviors. Boys Town employed direct instruction as a key intervention to remediate these problems and enable positive, personal growth (Lamke, et al., 2011).

The teacher typically explained the model to students, and observed and documented students' behavioral strengths and weaknesses. The first level of this model was Daily Points. All students began on this level, which was considered the skill-acquisition stage. While on Daily Points, students learned basic skills and appropriate alternatives to past behavioral problems. In informal interviews, all teachers said that "at this stage, it is expected that students will make mistakes because their behavioral repertoires are still largely undeveloped." According to teachers, these mistakes were chances for students to recognize errors and learn better ways of responding to situations or express their needs. The Daily Points System was especially important for youths who were not as motivated by verbal approval and responded better to more concrete rewards, the teachers reported (OFN, January 8, 2013). Using these cards helped teachers in preventing disruptive behaviors.

The structure of the motivation system and token economy was designed to meet the students' needs. This system was made up of three levels: Daily Points, Progress, and Merit. All students start on Daily Points, which is the most structured and restrictive system. Through improved behavior, students could move from Daily Points to Progress, and then Merit. Students are assumed to know the expectations, consequences, and goals for each level, and be aware of what they need to do to move to the next level. During observations, teachers said that once positive social skills were used consistently, students might be able to move to less restrictive environments, and some may even be fully mainstreamed (OFN, January 8, 2013).

Each student carried a point card, where points were recorded and, during this process, the teachers attempted to prevent disruptive behaviors. Youths continued to earn points for appropriate behavior, and lose points for inappropriate behavior throughout the day. They reviewed their progress card during conferences in ninth period, and can redeem points for privileges. The Daily Points System was highly individualized and interactive. Each student had areas targeted for improvement, and points earned for certain behaviors varied from one student to another.

Blended teaching. The third component was the teachers' blended teaching of skills during their academic teaching, but not as a separate lesson. During observation, the researcher found that the number of students at each classroom differed; some had two students and some had five due to the subjects students were involved in. In the beginning of the year, teachers assessed students in primary subjects (i.e., reading, writing, and math) and then divided students between them related to their level within the subject. Students rotated between classes similar to high school students. Students completed their academics more than anything else. One participant confirmed that this school was behavioral, but at the same time, as educators, "we had to remember always that these students need to focus on their academics to return them back to the general education setting and integrated them with their peers at the same level of learning." This placement was temporary. Blended teaching combined learning and academic work with corrective behaviors.

Teachers who used direct instruction were, very focused, specific, structured, and knew what they had to do. Teachers distributed handouts and assignments when needed.

The assistant technology they used was computers, projectors, whiteboards, television, and videos. Teachers saved students' tests, probes, career files, the "I Have Plan Iowa" for high school students, and progress sheets in binders for each student to track in IEPs. Para-educators saved Daily Points sheets from the Boys Town Program and bunched them in the students' binders. One of the classes the researcher observed had a table with a puzzle set on it. He permitted students to complete the puzzle when they finished their work (OFN, December 10, 2012). During interviewed, the high school teacher explained to the researcher the blended teaching, she said:

It's just inundated in everything we do all day long. It's meshed in, intermingled. Kids come in and sit down and get their materials out. You might see a teacher say, "Hey you guys did a great job of coming in, sitting down, getting your books out. Give yourself 500 points for classroom structure." Or they might need a reminder. Five of them did it and one didn't do it. So then you might see a teaching interaction if that's that classroom structure that that teacher has set up, that that's an automatic every day, then you will see one of those corrective teaching interactions. (PI 1, November 28, 2012)

Verbal reinforcement. The fourth component of the model was verbal reinforcement. Corrective feedback and positive reinforcement was given frequently and immediately during observations. In every class observed, the teachers' goal was to have twenty-five to thirty interactions with each student each day. Teachers closely watched students for small signs of progress and praised these attempts. For example, if a student had an appropriate tone of voice and talked kindly in the classroom with peers or the teacher, the teacher directly praised this skill and recorded it in the sheet record. Teachers explained that about fifty to sixty percent of these interactions were related to skills students targeted with teachers, such as following the directions, accepting the criticism,

and being on task. These skills were the top goals students needed to work on. From observations, it was clear that interactions per day remained consistent from one class to another and from one teacher to another in the Daily Points System (OFN, January 14, 2013). The goal of the teachers during the period of observation time was to reinforce the students and give them points for their acceptance, their conversation, or any good attitude.

As students arrived in class, the teacher—who stood at the front of the class—welcomed the students, asked them about themselves, and how their day went. Some the teachers engaged in friendly relations with students. For example, some teachers asked students: “How did your math class go?”; “Can you please finish your homework before going to other lesson?”; “What do you want to see?”; “Thank you”; etc. On the other hand, some teachers had a limited sense of humor. For example, while explain a lesson about preparing for the future, one teacher talking to high school students laughed and told them: “If you have a bunch of socks and you want to sort them, what do you have to do? How about play with them and throw them all around? No!” The students then laughed and were more attracted to the lesson. This indicated a healthy comfort level and rapport between teacher and students. One of the classes the researcher observed had a table with a large puzzle set upon it. He permitted to students to do the puzzle when they finished their work as a positive reinforcement (OFN, December 10, 2012).

Correcting misbehaviors. The fifth component was correcting students’ misbehaviors. Observations captured during the ninth period, when teachers checked students’ Daily Points cards, show that when students come into the classroom, they



showed their yellow or green cards and reviewed their goals, points, missing assignments, took extra time on tests, and wrote their homework sheets. The teacher negotiated and discussed with each student in the classroom to teach students responsibility and advocate for their personal goals to help themselves learn skills and make progress academically and behaviorally. For example, the teacher asked a girl, “How was your day?” The girl said, “Pretty good.” The teacher asked, “What did you change from your behaviors today?” The girl replied, “I was on-task and following directions. The teacher then said, “That’s not what I mean. I asked, what did you change from your attitude?” The girl became confused, and the teacher told her, “At first, when anybody negotiated with you, you start crying. But now, after I negotiated with you, you did not cry, and that is a big progress you are doing! Good job and keep going” (OFN, December 11, 2012).

On the other hand, if a student shows bad behavior, it could be addressed quickly and with zero tolerance. Sometimes students cooperated, obeyed the rules, and followed instruction, but not always. When that occurred, and the student refused to cooperate with the teacher, he or she was referred to the intervention room where the interventionists performed intensive teaching skills to correct student behaviors. Other participant had his own interpretation, he said:

The first step is that corrective teaching. We talk about what they’re doing, give them options. That’s usually the first one. But then it’s also trying to problem solve. Maybe get them to talk about what they need. How can they help themselves or what can we do for them. Make them voice their opinion or their needs. We think if they do that they see it a little bit better. We can’t always follow through with what they want of course. We can’t just not do it, the work still needs to be done. But maybe it can be done in a different way. So we try to

get them to reason or think things through. Maybe there is a different way and we can come to some sort of conclusion to what we need to solve (PI 5, November 29, 2012).

A daily lesson. The sixth component was the daily lesson on social skills and the generalization of skill use. This component was missing in this school. The teachers mentioned that they used to teach a daily lesson even before adopting the Boys Town Model, but did not any longer because they were now focusing on academics. Instead, they tried to teach students the skills they needed in blended teaching, teachers reported.

The Boys Town Social Skills Curriculum provides an analysis of the essential behavioral elements characteristic of each of the twenty-two skills and steps that staff could take to teach the skills. The Social Skills Curriculum differentiates among three primary teaching methods employed during the instruction of social skills: proactive teaching, effective praise, and corrective teaching. Skills were practiced with youths in a non-critical, safe environment, and were individualized depending on their service plan (ADR, December 14, 2012). For example, the social skill of following instructions would instruct the student to:

1. Look at the person;
2. Say “Okay”;
3. Do what you’ve been asked right away;
4. Check back.

To implement these social skills, teachers used tools to assess each student’s progress in the program. Through improved behavior, students can move from Daily Points to Progress, and then Merit.

### Intervention Room

The teachers blended the teaching of skills during academic teaching, if not then they refer the students to the intervention room. The interventionist also tied his role with the Boys Town Model or in another words, the Boys Town Model was implemented in the intervention room. The primary purpose of the intervention room is to do an intensive teaching on social behavior interventions with the students that come out of the classroom. The interventionist's job was to deescalate the students first and then to teach them replacement skills for the behaviors that they had in the classroom. The interventionist talked about what the student did wrong and then about things the student could had done differently.

The idea of the interventionist area, the staff explained, was to complete the intensive program the school used. As such, there were many kinds of responses to interventions used by staff in the intervention room (see Figure 7). "The students in Bremwood are involved in an intensive program, academically and behaviorally as well. Most of the students were occurred in level 3, which means they are at risk," the manager said (OFN, December 14, 2012). The interventionist explained his role:

Our primary purpose is to do intensive teaching with the kids that come out of the classroom. So if a student comes out of the classroom because of their behaviors, they come down to the interventions room and we do intensive teaching there on social behavior interventions. We talk about what they did wrong. Then we talk about things they could have done differently. The object is that they see a different way of doing things in the classroom to be successful. That may take half an hour. It may take an hour. It depends on the individual student. They may come down escalated and we wait until they deescalate. We continue to work with them. We talk to them about what they think happened. We may have to go back and talk to the teacher. But our job there is to deescalate them first and then to teach them replacement skills for the behaviors that they had in the classroom. (PI 3, November 28, 2012)

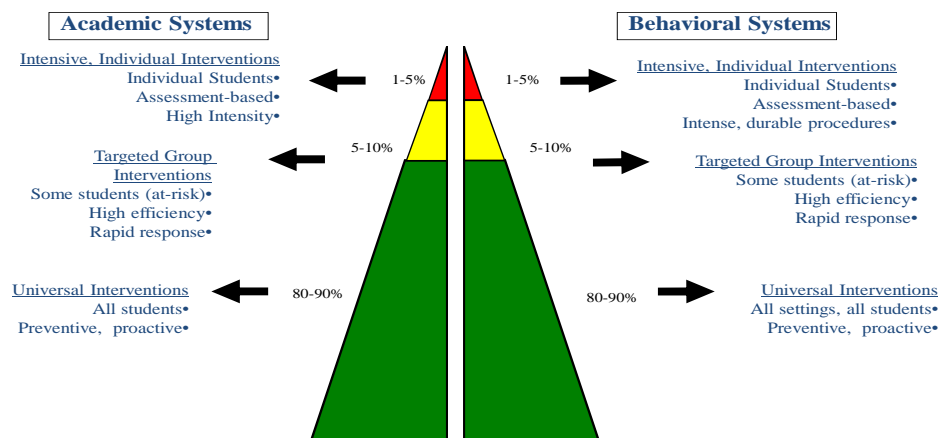


Figure 7. The Response to Intervention (RTI) Bremwood's staff implemented.

The Office Referral Process Overview sheet was given to the researcher to explain procedures the staff used with students referred to the intervention room. If any student did not understand their behavioral expectations, the teacher referred him or her to this area and the guard (who used to be a police man) put him or her in an empty room. The student spent some time in an empty room to keep calm and out of any trouble related to their condition. For example, if the student was already calm and the interventionist could talk with him or her, the student would not need the empty room. But if the student was angry and the teacher could not have a conversation with him/her, the guardian put the student in an empty or safety room, as they call it. When the student passed beyond his or her madness and anger, he or she asked to get out and was referred

to the interventionist room to talk about the problem, what happened, and how he or she will deal with problems next time (OFN, January 8, 2013).

The intervention was one of the most vital places in the school. A majority of the students visited this room at least once. It was one of the most unique places the researcher found in Bremwood. The researcher interviewed the interventionist and also observed in the room. The interventionist was a male in his forties. He had a lot of experience with self-contained programs throughout the United States. The first question the researcher asked for the interventionist was, “What is your role? What is an interventionist doing?” He said that his role was to continue what the teacher did in the classroom. He stated:

We work a lot with coping skills on what they could have done differently. Boys Town is what we use here. There’s 22 skill sets that they should have to be successful according to Boys Town. To go to work, to deal with people, to have a job, to have a family and those types of things. That’s kind of what we work with them on. (PI 3, November 28, 2012)

The intervention area was located at the school’s entrance, just off the entrance hall. There were two empty rooms on the right, and a large interventionist room on the left. The empty rooms were always empty except for four white walls, carpet on the floor, and white windows on two walls. The intervention room in the front hall contained four offices with three interventionists (one male and two females), one female staff from the cottage, and the male police officer. This room was crowded. There were many adults in this treatment place and also many students. There was no privacy in this room; students could hear complaints from other students and staff. Adults tried not to mentioned any private stories in front of students, but one teacher reported to the researcher that some

students told other students what they heard from the intervention room, and also that some students insisted on being sent to the intervention room instead of being in a classroom (OFN, January 14, 2013). The researcher asked the interventionist about this issue, and he replied:

Some of them use it as an escape. We try not to let it be attractive to them down there. We try to portray that this is not the place you want to be, but we're going to help you. (PI 3, November 28, 2012)

The interventionist described the room as a "business," and he tried not to build any rapport with students to not let him or her "escape." He said:

We have to be very careful about that at the intervention level because we don't want them to see that as a place they'd rather be than in the classroom. (PI 3, November 28, 2012)

The teachers felt that this room was very important and helped students and teachers. For example, one participant said:

Sometimes we're tired. We're at our wits end. We've tried multiple ways; the child is just not listening to us today. We're not going to get anywhere. If we're here to help that child, then it's time for someone else to intervene and work with them. That's what intervention is. They intervene in different ways. They try different procedures, different avenues of connecting with that child at that moment over this certain situation. (PI 1, February 4, 2013)

Other teacher felt the same. He said:

It's unique. The intervention room is there for a reason. Most schools don't have the intervention room so if a kid gets out of sorts, they can go down there for more intensive teaching and training. I like that that is available. (PI 4, February 7, 2013)

During the observation, the researcher heard "You are not ready yet" in the classrooms and in the intervention room as well first day until the last. One day, in the middle of the intervention room, a female student talked with the interventionist for a couple of periods about accepting criticism and following directions. The student did not obey or make eye

contact. The student asked the interventionist if she could return to class, but the interventionist kept saying, “You are not ready yet to go to class.” The student was angry and threw a pencil in her face. This student was an on-campus resident, the on-campus staff took directly to a safety room on campus. The researcher did not see in the school after that (OFN 3, December 11, 2012).

In another example, a male student used the interventionist for a couple of periods, stating that he was also “Not ready yet.” He used the empty room to escalate and then returned to the intervention room. When this student tried to talking with the interventionist, his voice was loud and he insisted in going to class in fifth period because he had a PE. The interventionist knew the students’ intention, and refused him because he was “not ready yet” (OFN, February 7, 2013). Other students the researcher watched came and went without any problems or misbehaviors. They obeyed, followed the rules, wrote their contracts with the interventionist, and apologized to their teachers, which was the process of the intervention room participants mentioned to the researcher.

The researcher found that one student (a seventh grader) refused to attend classes and stayed all the time in the intervention room. This student refused to enter any classrooms or meet with any teacher. This student was an “exception,” the teacher said to the researcher (OFN, January 14, 2013). A different student asked to go to the intervention room and preferred to work with the interventionist on skills rather than in doing assignments and academic work. The average length of stay in the intervention room for students varied; some students stayed half an hour, and some stayed for five hours (ADR, January 14, 2013).

The intervention room provided intensive coping skills to the majority of students (especially new students) at least once during their staying in Bremwood. The room was a support tool for the Boys Town Model in its focus on teaching and re-teaching social skills. It was used as the daily lesson that missed. The idea of the intervention area was to complete the intensive program the teachers used. Some students used the room to escape, though there was no privacy. The average length stay in this room varied from one student to another; sometimes a student's stay was quick, and others a student's stay was slow. It depended on when the student was "ready."

### Conclusion

The school had adopted the Boys Town Model as a school-wide initiative. It was a National Program that is highly established and proven to be effective. It focused on multiple levels, skills, and points. The primary focus of this program was on academics and social skills interventions. The program was structured, and any other services revolved around the model described as philosophy of the school. The model was mandatory; any change was unacceptable if not related to the system.

The model has the following components: (a) classroom management plans that established clear classroom expectations for student behavior, (b) preventing disruptive student behavior, (c) the blending of social and academic instruction, (d) verbal reinforcement for student pro-social behavior and academic performance, and (e) methods for correcting student misbehaviors. The method missed the daily lesson on social skill instruction and the generalization of skill use.



Implementation this model used quality, highly individualized and trained staff. The setting was temporary, because the goal was to return students to the general education setting and integrate them with their peers at the same level of learning. It was a very structured environment with a small ratio of students to teachers so that students could learn academically, and so behaviors could be addressed quickly and with zero tolerance. The climate was quite, calm, and the researcher did not notice any obvious physical or verbal misbehavior during this study. The third theme discusses the teachers and staff who implemented this model.

#### Theme 2: High Level of Staff Belief and Commitment to the Model

The second theme is High Level of Staff Belief and Commitment to the Boys Town Model. All participants—both teachers and support staff—felt that the students did better in Boys Town interventions than when attending school, but that would take time. Teachers never give up, though, and tried until students got it. Teachers employed a rigid and structured management style. The staff was firm, systematic, repetitive, and determined to give directions and information to the students. They followed exactly the Boys Town Model and they completed the structured and repetitive components from the model. They were proud of it and felt that the model was effective for all students inside and outside of Bremwood.

This third theme emerged in response to the first and third research questions as well regarding what interventions or services the program used with students with EBD and their perspective of using these interventions. This theme was based on an analysis of data from PI, OFN, and ADR. After describing the model used by participants in this

school, the researcher disclosed the perceptions of the participants who implemented this model. The researcher addressed this theme in this section because the teachers were the people who implemented the services for the students with EBD and it is aligned significantly with the third research question regarding staff perceptions about using these services or interventions.

Some teachers followed exactly the Boys Town Model and were proud of it. They felt that the model was effective for all students inside and outside of Bremwood. These teachers asked for consistency in implementation, and insisted that every teacher should use this model to follow it word-by-word. Other teachers felt this model worked and was effective for most of the students, but that it was not enough. These teachers also felt that some students needed more or additional services, or different techniques or strategies to reach their behavioral goals.

It was obvious that they were professionals, and had been honing their craft for many years. They knew how to lead the class using an organized approach, keep them on task, maintain order, and shape a structured, academic environment. Classes were focused, and if at any time it strayed, teachers were able to bring the class back on track. They used both reinforcement and consequences. They signed students' daily points, and they used corrective teaching if students did not follow one of the skills they must follow. Additionally, they had the power to send students to the intervention room for more intensive skills teaching, or to the school psychologist if needed.

Observations of the four classrooms, two for the high school (tenth, eleventh, and twelfth grades) and two for the middle school (seventh, eighth, and ninth grades) showed

that classes were controlled well. The teachers were females as well as males; most teachers were in their middle forties, and some were older, especially the paraprofessionals. The researcher noticed that all of the participants were familiar with school initiatives and worked on them. The teachers and paraprofessionals were educated, had a wide array of information, and underwent a lot of professional development and training on the Boys Town Model.

When the researcher interviewed the participants, it was obvious they really knew what they were doing and what they were responsible for, but not all participants were interested to know what other teachers were doing. One teacher mentioned that, “Even if we used the same program and intervention, . . . we, ‘the teachers,’ had a different personalities from one person to another, and no one can be exactly the same; everyone has his or her fingerprints” (OFN, January 7, 2013). One common answer all participants mentioned was that “We all do Boys Town the same and we all do it differently, because we are different people”:

We just all have different things . . . . We go through the steps. (PI 1, November 28, 2012)

We all do it the same and we all do it differently. You can’t just do Boys Town and think you’re going to be a good teacher . . . . It’s still the person . . . . It’s still the human being behind the Boys Town. (PI 1, February 4, 2013)

Each teacher is going to be different in how they handle a certain situation. (PI 5, February 7, 2013)

The classrooms were designed to teach the students academically, which was obvious from the design of the tables, desks, and the kind of books on the shelves. Teachers had desks set up in five clusters. The desks did not all face the front of the classroom. The

walls were covered with many Boys Town skills posters and some decorations and words, such as self-monitors about readings and how many pages the students had read.

When the researcher interviewed participants and talked with them about the skills they taught students, they blended it directly with academics. One teacher told the researcher that “we did a Blended Teaching.” It was obvious that teachers emphasized academics; this was their main responsibility, and they assessed students when they referred them to the correct students deserved to be placed in. When the researcher asked the school psychologist about focusing on academics in the classroom, she combined teaching students academically and behaviorally. She said:

We focus more on reading, writing, math and arithmetic. . . . The corrected teaching interactions are teaching. We’re correcting your behavior, but skills need to be pre-taught, and Boys Town expects that, that you pre-teach the skills. (PI 6, February 6, 2013)

All the examples proved to the researcher that these teachers were firm, systematic, repetitive, and determined to give directions and information to the students. Every teacher indicated that they were different from one another, but from the eye of a stranger, they were all systematic in following the rules word-by-word. One participant mentioned to the researcher that she “never gave up,” even if the student did.

Observations in the four classrooms showed that some teachers were eager to follow accurately the directions of the Boys Town Model, while others were more flexible in dealing with it (OFN, January 14, 2013). For example:

You just keep working with them[students]. Do the best you can. We’re not magicians. We can’t just go like that. You just do the best with what you’ve got and go with it. There’s no magic pill. (PI 4, February 7, 2013)

Referring to the Boys Town Model, another teacher indicated that “There was no other program, they had to go through the process.” In addition to that, all participants believed in changing. They mentioned that change took time, but the more the students spent in Bremwood, the more benefits there were. All participants—teachers and staff—felt that students did better in Boys Town interventions than they had been when attended school. They were satisfied with using the Boys Town Model and that it was a “great” concept for them. For example, the school psychologist talked highly about the model. She said:

I think the concept [of Boys Town Model] is good. It’s all about teaching social skills and giving positive reinforcement and teaching kids to accept feedback in a positive manner and addressing negative behaviors. I think it’s . . . even though when you say Boys Town it sounds so short and sweet, but it’s actually quite a complex process. I think highly of it. (PI 6, February 6, 2013)

Another teacher was so proud of this model that he was surprised when the researcher asked him if this program was effective or not. He was even more surprised when the researcher asked him, “How do you know?” He looked at her and said:

With Boys Town, it’s more of a teaching tool. It’s not a punitive program where “you do this and this is going to happen to you.” It’s a teaching tool versus “You did this, this is your consequence.” So that’s why I think it’s a very very effective program. I have not heard of another program that is more effective than this . . . . I’m very comfortable and I really like the program. (PI 2, November 28, 2012)

From his answer, one can see that this model worked well in this school. After three months of observing and interviewing participants, the researcher returned to ask the same questions of Participant 2. In a short sentence, he said:

I like it. I think it’s effective. It’s the best one out there. I could not imagine this school without it . . . Yes. I think everybody should use it because it’s a teaching tool. It’s not a punitive thing. (PI 2, February 5, 2013)

The interventionist noted that the Boys Town Model was beneficial and helped decrease students' referrals to the intervention room. The interventionist provided a graph comparing referrals before using the Boys Town Model and after, according to the number of students in attendance and referrals to the intervention room during the five years the staff implemented this model. The graph showed a decrease in referrals to the intervention room after using the Boys Town Model (ADR, January 14, 2013).

On the other hand, the interventionist kept records of students who attended his room from when the school used the model to the present. This data also showed a decrease in the number of students referred to him after using the Boys Town Model year after year (ADR, January 14, 2013). He added:

We've seen a lot of success. I'm not saying that it's perfect ... Five years ago we had 3,000 interventions a year. Three thousand students would come down to five of us. Now we have right around 1,100. It needs to be said also that we don't always have the same students. (PI 3, November 28, 2012)

The school psychologist also shared her perceptions about the effectiveness of the model, and she agreed that the model was effective for a majority of the students. She identified that the school was doing their best to modify the model to accommodate all students through Boys Town. To her, the reason this model was effective was because of the safe environment at Bremwood. In her opinion, many students cannot handle their problems and behaviors in a large environment. In this regard, many students preferred this small school, with fewer peers, to make progress academically and behaviorally. She stated:

I think for 95% of our kids it's effective. I wouldn't say extremely effective, because if that were the case no one would be here . . . . There's always those few that our management system just doesn't address their needs and that's when we have to start to think outside the box. I say that's about 5% of kids. (PI6, November 29, 2012)

The school psychologist mentioned a hot point about the time the students spent in Bremwood. She indicated that the more time spent, the better they will be. This point was assured from another teacher, who said that the effectiveness of the program related to the time students spent in the school. He said:

I think they [students] do fairly well. For some students it just takes time. I think it's more of a time thing for most of them. Some of them can come around quicker than others. Then we said they're ready to go back to general ed. (PI 5, November 29, 2012)

Participant 4 agreed with other participants that the interventions and services they used it worked, but that there were some students who refused to cooperate with teachers to let it work. He said:

Yes. I think it works for most kids, the majority of the kids. I'm not going to say that it works for all the kids because it doesn't. I've seen it not work with kids. But most of the kids, it does work for . . . . They just choose to refuse. (PI 4, February 7, 2013)

The first participant also mentioned the reason she liked the model. In her perspective, the model was “a wonderful tool” for teachers and students. The most important thing to her was that the program eliminated internal judgment and allowed teachers to become emotionally revved very quickly. At the same time, the model flourished a healthy climate without yelling or screaming. She stated:

Personally, I've done this a long time now. It's a wonderful teaching tool. It helps me direct teach those behaviors. It helps me reinforce the behaviors that I want to see. It eliminates the internal judgment –No, the behaviors are very clear. Here are the steps; here is what following directions looks like. This is what body basics looks like and this child is not exhibiting these right now and I need to have a conversation with them so that they do know what they're doing. There's no yelling, there's no screaming. We don't have that here. (PI 1, November 28, 2012)

At the same time, the same participant also mentioned that the program could be effective and did not need to be performed by the people who implemented it. She raised a very important question: How can educators evaluate the success of the students by using one program or another? She said:

Boys Town is just a tool . . . . You can't just do Boys Town and think you're going to be a good teacher . . . . It's still the person. It's still the human being behind the Boys Town. We all do it the same and we all do it differently . . . . But yet it works. (PI 1, February 4, 2013)

In conclusion, the participants thought the program was effective because it eliminated internal judgment and allowed teachers to be emotionally revved up very quickly. At the same time, the model flourished a healthy climate without yelling or screaming from teachers. The program was effective for 95% of the students, but such students still did not leave Bremwood. There were 5% of students who did not make any progress in this program, and the most common accommodation was to modify it for students at the top tier by offering them a lot of positive reinforcement very frequently. The next section answers the first question, as the question matches well with the role of the teachers in supporting students. This tool was the social and emotional services the school psychologist and the social worker provided.

### Theme 3: Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs

The third theme is focusing on academics and behaviors and limiting the emotional and social services. All interventions focused on the behavioral and academic needs of the students on their IEPs, ensuring students were adequate in these areas. The most common accommodation staff modified for students was frequently offering positive reinforcement. The interventions students received from this model emphasized



academics from special education teachers in structured classrooms, intensive behavioral teaching from interventionists in the intervention room, and when needed, emotional and social services from the school psychologist or the social worker.

The major service or intervention provided for students in AEA267-Bremwood School was the Boys Town Model. Teachers, interventionists, support staff specialists, the program principal, and the manager were dedicated to the program, believed in this model, and supported it. One of the support staff was the school psychologist. The researcher interviewed her twice; once at the beginning of the study and once at the end. The researcher did not interview her for a second round due to her absence. She was at the school twice a week, and during these days, she was busy doing paperwork, attending IEP meetings, or talking with students.

Other services provided from the school included the social worker, a consultant, and the school psychologist. Each of these came to school limited days each week (two days per week). The social worker worked with students' families to help parents understand and support their child. In addition to home visits, the social worker helped with the functional behavior of students, supported the IEP team, created a special, group counseling program for students, and conducted individual counseling with specific students who were referred often to interventionists. While the school psychologist attempted to support teachers due to her knowledge of educational curriculum, she also helped with any problems that appeared. She conducted individual counseling when needed.

In this vein, the staff shed the light on the mental health issues; staff agreed that students who have serious or chronic mental health issues, especially those who were off their medication, suicidal, or “cutters” (i.e., have a history of hurting themselves) were less successful in the program, and they attended the school for many years. For example, the middle school teacher assured the researcher that Bremwood was not a mental health placement, he said:

Our program helps the students with behavioral more than helps them with mental. ...I don't know that we can because we're not a mental health institution... We just do what we do. The mental health system is what would need to be shored up and take care of some of these kids that are identified as mental health problems...The kid that has the mental problems, he lives here on campus. He is in this classroom. If he continues to demonstrate very very strange and unstable behaviors over and over again, he could get pulled from this classroom and I would finally recommend him to go somewhere else... There might not be any room for him to go anywhere else. This might be his only spot until he gets discharged from here and maybe goes to a mental health place. But this isn't a mental health place (PI 4, February 7, 2013).

Conversely, another participant explained that the students with emotional problems and mental health issues should be here in Bremwood, because the general education setting could deal with behavioral issues, but not with mental health issues. He said:

I think gen ed schools are doing a better job of dealing with just the behaviors. If it's just behaviors and getting them under control and not anything else, they can deal with that. So we get the ones that have the added on emotional stuff as well as behaviors because there are so many different things affecting them that they can't succeed in gen ed. (PI 5, February 7, 2013)

To better understand the interventions and services the school provided, the researcher eagerly interviewed the school psychologist to know if she used any other intervention alongside the Boys Town Model to help students emotionally. She said:

I support the Boys Town system. For example, I'll give kids points if they've accepted feedback properly when I work with them . . . I've got all sorts of books and different types of interventions in my office. The thing is I never want to conflict with our management system here. The management system is pretty laid out and the reason why things run pretty smoothly here is because that system is our core. So I really try to make sure that we start with the core and what we do counts towards that core instruction, which is our management system. So I don't want to start jumping in with out of the box things without following our management system first. (PI6, November 29, 2012)

This answer shows that the Model was concrete and the school was a “tight ship.” It was the core that all staff followed. Some accommodations were provided for specific students, but a majority of the students were treated according to the Boys Town Model because it was followed by the staff. The researcher tried to understand more of the role the psychologist played in this school. She asked her what kinds of support she provided, and she replied:

That's when we kind of put our heads together and brainstorm different things that we can do to try to elicit them . . . So we got our heads together and ended up offering him a serious amount of positive reinforcement through his Boys Town system. We still use that system, but we kind of altered it a little bit . . . So we used what we had and kind of redesigned it to match a really unique kid's needs and just used a lot of positive reinforcement and he started coming in the building. That was a little deviation from our normal interventions. (PI6, November 29, 2012)

For three months, the researcher asked the psychologist what kinds of “out of the core, Boys Town” principles she taught, and she replied giving the impression that if she did anything, it fell under the umbrella of the Boys Town Model. She stated:

My role is set. I'll meet with students any time a kid needs to visit about something or talk . . . . It's more as needed basis. I don't have any regulars right now. It kind of comes and goes. Sometimes there will be for a while, but not right now. It's just as needed. As things pop up . . . My role also is to ensure that as a school we're providing the right supports for the kids. Like we're providing the right kids the right accommodations . . . . I do a lot of work with the IEPs too . . . . I'm part of the team. I'll assist with appropriate goals or even provide my own

input about what services I think would be appropriate for kids, if it's time to integrate. Brainstorming that way.[ I am involved in the IEPs] Very. (PI 6, February 6, 2013)

When the researcher asked the psychologist about her job with students, and if she talked with them or held individual counseling sessions especially for students with emotional problems or mental health issues, she complained that was only able to visit the school twice a week and that she was busy paperwork. She stated:

In my role I don't have a room that kids come down for a certain reason. I'm more on call as needed. If kids are saying they're going to commit suicide, bigger issues. If a kid just needs someone to talk to, they'll come to me. . . . I really help with the paperwork piece of all the IEPs and make sure that's in order and facilitate meetings. . . . My job isn't as direct with kids sometimes. I don't work with kids every single minute I'm here at school. It's just of more for those higher crises, like suicide, if something is bothering the kid and then a lot more of facilitating meetings, IEPs, compliance, that kind of thing. (PI6, November 29, 2012)

The researcher then asked her what kind of students she talked with, who referred these students to her, and what she did for them. She said:

Sometimes [the interventionist or teacher who referred a student] they'll come and get me and say, "Can you talk with this kid?" and I will. But usually that's not for poor behavior, but when something is bothering a kid. They really need to use their time for classroom issues and not for emotional issues. (PI6, November 29, 2012)

During observations, the researcher saw that Participant 5 talked with the psychologist about a student whose father passed away, and who was not acting normally. He had no hope in life, and wore black from head to toe. The teacher talked separately with this student, and mentioned that if he wanted to talk, he could do so with Participant 5, or if he preferred, with another person. Participant 5 told him about Mrs.6, the school psychologist. The teacher told the student to think about this issue and let him know. The

student did not reply until the fifth period, when he went to see the psychologist to discuss something that was bothering him (OFN, December 12, 2012).

The school psychologist seemed only interested in improving training to be at the same level of all the staff in Boys Town. She explained how this model was concrete, structured, systematic, core, and a tight ship. She said:

I have not been trained at the same level as the staff but have asked to be. That might happen this summer. I've just learned 75% of it by just being here and being part of it and seeing it and observing it. (PI6, November 29, 2012)

As a conclusion, there were limited social, emotional, and mental health services provided in this school. The role of the support staff was to support the Boys Town system, and the major goal for the therapists and support staff was not to go out of the Boys Town box. Individual counseling for students was available on an as-needed basis.

### Conclusion

The first three themes emerged in response to the first research question regarding what interventions or services the program used with students with EBD. These themes, based on an analysis of data from PI, OFN, and ADR were:

1. High Degree of Fidelity and Quality in Implementing the Boys Town Model;
2. High Level of Staff Belief and Commitment to the Model; and
3. Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs.

To answer the first question, the results revealed that the interventions the staff implemented with the students with EBD was the Boys Town Model with a high level of structure and implementing fidelity. The participants believed that this Model for students with EBD was highly effective and it was better suited for them. They indicated that they

would not implement anything outside of the “Boys Town Box” but it should be consistent in implementing with students. The participants had a good understanding and belief of the Boys Town Model and they implemented it with students with EBD to access appropriate interventions academically and behaviorally. It was salient that the staff were proud of the Model and interventions they provided for the students with EBD and they would not give up in implemented and worked on it over and over again. Significantly, they implemented five components of the Model out of six with commitment and fidelity. The participants believed that the effective practices and interventions with students with behavioral and mental health issues must include a therapeutic component, even if this component would never go out of the structured Model as a core.

The researcher elaborated on the model use by the school. In response to the first research question, the researcher described the model and intervention services the school provided—including the interventionist and the school psychologist—and also highlighted the school’s students and teachers. The next themes answers the second research question regarding how services aligned with the core elements of resilience with regard to external support, including: building strong relationships, building healthy coping skills and problem solving, and building inner strengths such as autonomy and a sense of meaning.

### Second Research Question Findings

How are these services aligned with the core elements of resilience with regard to external support, including: building strong relationships and social competence, having

healthy coping skills and problem solving, and building inner strengths such as autonomy and a sense of meaning?

After examining interventions at the school, and knowing what services the school provided to students, the researcher focused whether or not these interventions aligned with resilience. The researcher sought to look at interventions offered at the school through the lens of research about resilience. Resilience was the framework the researcher used to understand what interventions the school used and if they contributed to resilience.

In this section, the researcher presents the themes in the order of significance in response to the second research question. These three themes, based on an analysis of data from PI, OFN, and ADR were:

1. Staff Did Address the Components of Resilience;
2. Staff Believe in Resilience But They Have their Own Understanding of it; and
3. The Partial Emotional and Social Services Decrease the Benefit of Resilience.

### Introduction

This study contributes meaningfully to the construct of resilience, hopefully raising awareness about resilience and its importance for students with EBD not only in this program, but also in all special education schools. For this study, the alignment between Bremwood's program and resilience is comprehensible. There are three factors that emerged to ensure some connections between the intervention and resilience: the students, the staff, and the components of the program. "There should be a connection" was the answer that emerged in response to the second research question regarding how

services aligned with the core elements of resilience with regard to external support, including: building strong relationships, building healthy coping skills and problem solving, and building inner strengths such as autonomy and a sense of meaning.

A first connection is the students who were struggled and suffered and those who need resilience. The researcher secluded a whole specific section in this chapter to describe the students and what challenges they had academically, behaviorally, emotionally, and socially. Once more, in this self-contained program the students with EBD encountered social and emotional problems and difficulties. They experienced these difficulties academically, emotionally, physically, and socially, and developed behavioral problems that impeded their development and well-being. Many of these children have failed in other forms of placement, like foster homes or youth care programs, and have exhausted all other treatment options in the community. They require the most intensive program because there was a significant risk that they might harm themselves or others. Some of them had autism while others had mental illnesses such as schizophrenia, anger management, out-of-control behaviors, poor peer relationships, learning challenges, anxiety and worry, phobias, depression, and other disabilities.

In this vein, the researcher thought these students deserved to have a meaning in their lives. As much as students need academics to graduate, to live respectful lives, and gain jobs, they need resilience just as much to help focus on the emotional and social aspects of their lives. Students need to grow up and live in a healthy environment and a safe climate and resilience will help them in their journey.



A second connection the researcher thought was the staff who are implementing the interventions to students. Students in this program received specialized services from a well trained, expertise, and professional staff. Every classroom had one classroom teacher and one associate, and staff added as needed based on the students IEP.. While involved in the program, students had access to the interventionist, social worker and school psychologist for support services. Furthermore, the school psychologist was one of the support staff members in the school, she believed that any educator must have a positive demeanor and believe in youths in order to build resiliency. She said:

I think you have to be positive. A lot of the kids come in here and if you think of them negatively it's hard to encourage resilience if you don't have a positive outlook for the kids. So many [students] just [have] a positive demeanor to begin with and believe in them. (PI 6, February 6, 2013)

In this regard, the researcher believed that students need a support, and who can paint a life for them more than the adults who deal with them every day. Participants can be a vital and contribute positively to the students' goals academically, behaviorally, socially, and emotionally.

Finally, after reviewing the Boys Town literature, the researcher disclosed that Boys Town elements included: building positive relationships, teaching skills, and promoting self-management and self-determination (ADR, December 14, 2012). On the other hand, researchers of resilience have suggested numerous strategies and interventions for building resilience to help special education youths advance academically, socially, and emotionally, early and contemporary. Recent work identifies three core elements of resilience development: (1) attention to external supports (i.e., relationships and community), (2) inner strengths (i.e., individual personality

characteristics), and (3) learned skills (i.e., coping skills). Developing these elements of resilience works synergistically, meaning that improvement in one element is likely to affect improvement in others. As a result, it was obvious that the three core elements of resilience and the Boys Town Model had the same components.

From all of the above, the researcher advanced the idea that resilience was an indicator of influence on students' abilities to attend to learning and move beyond their experiences of stress and challenge. It was significant to nurture resiliency in students with EBD, especially those in a self-contained program with peers and staff surrounding them. Through this introductory, the researcher hoped to reach her goal by shed the light on the connection that appear between the participants and program that served students with EBD and resilience. This introduction the researcher perceived it as a springboard to answer the second research question and the following themes as followed.

#### Theme 4: Staff Did Address the Components of Resilience

This theme was emerge in response to the second research question regarding how these services were aligned with the core elements of resilience with regard to external support, including: building strong relationships, healthy coping skills, problem solving, and inner strengths such as autonomy and a sense of meaning.

Thus, during interviews and observations, the researcher focused the goal and the research questions. To answer the second research question, the researcher observed the interventions participants provided during this study and identified these three elements. At the same time, the researcher observed a specific situation that integrated with the researcher's focus. See the observations in Table 2.

Table 2

*Systematic Observation Documentation Form/Observation Template*

<b>Intervention/Service</b>	<b>Description of the Intervention or Service</b>
<b>1. Social competence and building positive relationships.</b>	<b>Look for examples where teacher built a positive relationship with students, and students with peers.</b>
	Teachers: “How are you doing?”; “Do you need any help?”; “What is your question again?”; “Nice job”; “Keep going with what you did yesterday”; “Good job”; “ You are improving yourself in successful, excellent job”; “Jot that in your card.”
	Laughed, smiled with students: “you are in trouble, haha...” with a humor and friendly voice.
	Close proximity to redirect students’ behavior and academics
	Knowing students’ names and all their details
	Respectful with students: “you have a good look today, black fits you well, I like it”
	Thanked students: “thank you for being honest,” “I’m glad that you accepting what I told you, thanks!”
	Empathy: One student hurt himself by wall then his finger started bleeding, the teacher asked the students: do you need band aid” he looked in his drawer and then he sent the Para to bring it from different class.
	Privacy talking: one student had a bad smell, the teacher was asked him about his reading and when he finished he took him alone to the hallway where he discussed with him this bad smell and how important to take a shower.
	Teacher encouraged one student who lost his father closely to talk to the school psychologist in a friendly way and did not push him to do that at all. “If you want to talk to somebody tell me, if you want to talk to me just tell me!! If you feel that you want to talk to Mrs.... She can listen to you, I bet”
Teacher talked with a student: “8 more days and you will go to your home school are you interested? Hooray!”	

(Table continues)

Intervention/Service	Description of the Intervention or Service
<b>1. Social competence and building positive relationships (continued).</b>	<p>Telling a real story from the teacher's real life: "I was teasing my dog, then he broke the window and hurting my hand"</p> <p>Teacher told students about his own real life: when he find a job and listen to friends, "you have to listen to friends and family because they know you better than you know yourself sometimes!"</p> <p>Reinforcement: Teacher let students having a free time on computer after they finished their assignment , doing a puzzle, playing cards with them and having fun</p>
<b>2. Coping skills and problem solving.</b>	<p><b>Look for examples where students: make decisions, solve problems, anger control, etc.</b></p> <p>Using the Motivational System Points from the Boys Town Model (yellow and green cards)- 22 coping skills such as problem solving, accepting criticism, body basics, etc.</p> <p>Self-monitor and correct self</p> <p>Discuss the daily Points cards</p> <p>In the classroom when the teacher explained the concept to students, they had a specific routine and knowing what they had to do. For example, teacher posted: "what to do when you finished : read, write, draw, do a puzzle"</p> <p>Redirect students to be on task: a student got angry by not solving a fraction in math, he hits his head by his hand, then the teacher told him: "hmmm that will not help you to solve the problem, come on tell me what is it and we can work together to figure it out"</p> <p>Encourage students to clean his shoes (dirt from hunting) in friendly way.</p> <p>A 10<sup>th</sup> grader girl itched her shoulder and showed some part of her shoulder and the class had no male but still the teacher gestured the girl and told her what are you doing, students: just itching, then the teacher told her: would you mind go to the restroom?</p> <p>Reminder to the commitment: teachers reminded student to do something specific: "you have the assignment due today, you know that!"</p> <p>Remind students with a body basics skills</p>

(Table continues)

Intervention/Service	Description of the Intervention or Service
<b>2. Coping skills and problem solving (continued).</b>	Encourage students to be respectful and respect other efforts: “don’t talk in that way, someone worked hard on this computer and you said what a crab!”
	“Do not let the appointment excuse you from work on doing assignment”
	“If you feel tired you can say, can I excuse for a five minutes and that will help you feeling better”
	The intervention room: working with individual students on specific skills, deescalate them first and then teach them replacement skills for the behaviors that they had in the classroom. Discuss with student what they did wrong, what they think happened, talk about things they could have done differently, writing contract, apologize, go back and talk with the teacher.
<b>3. Autonomy and a sense of meaning and purpose.</b>	Conversations at the 9 <sup>th</sup> period: correct the behaviors, pre-taught the 22 skills.
	<b>Look for examples where students understand their self-awareness, sense of humor, responsibility, self-determination, etc.</b>
	Self-monitor and correct self
	The students were writing their daily Points cards individually and responsible to fill it down and let the teacher sign it.
<b>3. Autonomy and a sense of meaning and purpose.</b>	Students doing their assignments individually
	Conversations at the 9 <sup>th</sup> period: the attitude teachers took it seriously and focuses on values such as honest, responsible, having goal for future, etc.
	The posters all around the class encouraged the students to think about their future and being responsible about it positively such as the statement talked about the anxiety vs. faith, “never discourage anyone who continually makes progress, no matter how slow,” “the only disability on your life is a bad attitude,” “be who you are, be your perfectly,” “life is all about making mistakes and learning from them,” “you can’t change your past but you can change your future.”
	Perseverance: steady persistence in a course of actions, a purpose, a state, etc., especially in spite of difficulty, obstacles, or discouragement,” etc

(Table continues)

Intervention/Service	Description of the Intervention or Service
	<p>Permitted to some students to take the book for another classroom and did not miss it.</p> <p>The motivational and self-monitor chart of E2020 ( drawing of pop and each time student made progress on his program he color to the line he got it 20%, 40%, till 100% and when he/she finished coloring this pop he will had a real pop to celebrate.</p> <p>The career class encouraged students to prepare themselves to college and work, changes they will faced, schedule, duties, responsibilities, etc.</p> <p>Career class: taught students to be realistic: Encourage students to have a meaning of purpose in choosing where, when, what work and live they want to do. For example, one student wanted to be a soldier in Army, then the teacher told him: if you have a record of juvenile you better watch out, you have to have a good skills and a good record, and if you have skills in computers that will benefit you because the future is for the technology even in Army.”</p>
<p><b>3. Autonomy and a sense of meaning and purpose (continued).</b></p>	<p>Career class: Connect the subject area for the real life experiences (traits they had will help them in their work such as being on task, honesty, listening, acceptance, physical appearance, caring, etc. The same happened in a math class when they discussed the estimation and gave examples from real life.</p> <p>Gave students a space to let students did their assignments by owns and told them: “you are responsible about your assignments and work”</p> <p>Advocate: Teachers encouraged students to talk about themselves: “Go and ask the math teacher about it if you have any question.”</p> <p>Reality: directed students to do what they want to do in real, if you want to do 2 assignments and you are willing to do that do not say I will do 10 assignments.</p> <p>Teachers telling a real story from life: one restaurant in Waverly wanted a job for washing dishes but required independence and following directions person.</p> <p>Self-Concept: way you look at yourself; when you will graduate what you will do, prepare yourself from now to transition.</p> <p>Mention the IEPs to the students: “you can mention this in your IEP under the knowing yourself and interest.”</p>

To make it easier to follow, the researcher asked participants about their priority in implementing the three core elements. Some participants answered one way, while the opposite surfaced while under observation. The researcher then categorized participants in a table related to their priority in implementing the core elements, allowing the researcher to see how each teacher completed the three elements, but in different orders. The researcher then observed and interviewed situations tied with the core elements of resilience.

Table 3

*Priority in Implementation from the Core Elements per Participant*

<b>Participant</b>	<b>Priority in Implementation from the Core Elements</b>
P1 High School Teacher	More in Autonomy
P2 High School Teacher	More in Coping skills
P5 Middle School Teacher	More in Relationship
P4 Middle School Teacher	More in Coping Skills
P3 Interventionist	More in Coping Skills
P6 School Psychologist	More in Relationship

One example regarding building a positive relationship occurred on January 7<sup>th</sup>, 2013. The researcher entered the Participant 1's room and found her discussing individually with a student about working as clerk in the students' work experience program. The teacher gave the student an Employability Skills Evaluation sheet for the teacher to evaluate. For the student to work as a clerk, it would be for ninety minutes a day and over two periods. Every time the teacher talked with student, she moved her

chair over to that student and talked quietly with him or her. She tried to build a positive relationship every student in her class. On this point, she said:

If the student doesn't trust you at all, they're not truly going to learn the social skills. . . . But once you have demonstrated to them that you do want the relationship and that you use these skills and you show them how to use them and how they can use them and be autonomous and have some control of their life and have some success doing it . . . but that human relation is important. (PI 1, February 5, 2013)

This example tied with coping and social skills, which include how to follow directions, how to make decisions, and knowing how to recognize the difference. The teacher also told her that, in her employee evaluation sheet, the student was expected to receive an above average score. The teacher discussed every element of the sheet with the student and explained it. The teacher focused on being trustworthy with the student because, as the teacher said, this student had no sense of believing in others or anyone; therefore, the teacher tried to improve this deficit and build truthfulness, openness, and responsibility with the student. When the researcher reviewed the Employability Skills Evaluation sheet with teacher, the teacher categorized the elements there under the three core elements of resilience. For example, "Building Positive Relationships" was placed under the "Interacts and Works with the Team" and the "Positive Facial and Body Expressions" criteria. "Coping Skills" was placed under the "Stays Focused," "Accepts Supervision," "Asks Questions," and "Follows Directions" criteria. "Autonomy" was the result of trustworthiness (ADR, January 7, 2013). The teacher felt she had an opportunity to teach students autonomy. She said:

I'm lucky because a lot of that is part of my curriculum . . . it's different in my room. We are dealing mostly in our end with high school kids . . . Realistically



some may never go home or to a home. They may need to go into a supported living environment. (PI 1, November 28, 2012)

Another example was from a teacher who said on different occasions that his priority was to teach coping skills because, in his opinion, building coping skill helps students become independent and build relationships with others. The situation the researcher observed in his room was related to the core elements of resilience. The teacher talked with the art teacher receiving permission to talk with the student. The student came to class, missing art class. The teacher separately talked with her, asking: "Let's talk about what happened yesterday in the ninth period with the para?" The student replied, loudly: "I did not know where the yellow card was and the para insisted that she wanted to see it. Then I started arguing her, got frustrated, and tore up." The teacher explained that reflecting on behavior was very important to communicate. He said to her:

You did a reactive instead of response. Think about your reactions, does that help you verbally and physically; when you started yelling, arguing, and tearing up! Do you still remember the coping skills I taught it to you to control your angry and taking breath?

The student replied, "Yes." The teacher continued:

If you don't remember just tell me and I will revise it with you, ok! You are now more mature not to react in this way. You made a progress from the beginning of the year till now but I want you to move from the middle to the top. I want you to respond not to react when anybody talked with you. When you feel frustrated and you don't want to tear up say to the person that I want to excuse for a couple minutes and I want time out for me to feel relax and after that you can respond appropriately. Please, I want you physically to put effort on that.

The teacher thanked the student for her body basics and accepting the conversation, and asked her to jot that down on her yellow card. The teacher also asked her to read between lines and read the facial and body expressions of people. He said:

You have to control yourself immediately when you go to the high school. High school teachers are connected with students and when you need support you can ask them. From now to the end of the week, can you do your homework alone or you want your mom to support you. You let me know.

The student said that she will be responsible for her assignments then the teacher told her that “at home, you should have two hours to finish your homework.” The teacher gave her a sheet for missing assignments, which included science, math, and history. Because she was good in languages, she did not have any missing language assignments. The teacher said, “Do the history and then do math. If you have extra time, then double-check on the other assignments.” The teacher then asked her to organize her file binder: “Put every assignment, digging in one folder, and not in ten. Be more organized. I will give you folders for every subject so you get organized with math and science papers. If you have any questions, please let me know. Thanks.” After he gave her the folders and the instruction to organize them, he returned to his office and gave her space to do her task with respect and dignity.

This example left the researcher with the impression that this teacher was an expert in dealing with students and followed exactly the steps in the Boys Town Model process. At the same time as offering instruction, the teacher reminded the student of coping skills and practices. He reinforced her but also gave her space in the relationship. He tried to talk with her about her future and how she should be responsible for her things, but when she needed help, she should ask teachers or a parent. For this participant, the relationship was hard to build because, as he said about himself, “I’m not the most tactful person sometimes” (OFN, February 5, 2013). He tried to leave enough space between the students and himself. He also did not want to break his shell. He said,

“You have to have a hard surface; you can’t get too close to these kids” (PI 2, November 28, 2012).

After reviewing the Boys Town literature, the researcher disclosed that Boys Town elements included: building positive relationships, teaching skills, and promoting self-management and self-determination. The findings illustrate similarities between the elements of the Boys Town Model and the core elements of resilience. When the researcher asked Participant 4 about the core elements of resilience, he insisted they were intertwined:

It’s kind of all tied together. I think once you develop those responsibilities, independence, skills, autonomy skills, the problem-solving comes with it because it’s all intertwined as far as I’ve seen. (PI 4, November 28, 2012)

On the other hand, the participants had different views in implementing these three core elements. For example, the interventionist worried about building positive relationships with students because of the sensitive nature of the school and he called his room as a “Business,” whereas the school psychologist mentioned that building positive relationships between her and the students was very important as a first step. The same situation appeared with teachers in building relationships with students varied. Other participant his priority was given to coping skills, then the autonomy, and finally relationships. He said that his students worked on all these three core elements of resilience, and he mentioned that they did not only pinpoint resilience in the program. He stated:

They’re all tied together . . . Maybe the first one, coping skills. But autonomy is right there neck and neck. And resiliency . . . How do I put one over the other? We work on them all. One more than the others? Probably coping skills if I had to pick one. (PI 2, February 8, 2013)

During observations and interviews with all the participants in different occasions surfaced findings about the services provided in the school definitely show instruction in social skills, then the positive relationships. Autonomy was taught a bit, and when it was addressed, it was most likely indirectly. The participants combined two of these three components separately, focusing more in coping skills than the other core elements. To assure that the researcher asked the school psychologist how Bremwood provided the core elements to students, she said that they used the Boys Town Model, and that the ‘tight ship’ was the main intervention the entire school implemented. She ordered core elements used by interventions in the school as: first, social skills; second, relationships; and third, autonomy. She said that the weakest area in implementing services in Bremwood was autonomy because it was not required in the curriculum like social skills.

She stated:

We have the Boys Town education model. That’s just social skill instruction all day long, so kids are constantly being taught how to interact appropriately and use social skills are reinforced for doing so in a positive and negative manner when they don’t choose to. So that’s just part of what we do here. Positive relationships—with just a small class sizes and lots of staff working here and the flexibility of us being in a special school and not a regular school, I think that just allows for relationships to be built easier. Autonomy—I kind of say kind of happens, maybe encouragement from the teachers. Autonomy is the weakest area because we are school and there are academic requirements that need to be taught. It’s not a part of our curriculum like the social skills are. I think people try to foster that, but it’s the weakest of all three here. (PI 6, February 6, 2013)

The findings showed that the participants agreed with the core elements of resilience.

Some thought extensively how to integrate these elements in their core, but the majority of participants were not interested in changing their curriculum, and felt these elements were there already, which was sufficient.

## Theme 5: Staff Believe in Resilience, but Have Their Own Understanding of its

### Definition

This theme emerged in response to the second research question. As noted in Chapter 2, it is difficult to select one common definition for resilience. Psychology approaches resilience from a different perspective than biological, social, or ecological models, which are often used in schools. As educators, it is advisable to take from these definitions an understanding that the concept of resilience is changing, and that each field has something to offer. Whatever perspective is adopted, educators must question how it positions them in relation to the child or their circumstances.

Psychological approaches look at resilience from a different perspective than biological, social, or ecological models that are often used in schools. Definitions from psychologists, doctors, and social workers help educators understand and consider different viewpoints as they work to support students in distress. From psychology, resilience concerns developing and strengthening psychological attributes and ways of thinking in order to bounce back, grow, and change. The biological model holds that resilience is influenced by biological factors such as mood and temperament, and that it may be unchangeable. In another vein, the fields of social work and education utilize ecological models to suggest that resiliency develops over time and within the context of environmental support (Egeland et al., 1993). These environmental models suggest that resilience is not just a matter of biological or psychological strength or weakness inherent to an individual, but considers social interactions and the roles of others to address stressful situations (Rutter, 1987).

Psychological studies of human behavior have defined resilience as the ability to function quickly and competently under threats or extremely stressful conditions (Masten et al., 1991). Resilience is also described as the capacity to meet a challenge and use it for psychological growth (Baldwin et al., 1993); to acquire adaptive abilities to cope with high-risk situations; and as doing well against the odds, coping, and recovering (Rutter, 1985). Masten (2001) defines resilience as “good outcomes in spite of serious threats to adaptation or development” (p. 228). Thus, from psychology, resilience concerns developing and strengthening psychological attributes and ways of thinking in order to bounce back, grow, and change.

Many researchers stress that resilience is a natural capacity that all individuals have for healthy development and learning, and that it can be viewed as a natural, developmental wisdom that intrinsically motivates humans to meet their various needs (Masten, 2001; Masten & Coatsworth, 1998; Werner & Smith, 1992). Most convincingly, Masten (2001) prompts us to consider that resilience does not come from rare and special qualities, but from the everyday “magic of ordinary.” It comes from: normative human resources in the minds, brains, and bodies of children; from their families; and from relationships; and from their communities. In this manner, resilience is defined both as a process and an outcome characterized by positive adaptation to adversity (Masten, 2001).

All participants mentioned the definition from Masten (2001), or definitions from a psychological perspective. They all believed in resilience and were sure of its importance. At the same time, they believed in teaching resilience indirectly with students utilizing the Boys Town Model. Each participant held different points of view

about how he or she transferred this meaning to students with EBD. They were unsure of how to build resiliency among children and adolescents to face all situations in life, but were satisfied with what they were doing at Boys Town, and thought that the model built students' resiliency if staff, parents, and the cottage implemented it consistently.

To provide a clear picture of what participants said about resilience, the researcher describes how each participant defined resilience and how their definition contributed to how it was implemented. To make it easier to follow, the researcher broke down each participant's definition of resilience into a table.

Table 4

*Participant Definition and Perception of Resilience*

<b>Participant</b>	<b>Definition of Resilience</b>
Research Definition	Psychological studies of human behavior have defined resilience as the ability to function quickly and competently under threats or extremely stressful conditions (Masten et al., 1991).
P1 High School Teacher	Resiliency is to be able to roll with whatever comes your way so that you can still be okay. It's kind of like stamina. The ability to continue on, to fight back despite the adversity that the kids have faced in their lives.
P2 High School Teacher	Able to overcome, withstand obstacles. How you handle that and how you overcome difficulties.
P5 Middle School Teacher	Resilience is the ability to take something bad and not let it affect them as much.
P4 Middle School Teacher	The ability to bounce back from troubles, from adversity. Able to bounce back and keep going rather than run away and give up.
P3 Interventionist	Resiliency is being able to bounce back from tragedy, from poor families, coming back from hardships and being able to be successful however long that takes.
P6 School Psychologist	Resilience means being able to overcome obstacles. Being able to overcome obstacles and come out in a positive manner.

This study began as a way to understand the nature of schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities. It also sought to answer how such interventions explicitly or implicitly nurture resilience from the eyes of the staff who served such students. For this study, the researcher did not select any particular definition from any field; she did not prefer the psychological definition more than the sociological or the developmental. She chose to see how other people in the field of education interpret resilience, and to compare that with other definitions. All participants' definitions led to the psychological one.

#### Value a Resilient Student

All the participants used phrases such as: “overcome adversities” or “ability to bounce back” The researcher did not want to assign labels of “resilient” or “not resilient” to her participants; rather, she wanted them to apply those labels according to their students from their own experiences. In the context of this study, resilience reflects the strength and commitment of being a student in a self-contained program with all of life's adversities at home, and the structure and rigidity students faced from school. Coming every day is resilience to participants.

From all what the students have, carrying their baggage from drugs involve, sexual abuse, no home, no money, do not sleeping, and just come to school every day and accomplish the study and work, that means resilience to me. (P2, December 11, 2012)

They [students] have to be [resilient] because they keep coming. They keep letting me help them. There's very few that there's no door there. Very few that I couldn't read. (PI 1, February 4, 2013)

Other interesting quote came from the interventionist who said:



They've [students] come from a background that's been abusive. In some cases emotional abusive, sexually abusive. They come with a variety of issues to us . . . . Students we have here are like any other students. . . . They come with baggage. These kids more than anybody need to be resilient, need to build up that tough skin. . . . They've got hurdles that they need to overcome. I think they can do it with a lot of collaboration with many agencies and many different people. (PI 3, November 28, 2012)

As the participants said, these students carried “baggage” that held them down but resilience would help them in their journey. On the other hand, one of the participant believed there were three kinds of resilience, and the students at Bremwood were moderates. For him, highly resilient students returned to their home schools, while lower resilient students gave up easily and dropped out. He said:

I think the ones that were highly resilient and moderate resilient and lower resilient. I see most of the kids fit in the moderate resilient. If they were highly resilient they wouldn't be here. They would be able to be successful out there. The low resilient ones get all frustrated and they fall to pieces and struggle to keep going. The moderate ones, you kind of help them along and build on that resilience and make it better. (PI 4, February 7, 2013)

In general, all the participants were interested in the topic of resilience but the interventionist was the most interested. He said that every educator was eager to accomplish his or her goal in seeing students become successful; this was a passion for him:

I think they're [staff] working towards making these kids resilient, making them successful. Giving them hope. Providing skills they need. That's our ultimate goal. The goal of any educator I think is seeing those kids be successful. It's a passion. (PI 3, November 28, 2012)

#### How to Nurture Resilience

Another aspect the participants shed light on was how they could help students to build resilience. From their perspectives, building resilience took time, and any changes in the students took time as well. For example, one participant said, “To me, the longer

they're here, the quicker they can learn that resilience" (PI 5, February 8, 2013). On several occasions, the researcher asked Participant 5 how he built resilience in students. The teacher still focused on long conversations the teacher had with students to let them in the classroom and not keeping them outside, trying to work on their goals to solve problems over a long period of time term to not allow those problems to escalate. To assure his perspective, Participant 5 said that many students spent a long time in the program, returned to general education settings, and did well. To him, this was the resilience the program built over a long period of time. He said, "Maybe they've grown up a little bit, but they're asking for more time. They're showing that they can handle more time over there" (PI 5, February 7, 2013). He also mentioned that a teacher's trustworthiness was very important to build a student's resiliency, stating:

Just that: trustworthiness. If you say you're going to do something, do it. That helps. I always go back to expectations. Be clear with your expectations and it'll go far. (PI 5, February 7, 2013)

Simultaneously, the school psychologist believed that any educator must have a positive demeanor and believe in youths in order to build resiliency. She said:

I think you have to be positive. A lot of the kids come in here and if you think of them negatively it's hard to encourage resilience if you don't have a positive outlook for the kids. So many [students] just [have] a positive demeanor to begin with and believe in them. (PI 6, February 6, 2013)

On the flip side, the interventionist mentioned the process the program implemented for each student individually. He said that the school's motto was: "One student at a time." He added that, at Bremwood, they were a team who worked together to reach goals, which was to let students succeed and be independent when they left. He stated:

Our goal is for them to be self independent. . . . That's what we strive to be and we'd like to see them all be successful. Our motto is "One Student at a Time." That's kind of how we take it. We take that one student and we break down that one student into different areas. (PI 3, November 28, 2012)

Thus, to get a better understanding in the factors that help in building resilience, the school psychologist believed that when students lose the support system at home it negatively affects resilience. As it relates to Broffebrenner's Ecological System's Theory, the school psychologist represented here a social ecology in which children developed, including the risks they face. Some students had considerable adversity by virtue of their socioeconomic status, cultural disparities, threats to physical safety, or in bouncing from one place to another. She stated:

Kids are kind of bounced around and don't have good support system. . . . The more placements they've had and the more time it's been since they lived at home. I definitely think that negatively affects resilience. . . . And they kind of bounce from place to place. People lose ownership in the student. (PI6, February 6, 2013)

Conversely, one of the teachers believed that building resiliency depended on the student him or herself. He did not mention any kind of help or support he can offer it to students except making conversation and teach the student some "logical reasoning" skills. He said:

But ultimately the kid has to decide on his own. I can't force him to do it. They have to make the decision. You try to use logical reasoning why this is the best way to go. But I believe it does foster resilience. (PI 4, November 28, 2012)

Another example in lacking understanding was when the researcher asked the middle school teacher how he built resiliency in students. He emphasized one element of resilience which is building independence, and self-confidence and defined it as resilience. He said:

I want to try to teach the kids how to demonstrate initiative, how to show independence, how to be able to do things on their own . . . I want them to realize they're very capable of doing these things on their own. I think that builds resilience. That builds confidence. I think confidence and resilience go hand in hand. (PI 4, February 8, 2013)

This is a remarkable quote from this participant, and it summarizes the entire theme. He said that resiliency was there, but that “we did not focus on resilience; we have a lot of things that encompassed resiliency” (PI 2, February 5, 2013). He added:

But our program doesn't just focus on resiliency. . . . When you build social skills and you build effective coping skills and all these other skills, it encompasses resiliency as well. Maybe it doesn't pinpoint resiliency. (PI 2, February 5, 2013)

This teacher did not believe in resilience as a specific core the staff must focus on in this school. To him, it was one component of many the school taught in implementing Boys Town. Most important to him was not to go outside of the Boys Town “Box.” If the model he used implemented resilience, he would do so, but he would not pinpoint resilience if it was not mentioned.

The findings demonstrated that the staff did not focus on resilience; they used the Boys Town Model, and they encompassed resiliency within that model while implementing interventions through the Boys Town Model. The participants reflected on what they did to implement resiliency, and mentioned that resiliency was included in related skills, but not in particular ones. The participants believed in resilience and were sure of its importance while, at the same time, believed that they taught resilience indirectly with students while utilizing the Boys Town Model. Each participant had a different point of view about how he or she transferred resilience to students with EBD, but the one thing they were sure of is that they are satisfied with the model they used and

would not add any interventions even if it is resilience to that model if it was not in their curriculum.

In conclusion, the researcher thought that all participants had a good heart and a desire to build resiliency in students, but a good heart needs will and a vision. They tried to define resilience from their perspective and how they saw it but they missed some of the components of resilience in definition and understanding. They believed that resilience was taught indirectly and implicitly with students in utilizing the Boys Town Model. Resilience was a hidden curriculum the participants believed in but did not implement in a separate practice because it was not a component on their curriculum or Boys Town Model as they reported. Those who participated in the study have the capacity for great resilience, and with the right support and a resilient vision, they can succeed in the field and flourish as successful educators for generation of youths.

#### Theme 6: The Partial Emotional and Social Services Decrease the Benefit of Resilience

This theme emerged in response to the second research question regarding how these services were aligned with the core elements of resilience with regard to external support such as building strong relationships, healthy coping skills and problem solving, and inner strengths such as autonomy and a sense of meaning. This theme highlighted the role of the emotional services that provided in this school for students with severe emotional and behavioral challenges and needs. In this regard, one of the interesting quotes the researcher heard when she asked a high school teacher about nurturing resilience was that if the program should pinpoint resiliency, the child needed one-on-one counseling, this teacher said, “If you want to pinpoint resilience for a child I think you

need counseling. . . . We do that on a regular basis through Boys Town” (PI 2, February 8, 2013). The school offered a school psychologist and a social worker as a support staff to provide the emotional and mental health issues for students. The researcher interviewed the school psychologist during this investigation. She had been a school psychologist for seven years; this was her third year in AEA 267-Bremwood. She also worked in public schools, so she visited Bremwood twice a week. She was one of the support staff in Bremwood; her role was to oversee the IEPs, the process, and to make sure teacher implemented them correctly. She was also in charge of brainstorming intervention ideas and checking in with kids when needed.

During this study, the participants mentioned this service provided from the school psychologist and the social worker as a barrier. The barrier was the limited amount of time a social worker or the school psychologist spends at the school. These staff members did not have a chance to talk with the students and listen to them because they were busy with IEP meetings or overloaded with paperwork, but not with students. They visited the school twice per week, and this amount of time was not enough to help students emotionally or to help teachers if any problems popped up.

For example, the middle school teacher mentioned this service as a barrier because it was limited and only used when needed. He mentioned that both the school psychologist and the social worker visited the school only twice per week, and this amount of time was not enough, the teacher thought. He stated:

Because sometimes, something happened with one student and we (teachers) need help from one of them, then we figured out that they are not here! And the second day or the next week is not the same as the day that we want them. (PI 5, January 10, 2013)

I do wish we had them [support staff] here more often because I think that would help. . . . Sometimes they [students] might say it's gotta wait. Well, if it's something big enough they may not be able to wait and then we're going to see behaviors just because there was nobody there. (PI 5, February 7, 2013)

The psychologist did not think the limited time was a barrier because, in her opinion, the school provided three support staff, and it was not realistic to be at the school every day each week. She stated:

It would be nice if we were here all the time but it's just really unrealistic in the current world we live in with budgets and schools. It's a hindrance, but yet we still have a lot of support compared to a lot of schools. (PI 6, February 6, 2013)

One barrier the psychologist did mention was that instead of working with students emotionally and spend a lot of time listening to them, she indicated how busy she was, and that she was overloaded with paperwork and IEP meetings. She stated:

I really help with the paperwork piece of all the IEPs and make sure that's in order and facilitate meetings. My job isn't as direct with kids sometimes. I don't work with kids every single minute I'm here at school. It's just of more for those higher crises, like suicide, if something is bothering the kid and then a lot more of facilitating meetings, IEPs, compliance, that kind of thing. (PI6, November 29, 2012)

In general, the students in this school had many emotional and social problems, in addition to their behavioral and academics ones. The school tried to offer many services to address academics and inappropriate behaviors, but avoided emotional and social ones by limiting this service to only "when needed."

### Conclusion

In this section, the researcher presented the themes in the order of significance in response to the second research question regarding how services aligned with the core elements of resilience with regard to external support including building strong relationships, building healthy coping skills and problem solving, and building inner

strengths such as autonomy and a sense of meaning. These three themes, based on an analysis of data from PI, OFN, and ADR were:

1. Staff Did Address the Components of Resilience;
2. Staff Believe in Resilience, but Have their Own Understanding of Its Definition; and
3. The Partial Emotional and Social Services Decrease the Benefit of Resilience.

After examining interventions at the school, and knowing what services the school provided to students, the researcher focused her analysis on whether or not these interventions aligned with resilience. The researcher sought to look at interventions offered at the school through the lens of research about resilience. Resilience was the framework the researcher used to understand what interventions the school used and if they contributed to resilience.

To answer the second question, the results revealed that there should be an alignment or connection between Bremwood's program and resilience. This connection is comprehensible because it is linked in many ways at three levels: the students, the staff, and the components of the program. The school tried to offer many services to address academics and inappropriate behaviors, but avoided emotional and social ones by limiting this service to only "when needed." After reviewing the Boys Town literature, the researcher disclosed that Boys Town elements included: building positive relationships, teaching skills, and promoting self-management and self-determination. The participants did implement some components of resilience, it was clear in observations and interviews that did, but in isolation and using different names or skills



such as self-confidence, self-determination, coping skills, problem solving, etc. The participants used one or more of these components, or combined two or all three, but separately. Findings about the services provided in the school shows: definite usage of the social skills core element and positive relationships; and when autonomy is addressed, it is mostly indirectly. The findings showed that the participants agreed with the core elements of resilience. Some thought extensively how to integrate these elements in their core, but the majority of participants were not interested in changing their curriculum, and felt these elements were there already, which was sufficient.

### Third Research Question Findings

#### What are staff perceptions about using these services or interventions?

After looking more deeply, and examining the interventions and services the school provided for students, and after focusing on if these interventions are aligned with resilience, the researcher sought to discover the perceptions of participants based on their expertise. The importance of qualitative research is to know what participants think, say, and express, and to know their dreams for the future, strengths they have, or barriers they try and avoid.

Throughout the interviews, each participant had a different point of view about the interventions they used, but the one thing they were sure of is that they are satisfied with the model they used and would not add any interventions to that model. From the participants' perspective, they believe that the program is effective because it eliminated internal judgment and reduced the possibility of teachers being emotionally and quickly

revved up. At the same time, the model created a healthy climate without yelling or screaming.

Other finding of this investigation was about the barriers identified from the participants' perspectives. Throughout the interviews and observations, participants identified two kinds of barriers. The first kind is about the program and the staff themselves and the other kind is about the students. The barriers related to the program and staff are talking about the inconsistencies in implementing the model they used for students with EBD and how the model itself was used as a punitive system is about the about the reasons for student referrals, and the lack of the emotional services. While the problems they faced that decreased the benefit of services provided for students are the amount of time they spent in the school and how they refer to Bremwood, attendance, staff not knowing of the program's impact on student, and the lack of support and communication between school and parents.

In this section, the researcher presented the themes in the order of significance in response to the third research question. This themes is:

#### Theme 7: Staff's Perspectives about the Barriers of Bremwood's Model

This theme emerged in response to the third research question regarding staff's perceptions about using the services or interventions offered at the school. This theme was based on an analysis of data from the PI, OFN, and ADR.

During the round two and three in this study and after collecting the information about the intervention they used, the descriptions of the Boys Town Model, the students, teachers, interventionist, psychologist, and of resilience, the researcher asked the

participants about their perceptions on Bremwood's Model and what barriers or obstacles they had with interventions and services.

It was clear that the participants held some thoughts about the "baggage" students have. The baggage students hold included the obstacles and barriers that cause them to avoid reaching their goals. All participants mentioned common and individual barriers for students. Some of these barriers included the staff's inconsistencies, difficulties in the intervention room, parental support, and students being placed in shorter terms. Observational field notes captured some of the barriers and obstacles teachers faced in this program or in implementing the interventions with students.

To get a larger picture, and to capture participants' perceptions about the issue of barriers, the researcher interviewed participants formally and informally. The researcher classified these barriers into two clusters, the students and the program, which are discussed in this section.

### Students' Problems

The participants divided students' problems into five components: (1) reasons for referral, (2) variance between short and long terms, (3) lack of support from parents, (4) high absence records of students, and (5) not knowing the students' futures.

### Reasons for Referral to Bremwood

The first barrier participants mentioned was the reasons of referral to Bremwood upon revealing those reasons to students. Teachers noticed two kinds of students that were referred to them. The majority of students were those who lacked academic achievement, while the minority did not have extremely academics problems, but had

behavioral disabilities. A majority of students were carless or were learning helpless. They relied on teachers to solve their assignments, or did not care if they completed assignments. The teachers mentioned that these students had no motivation or faced challenges during their studies in general education schools. The teachers believed this was for several reasons. One was the low expectations general education teachers had for the students with EBD. Another was because general education teachers believed that the students had severe behavioral disabilities and that showed up in the classroom, where they had an audience. Some believed these students could not become engaged in larger high schools.

For example, the middle school teacher highlighted a concern coming from general education schools. He thought that they taught students with IEPs carelessness or learned helplessness. He said:

I think a problem that happens in a lot of schools in special ed is that they're given answers. They are helped so much that they've learned to be helpless. They've learned to be helpless. So they come to us and they almost want to be spoon-fed all the time. I try to teach them, but I'm not going to give them the answer. (PI 4, November 28, 2012)

The staff distinguished between behavioral problems and mental health issues; they supported the idea that students with severe behavioral problems did better than students who had serious mental health issues. Staff agreed that students who had serious or chronic mental health issues, especially those who were off their medication, suicidal, or “cutters” (i.e., have a history of hurting themselves) were less successful in the program, and spent lot of time attending the school. Those who were suicide risks, or were unstable

or irrational, needed constant supervision. Staff reported seeing an increase in these types of students (OFN, December 14, 2012).

The middle school teacher assured the researcher that Bremwood was not a place mental health, and when the researcher asked other participants about this issue, it was explained that such students should be here, especially those with emotional problems and mental health issues, because general education setting can deal with behavioral issues, but not with mental health issues. Participant 5 stated:

I think gen ed schools are doing of better job of dealing with just the behaviors. If it's just behaviors and getting them under control and not anything else, they can deal with that. So we get the ones that have the added on emotional stuff as well as behaviors because there are so many different things affecting them that they can't succeed in gen ed. (PI 5, February 7, 2013)

Some of the participants thought that Bremwood was not prepared for students with severe mental problems, and they these kinds of students should not be referred to them because they required a mental health institution to help them recover and give them an appropriate treatment. In general, participants doubted the reasons for referral of some students, whether for negative or positive reasons.

#### Variance between Short and Long Terms

Related to the first component, participants mentioned that any behaviors replaced or changed took time, but the more time students spent at Bremwood, the greater the benefit in changing students. Lesser time meant reducing the effectiveness of the program for themselves as well as the students. The students at Bremwood were either on-campus or off-campus. Usually, off-campus students spent more time than on-campus students, relative to their conditions. Some students spent short terms, such as 45 days or three

months, while others spent longer terms, such as three or four years. Participants thought that some students did not spend enough time in the school to benefit from the program, while other students spent too much time and could not, because of a court judgement, return to a home school.

The average length of a student's stay varied; some students stayed 45 days, one semester, or one academic year, while some stayed three to four years. When children leave, they may move to their home school, return home to their families, or live independently. One participant reported that, "When they reached their goals in Bremwood, we [the staff] want children to be able to move to less-restrictive environment" (PI 5, February 7, 2013). The length students spent in the building varied from one to another, according to their individuality. At the same time, participants mentioned that "changing needs time" (OFN, December 14, 2012). On the other hand, the participants felt that off-campus students did better than on-campus students because they spent longer terms at Bremwood. The participants they mentioned that some off-campus students had were encouraged to change from parents, though not too much.

The other middle school teacher (P5) divided the obstacles he experienced while providing the services into two categories: on-campus students versus off-campus students. With on-campus students, the obstacle was the variance in the amount of time spent at the school, between long and short terms. He thought that some students did not spend enough time in the school to benefit from the program, whereas others spent too much and could attend other schools. About off-campus students, the obstacle was related to the parent. In the teacher's experience, off-campus students had no consequences at

home. There were no penalties of any kind, nor punishment or rewards, so the student was not encouraged or motivated to make any progress in their situation. “The students just don’t care,” he said. Teachers sometimes felt that there was no home support from the off-campus parents, which frustrated the teachers and delayed student progress (OFN, January 10, 2013).

#### Lack of Support from Parents

At the same time, participants referred a lack of support from parents concerning off-campus students. In the participants’ experience, the majority of off-campus students had no consequences at home. Some had no penalties or punishments of any kind, or reward as well, so the students in these cases were not encouraged or motivated make kind of progress in their situation. Many of these students did not care and had any meaning to their lives, or no future. The lack of support from parents frustrated teachers and delayed student progress. At the same time, communication was weak. Teachers reported that the majority of parents did not communicate well with teachers; some parents did not respond phone calls or ignored what was discussed with them. A few parents listened and corresponded with teachers (OFN, January 10, 2013).

Teachers communicated with parents by phone or in IEP meetings, and informed them about the negative or positive elements of their child’s attitude, academic performance, and absences (OFN, February 8, 2013). The interventionist reported that

We have no control over at home. They [the students] may have structure here, but they may not have structure at home. They’re up late at night. They come to us and they’re tired. Parents are gone . . . so the students . . . [are] playing video games or they’re out late with their friends. They’re getting improper nutrition . . . The off-campus kids have no structure at home and that type of stuff. (PI 3, February 7, 2013)

All participants mentioned this lack of parental support for their children or the school. Another concern the high school teacher raised was with the inconsistency of teaching social skills between the teachers and parents. He said:

My issue with it is that the social teachings happen here but they don't happen at home. So all the work that you do at school may unravel at home because the parents may be alcoholics, they may use drugs, they may swear at the kids constantly and yell and it doesn't build their self esteem . . . But all the social teaching that you do I believe gets unraveled a little bit at home. (PI 2, November 28, 2012)

This same point about parents was related by Participant 1. She said that what students raised with parents was different than what was raised in the cottage or with different parents. Some students had jail time on their records, which affects them personally. They were victims of the circumstances they lived in. For example, in the cottage, or in jail they would see many different kinds of people. It was not the same if they were rising with their parents (OFN, January 7, 2013). The participants also agreed that off-campus students had more support than on-campus, but "it depends on the parents" most of the time.

#### High Absence Records of Students

Attendance was a huge problem the participants were concerned about; there were many students with absentee records, which decreased the benefits services provided or interventions implemented. From observation, the researcher noticed that the number of absences many of the same students was enormous. For example, when the researcher looked at the files Participant 1 held, she saw that some files were full, while others were thin and almost empty. She asked the teacher about this, and the teacher replied, "Oh, this student I barely seen him. I am doing my best to let him come back and I talked with his



mom a lot. Sometimes he came and a lot he didn't" (citation). Teachers often contacted the students' parents by phone when this occurred, but most of the time the parents did not answer. Students' attendance was a major hindrance mentioned by the participants (OFN, December 10, 2012). Another problem participants mentioned was skipping school and running away. One participant said that, in the past, many more students had this problem than presently, but it was there (OFN, December 10, 2012).

#### Not Knowing Students' Futures

Some participants highlighted the students' lives after they received services from Bremwood and the impacts of the program on those students. Some succeeded in their lives, in their work, and some were living while others were not. Not knowing this data worried some participants. One participant highlighted a significant point all schools faced: The staff always heard about those who did not do well after graduation, but they knew nothing about those who made it. Not knowing worried her. She said:

And so many kids just disappear. We don't know. We hear about the ones who go out and murder people. We hear about those, but we don't hear about those that are successful. So to really know, we don't know. That's one of the hardships of working here—the not knowing. Did you indeed have an impact on this child? (PI 1, February 4, 2013)

In general, participants divided student problems during their stay at Bremwood into five components: (1) the reason of referral to Bremwood, (2) the length of the term varied between short and long, (3) the lack of support from parents, (4) weak attendance, and (5) not knowing the students' futures. The participants also identified barriers concerning the reasons for the program and staff as well including: (1) lack of emotional services; (2) inconsistency in implementing the model they used with students with EBD; (3) the

implementation of the model itself as a punitive system; (4) student problems led to decreased benefits from the services provided, such as the amount of term they spent in the school, attendance, and staff not knowing of the program's impact (i.e., if the program affected students or not); and (5) the lack of support and communication between the school and parents.

#### Staff's Problems

The participants divided their problems into three components: (1) lack of consistencies, (2) a high focus on academics and limited on emotional domain, and (3) missing the daily lesson from Boys Town.

#### The Lack of Consistency

This barrier participants mentioned was inconsistencies on both sides—the inconsistency among the staff as to who implemented the Boys Town Model and the inconsistency between the school and the residential placement (cottage) program. The former was mentioned by all participants concerning the implementation of the Boys Town Model, which depended on the person. As they said, they all did the Boys Town, but they did it differently. They relied on the differences related to resistance from some or according to the personality of others. Each teacher was different in how they handled a certain situation. Some teachers were eager to follow accurately the directions of the Boys Town Model, while others were more flexible. Some of staff were tough and rigid and followed the steps word-by-word, while others had more tolerance if student behaviors did not bother others.

For example, the interventionist mentioned the resistance barrier when he said that some teachers were “independent contractors.” These contractors, he said, pretended to do the program, when in reality they did not. In his opinion, some teachers resisted change. They did not change what they used to do; therefore he called them “independent contractors”:

We have staff that are resistant to change so they may not be implementing the program fully. Outwardly they may be showing that they are. But I think in practice they're not. (PI 3, February 7, 2013)

Participant 2 focused more than anyone on consistency. In his opinion, everyone who worked in the building should be trained on the Boys Town Model. He said:

I think that the consistency on how it's used within the school. Teacher to teacher. Secretaries should be using it as well. Everybody. Custodians. Everybody should have a really good idea on how to use this program and use it effectively and use it consistently. I don't think it's used as consistently as it could be. (PI 2, February 5, 2013)

Consequently, the inconsistency participants mentioned related to the human beings behind the Boys Town Model. An objection came from the Boys Town Consultant Team, who thought that teachers used different ways of dealing with problem students. Some were tough while others were tender. These differences did not give the consistency. On this point, the consultant team worked hard to train everyone in the building to be consistent. The problem was that two out of three on the team were teachers, making it difficult because, as teachers, they did not have any power over their colleagues.

Participant 2 said:

I just find that sometimes it's difficult as a Boys Town consultant to criticize your peers when your peers have been here 20 years longer than you. I take part of the blame for the inconsistency myself. I'll bring it to their attention. . . . They can take it or they can leave it. . . . I'm not their boss. . I have no power . . . I think

that would be more effective if the consultant came from a different school, from an outside setting – I think that would be more effective. (PI 2, February 5, 2013)

The middle school teacher (P4) added that sometimes, when students returned from the intervention room, they came to class with many stories they heard while there. From his perspective, the interventionist did not show rigidity (OFN, January 14, 2013). On the last visit, the same participant elaborated in this point. He mentioned that the interventionist should provide intensive teaching and training on specific or missing skills to students. The problem was that some students want to go there instead of class. He thought that the intervention room staff showed empathy and a little rigidity. Specifically, he said:

Sometimes I think they're [interventionists] too easy down there on them. . . . Kids show preference to go down there versus actually staying in class. I think that if they stiffened it up and limited the empathy . . . I think too much empathy leads to manipulation by the students on the staff. They'll play up a story and take it the whole nine yards. (PI 4, February 7, 2013)

The other inconsistency participants highlighted was between the cottage and the school. Both used different models with the same students, and, in their opinion, the cottage did not give on-campus students concrete consistently. The cottage using the Corrective Teaching Interaction (CTI) service with the student and it was different than what Bremwood used which was Boys Town Model. So, there was no consistency in providing the interventions and that what she thought as a barrier as other participant did (OFN, January 7, 2013).

#### A High Focus on Academics and Limited on Emotional Domains

This barrier teachers highlighted was that the school should be a behavioral school while, at the same time, “90% of their job” was to teach academics and to blend

social skills to teach behaviors. The teachers emphasized academics as their main responsibility. They focused more on reading, writing, and arithmetic, and the teachers were obliged to work on Iowa standards, IEP probes every two weeks, and other mandatory curricula. The high school teacher (P1) said, “We are doing more academics than behaviors, if we want the better human beings and building resilience we have to change this philosophy of teaching” (OFN, January 7, 2013).

The second participant mentioned that focusing on academics was not a choice. It was mandatory from the Iowa core curriculum: There were a certain academics the student had to have them. These academic standards the teachers had to teach it and evaluate them. So, the teachers focus on academics more than on specific social skills class. For example, the teacher mentioned that taught one of his students to be organized. This student missed art class to talk with the teacher individually; she “missed the class to give her advice for that” (OFN, January 8, 2013). The teacher believed that teachers should teach students social skills and blend them with subjects during the day. This was a priority, but if they need help, then they can refer students to the intervention room, where higher levels social skills are taught (OFN, January 8, 2013).

Participant 4 also thought that focusing on academics and blending skills into teaching was an obstacle teachers faced. The barriers he experienced while providing services focused on academics was more than behavioral:

We (teachers) used to teach 40 minutes/period the students the social skills they need but not any more related to the state mandatory that the school should focus on academics and the students have to have specific amount of credits to graduate. So, we have to teach the students the academics and blended the social skills during the content areas. (OFN, January 14, 2013)

In addition to that, the participants mentioned that the emotional and social services that provided from the school psychologist and the social worker as a barrier. The barrier was the limited time a social worker or the school psychologist spends at school. These staff members did not have a chance to talk with the students and listen to them because they were busy with IEP meetings or overloaded with paperwork, but not with students. They visited the school twice per week, and this amount of time was not enough to help students emotionally or to help teachers if any problems popped up.

In general, from the interviews and from observations, it was clear that the students in this school had many emotional and social problems as much as they had behavioral and academics ones. The school tried to offer many services to address academics and inappropriate behaviors, but avoided emotional and social ones by limiting this service to only “when needed.” On the other hand, placing emphasis on teaching academics in a behavioral school, without teaching a specific class for skills, was a large barrier to participants. The next barrier discussed is the daily skill lesson teachers used to include, but not any longer.

#### Missing the Daily Lesson from Boys Town

The “Boys Town System could be used as ‘point reporting’ or ‘catch as catch’ instead of correcting teaching to replace the behaviors,” one teacher said. The barrier participants mentioned was that the Boys Town System could be used as a “point reporting” or a “catch as catch” system rather than teaching to replace behaviors. Some participants thought this was a large barrier they faced it because Boys Town skills needed to be pre-taught. Direct teaching of a skill was better than just “catch as catch” or

than a conversation for limited few minutes. At the same time, some participants thought that Boys Town missed the rationale behind doing skills with students, and because of that, some teachers used other resources to as a rationale for other approaches. One participant mentioned an example about the self-determination curriculum, mentioning that there was no time to implement specific services formally (OFN, January 7, 2013).

The researcher reviewed literature about the interventions the Boys Town Model offered, and found out that there are six components to implementing interventions. The last one was using a daily lesson on social skill instruction and generalization of skill use (O'Neill Fichtner et al., 2007). This lesson was not used any longer because the administrators at Bremwood required teachers to focus on academics and blend behavior skills into such instruction. The first participant maintained that this was a huge problem they faced because a daily lesson system could be used as "point reporting" or "catch as catch" instead of using corrective teaching to replace behaviors. She stated:

I think it depends upon the implementation. I may stop and just teach that lesson for that particular social behavior. This whole system that we use could still be very punitive if the behavior isn't taught, if it's "Well, you shouldn't have done that. You lost 1,000 points." That's not teaching, that's point reporting. (PI 1, November 28, 2012)

The solution she suggested came from what they did before using Boys Town. In other words, she missed the class as she used to teach it. She elaborated the next time the researcher interviewed her, saying:

The past four or three years before, we used to have a specific class for social skills but not any more related to the academic mandatory legislature." (PI 1, November 28, 2012)

It's a gap. It's been a shift. Ten years ago a class on social skills was part of our curriculum every day. For 45 minutes we taught social skills directly so every kid

in the building got something from whatever the home room teacher determined was important. So intervention knew that these skills were being direct taught. Now we don't have this class . . . I think this is a piece that needs to go back in. (PI 1, February 6, 2013)

From observations, the researcher felt that this was one of many obstacles because this could be used as prevention tool for teachers to use with students with behavioral problems.

### Summary

This theme emerged in response to the third research question regarding staff's perceptions about using the services or interventions offered at the school. All participants mentioned common and individual barriers for students. Some of these barriers included the staff's inconsistencies, difficulties in the intervention room, parental support, and students being placed in shorter terms. Observational field notes captured some of the barriers and obstacles teachers faced in this program or in implementing the interventions with students. The researcher classified these barriers into two clusters, the students and the program. The students' problems are (1) reasons for referral, (2) variance between short and long terms, (3) lack of support from parents, (4) high absence records of students, and (5) not knowing the students' futures. The program's problems include: (1) lack of inconsistency, (2) a high focus on academics and a limited focus on students' emotions, and (3) missing the daily lesson from Boys Town.

### Conclusion

The purpose of the study was to understand the nature of schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities or needs, and how such schooling and interventions might



explicitly or implicitly promote resilience. The researcher sought to look at the schooling and interventions through the lens of research about resilience. Resilience was the framework used by the researcher to identify the interventions the school used and if those interventions contributed to resilience. Through this investigation, the researcher examined the services and the interventions that were implemented in one self-contained school program to see if they fostered and nurtured resiliency in youths receiving specialized services and how the needs of students with EBD, in the most extreme cases, were addressed through schooling and special education interventions. The researcher sought to examine the interventions used by examining a specific, self-contained program with clear interventions and services. This study contributed meaningfully to the construct of resilience and hopefully raises awareness about resilience and its importance for students with EBD.

The findings of this study were aligned with the research questions (see Tables 5 and 6). The first finding was that students had significant academic, behavioral, emotional, social, and mental health challenges and needs. They came from different environments, such as court orders, the Human Services Department (HSD), home school districts, or from parents. The school tried to address academic needs as a priority for these students, the staff had caring and commitment to them, and taught them to use social skills to rid them of their baggage. Therefore, the school adopted the national program, the “Boys Town Educational Model,” as a school-wide initiative to help students overcome their academic and behavioral difficulties. This was the exclusively service used, and any other services revolved to this model. The Boys Town Model

described the philosophy of the school. It was a mandatory for teachers to follow; any change was not accepted if it was not related to the system. The model was structured, and the staff was trained to implement it with quality and fidelity, rigidity, and highly individualized interventions.

It was a very structured environment, where there was a small ratio of students to teachers so that students could learn academically and so that behaviors could be addressed quickly and with zero tolerance. The intervention room provided intensive coping skills to the majority of the students, and was used as a support tool for the model by focusing on teaching and re-teaching social skills. There was a limited social, emotional, and mental health services provided in this school. The major goal for all therapists and support staff was not to go out of the Boys Town “box.” Resilience was absent from their interventions and their minds.

In general, all participants—teachers and staff—felt that students did better using the Boys Town intervention than they had been doing when attending school, but that it took time. They mentioned some barriers to their goals. In regard to resiliency, findings show that there is a connection between resilience and the model they used but the staff did not focus on resilience; they focused on the Boys Town Model and encompassed resiliency while implementing their model and in interventions. In interviews, they reflected upon what they did to teach resiliency, mentioning that such methods might teach resilience in a related skill, but not in particular component. All participants had a belief to build resilient students, and, at the same time, believed that they taught resilience indirectly and implicitly to students in utilizing the Boys Town Model. Finally,

findings about the services provided in the school related to the core elements of resilience: social skills were definitely implemented; positive relationships were also implemented; and lastly, autonomy was implemented a bit, though, when it was addressed, it was probably, but indirectly.

In conclusion, and in response to the three research questions, seven themes emerged from the data collected from teacher interviews, observational field notes, and document analysis. The themes of this study were aligned with the research questions (see Tables 5 and 6).

Table 5

*Findings for Themes by Data Collection Type*

<b>Theme</b>	<b>Observation</b>	<b>Interviews</b>	<b>Document Analysis</b>
1. High Degree of Fidelity and Quality in Implementing the Boys Town Model	×	×	×
2. High Level of Staff Belief and Commitment to the Model	×	×	×
3. Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs	×	×	
4. Staff Did Address the Components of Resilience	×	×	×
5. Staff Believe in Resilience but Have Their Own Understanding of It	×	×	
6. The Partial Emotional and Social Services Decrease the Benefit of Resilience		×	
7. Staff's Perspective about the Barriers of Bremwood's Model	×	×	

Table 6

*Themes in Response to the Research Questions*

<b>Research Question</b>	<b>RQ1:</b> What interventions or services do students receive over the course of this study?	<b>RQ 2:</b> How are these services aligned with the core elements of resilience with regard to external support, including: social competence and building strong relationships, problem solving and healthy coping skills, and inner strengths such as autonomy and a sense of meaning?	<b>RQ 3:</b> What are the staff's perceptions of using these services or interventions?
<b>Theme(s)</b>	1. High Degree of Fidelity and Quality in Implementing the Boys Town Model  2. High Level of Staff Belief and Commitment to the Model  3. Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs	4. Staff Did Address the Components of Resilience  5. Staff Believe in Resilience but Have Their Own Understanding of it  6. The Partial Emotional, Social, and Mental Health Services Decrease the Benefit of Resilience	7. Staff's Perspective about the Barriers of Bremwood's Model: <ul style="list-style-type: none"> <li>• Program Baggage</li> <li>• Students' Baggage</li> </ul>

Chapter 5 presents the conclusions of this study, recommendations, and implementations for the research findings.

## CHAPTER 5

### CONCLUSIONS

#### Introduction

The goal of this study was to explore how resilience applies to adolescents with disabilities who are placed in special, self-contained facilities, to identify approaches that may help educators promote the presence of resilience, and to provide additional resources and methods of intervention for further exploration, research, and practical application. The statement of the research problem is that many intervention programs for students with EBD teach discrete academic and behavioral skills, and do not address or support students' capacity to overcome challenges and adversity. Specialized programs and interventions need to address resiliency to help youth with EBD cope with adversity and face life positively. It is important to think of interventions and services already exist in specialized programs for youth with EBD, but it is more important to implement resilience in school-wide interventions with the intention of helping youth with EBD.

In the United States, 8 % of students in K-12 are listed as having an emotional disturbance under the IDEA, and this percentage remains relatively consistent year to year (U.S. Department of Education, 2007). Compared to all students with disabilities, students with Emotional and Behavioral Disturbance (EBD) are more likely to be placed in restrictive settings and to drop out of school (Chesapeake Institute, 1994; Valdes et al., 1990). Effectively serving and meeting the needs of youth with EBD is a national concern. The necessity of addressing the needs of these youth has become increasingly apparent. Failure to do so threatens the success of the nation's educational objectives,

such as No Child Left Behind (NCLB), and limits life-long opportunities for many individuals. In the state of Iowa, many students with EBD are enrolled in specialized programs, including residential schools or alternative education programs, such as Expo Alternative High School, Bremwood, and Four Oaks.

EBD is a significant disorder for youth and their caregivers. Youth who are EBD and receiving specialized services from different school programs (residential or alternative) often encounter social and emotional problems and difficulties. They often experience considerable behavioral problems that lead them to drop out of school, and they are typically delayed by two or more years behind their peers in basic academic skills. They may also experience learning disabilities and mental and behavioral problems in much greater proportions than their peers (Quinn et al., 2005). Further, they may experience depression, anger, lack of social-emotional skills, and mental anguish. Many youth with EBD face significant challenges and difficulties throughout their lives, with their families, schools, friends, and peers (Mastropieri & Scruggs, 2010). They may experience these difficulties academically, emotionally, physically, or socially, and may develop behavioral problems that can impede their developmental well-being.

A primary purpose for education is providing students with the necessary tools to become self-sufficient and independent agents in their lives academically, personally, and socially (Sebag, 2010). All the models and interventions discussed in this study advanced that purpose; first and foremost they were tools for students. These tools improved the resilience of students and aligned with educational purposes. Resilience has been defined as the capacity to meet a challenge and use it as a springboard for psychological growth

(Baldwin et al., 1993), to cope with high-risk situations, and to exhibit the ability to do well against the odds and recover (Rutter, 1985). It exists in every person; it is a life-span process, and schools can build it in children and adolescents to help them face all situations in life. Resilience became a goal and an outcome that was central to effectively educating students with disabilities and other special needs.

This study carefully and fully examined how interventions were implemented in one special education school as having the most severe emotional and behavioral disabilities to understand how they emphasized the core elements of resilience. The three core elements of resilience are the inner strengths, coping skills, and external support. The researcher believed that these three core elements were a cluster; in other words, the relationship between the three core elements was essential in promoting resilience for students with behavioral disorders. Thus, this research examined teachers and other support staff's perceptions of the integration of resilience into the behavioral curriculum they used, or in the interventions they already had in place.

The purpose of the study was to understand the nature of the schooling and interventions provided to students identified as having the most severe emotional and behavioral disabilities or needs, and how such schooling and interventions might explicitly or implicitly promote resilience. The researcher sought to examine schooling and interventions through the lens of research about resilience. Resilience was the framework the researcher used to understand what interventions the school used and if those interventions contributed to resilience. Through this investigation, the researcher examined the services and the interventions that implemented in one self-contained

school program, if they fostered and nurtured the resiliency of youths who received specialized services, and how the needs of students with EBD were addressed through schooling and special education interventions in the most extreme cases. By examining a specific, self-contained program with clear interventions and services, this study contributes meaningfully to the construct of resilience, and hopefully raises awareness about resilience and its importance for students with EBD. The study addressed the following research questions:

1. What interventions or services do the students receive over the course of this study?
2. How are these services aligned with the core elements of resilience with regard to external support, including: building strong relationships, social competence, healthy coping skills and problem solving, and inner strengths such as autonomy and a sense of meaning?
3. What are the staff's perceptions about using these services or interventions?

The context for this study was in a rural, Midwest, self-contained school. The researcher's methodology was a descriptive qualitative study in a constructivist tradition. The researcher selected a grounded theoretical approach to use in this study because she derived resilience as a framework to understand what interventions the school used and if those interventions contributed to resilience. Exploring this process, activities, actions, and interactions were grounded in the views of participants. This process involved using multiple stages of data collection and the amelioration and interrelationship of categories of information (Corbin & Strauss, 2008).



In this study, the researcher used qualitative inquiry to frame her study. She gathered school demographic data from three different sources (interviews, observations, and archival data) to provide a context for the school program and the participants' experiences, as reported in interviews, as seen in observations, and as collected from archival data. The researcher collected the data and analyzed it by participating in ongoing peer reviewers (involving the advisor, the research committee, and a colleague). After that, the researcher shared the analysis with the study's participants in member check to increase the validity of the findings. The study was guided by Bronfenbrenner's ecological model and a framework of positive psychology.

Seven themes emerged in response to the three research questions based on collecting archival data and documents, observing, and interviewing in the ethnographic tradition to gather necessary information about the interventions used from various sources, including four special education teachers, the school psychologist, and the school interventionist.

This chapter discusses the conclusions of this study in relation to previous research found in Chapter 2, which identified the theoretical framework that guided this research. The next section discusses implications and recommendations from the researcher's findings based on the study's research questions. The last section of this chapter provides implications and suggestions for practice and further research in the realm of resilience related to students with disabilities in special education or inclusive settings.

### Brief Summary of the Findings

The researcher focused on the interventions and services that were already implemented in a self-contained school and that served students identified as having the most severe emotional and behavioral disabilities. The researcher sought to examine these services and disclose if they helped in building resiliency by examining the participants' perceptions and areas of expertise. In this study, participants described their experiences teaching students with EBD, their education system, and the model they used. The findings of this study were aligned with the research questions.

The first finding was that students had significant academic, behavioral, emotional, social, and mental health challenges and needs. They were referred from a variety of different sources, such as court orders, the Human Services Department (HSD), home school districts, or from parents. The school tried to address academic needs as a priority for these students, the staff had caring and commitment to them, and taught them to use social skills to get rid them of their baggage academically and behaviorally but not emotionally or socially.

In regard to the first research question, the second finding is that the school adopted the national program, the "Boys Town Educational Model," as a school-wide initiative to help students overcome their academic and behavioral difficulties. This was the exclusive intervention used, and any other services revolved to this model. The model was structured, and the staff was trained to implement it with quality, fidelity, rigidity, and highly individualized interventions. It was a very structured environment, where there was a small ratio of students to teachers so that students could learn academically

and so that behaviors could be addressed quickly and with zero tolerance. Significantly, they implemented five components of the Model out of six with commitment and fidelity. There was a limited social, emotional, and mental health services provided in this school. The major goal for all therapists and support staff was not to go out of the Boys Town “box.” In general, the participants had a good understanding and belief of the Boys Town Model and they implemented it with students with EBD to access appropriate interventions academically and behaviorally but not emotionally or socially.

In regard to resiliency, findings show that resilience was absent from their interventions and their minds too. It is true that there is some connection between resilience and the model they used, but the staff did not focus on resilience; they focused on the Boys Town Model and encompassed resiliency while implementing their model and in interventions. In interviews, they reflected upon what they did to teach resiliency, mentioning that such methods might teach resilience in a related skill, but not in particular component. Findings about the services provided in the school related to the core elements of resilience: social skills were definitely implemented; positive relationships were also implemented; and lastly, autonomy was implemented a bit, though, when it was addressed, it was probably, but indirectly. All participants had a belief to build resilient students, and, at the same time, believed that they taught resilience indirectly and implicitly to students in utilizing the Boys Town Model.

In regard to the third research question about the participants’ perceptions, findings show that all participants—teachers and staff—believed that Boys Town Model for students with EBD was highly effective and it was better suited for them. It is

significant to note that the staff were proud of the Model and interventions they provided for the students with EBD and they felt that students did better using the Boys Town intervention than they had been doing when attending school, but that it took time. In addition, they mentioned some barriers from their perspectives they faced in this program or in implementing the interventions with students. The researcher classified these barriers into two clusters, the students and the program. Some of these barriers included the staff's inconsistencies, difficulties in the intervention room, parental support, and students being placed in shorter terms, etc.

#### How these Findings Relate to Existing Literature

This section explains the study's findings related and linked with the existing literature. During this study and prior to it, the researcher read some literature in regard to the interventions and services the general and special education schools implemented and developed with students who having the most severe emotional and behavioral disabilities, and about how resilience and the core elements of it apply to those adolescents. To do so, the researcher feels that it is important to present these literature and correlated with the findings she had and this section focuses on this as follows.

According to the literature, in current school climates, students come to school with a wide range of learning, behavioral, and emotional needs (Christiansen et al., 1997). This system served students with EBD-level 3, and focused on teaching students academically and behaviorally. The process of referring a student to Bremwood was a long journey from a general education setting to a self-contained program, and back to general education or to graduation from Bremwood. The school tried to address the

academic needs as the top priority for these students and teach them the social skills they needed on their journey. Research has demonstrated that effective schools play a critical role in decreasing the impact of risk factors. Conversely, ineffective schools generate their own set of risk factors that can negatively impact students' educational and social development (Trussell, 2012).

From the researcher's point of view, these students held many risk factors and minimum protective factors. The risk factors they had included social conditions such as poverty, dysfunctional families, jail or court records, poor academic achievement, lack of attendance, poor distribution of grade levels, a lack of motivation, skipping school, a lack of communication with parents, and more—even though their IEPs reported academic and behavioral goals and accommodations. The researcher reviewed some of the students' IEPs goals, and did not find the appearance of any phrases expressions showing resilience or other emotional or social phrases, such as avoiding risks, increasing protective factors, increasing adult support, building positive relationships, or working on self-regulation, self-determinations, inner assets, etc.

Research has clearly shown that poorly educated students have low academic achievement, grade retention, poor school attendance, and low self-esteem (Frymier, 1992; Slavin et al., 1989; Waxman, et al., 1992). Findings from this study show that that a majority of the students had poor academic performance, which correlates with the literature showing that students with disabilities fail more courses, earn lower grade point averages, miss more days of school, and are retained at grade levels more often than students with other disabilities (Wagner, Blackorby, & Hebbeler, 1993). In this regard,

the literature correlates with the fact that comprehensive interventions programs that build resiliency aim to prevent or reduce problems in development by promoting student adaptation; they all utilize multiple strategies to reduce risk and increase protection in youth's lives (Masten, 2001).

Similar to the findings, the literature stated that students with emotional disturbances are particularly vulnerable to environmental changes such as during transitions and to a lack of positive behavioral support during transitions. These students' behaviors, and the intensity of the behaviors, are episodic or occasional, subject to change over time (Strayhorn et al., 1993), and may direct attention away from underlying issues such as depression (McCracken et al., 1993; Wehby & Symons, 1996; Wehby et al., 1995). In this manner, the findings relate to the literature because the researcher thinks that this school directed attention on the students' behaviors, but not on underlying issues. This attention changed over time, but in the future, the researcher believes that the essential issues will remain on the surface, and a late intervention will be difficult or not beneficial.

After reviewing literature on the Boys Town Model, the researcher found that the majority of research based on the Boys Town Educational Model, as well as other models, this organization offered is highly considerate and deferential. Some of these studies were Burke, et al. (2007), O'Neill Fichtner, et al. (2007), and Thompson, et al. (1999). The literature and findings on students with EBD shows that students need more structure, supervision, and individualized time in the classroom to have a successful

school career. The findings of this study show that the building was quiet, and that the police officer helped maintain feelings of safety and security.

In this regard, the literature stated that the fields of general education and special education “assumed that children with disabilities would not benefit as much as from learning in a general education setting as in a separate, special education setting, and this students with disabilities are often taught in segregated classrooms,” which should be “shifted to a consideration that all children learn better in an inclusive setting” (Rapp & Arndt, 2012, p.29). In this vein, the researcher thinks that teachers in both general and special education must shift their mindset of segregating students with EBDs to separate schools that are highly structured, repetitive, and rigid. The researcher believes that children and adolescents are more alike than different. Supporting all students means providing supports to all the community such as families, peers, individuals with and without disabilities. All children can learn but the teachers in the general education schools should put in mind that the students with disabilities are showing their learning differently. Their rates of learning are different, their attitudes are different, their needs are different but they all have the right to be with their peers and learning with them in the same classroom and they will benefit from this supporting climate.

The findings matched the literature that stated that ineffective schools generate their own set of risk factors that can negatively impact students’ educational and social development. Unproductive schools have overcrowded classrooms, inadequate materials and supplies, frequent changes in staff, high rates of staff absenteeism, frequent moves by pupils, and few resources or special programs (Trussell, 2012). In this regard, the

researcher thinks that the inclusive settings are not successful in providing basic educational opportunities for a large portion of their student population, and educators may prefer to send students to a separate special education setting. At the same time, this special setting provides academic and behavioral services with limited emotional and social services that internally and externally overlooks or neglects these important assets for students with EBD.

Some implications of intensive research efforts on emotional and behavioral disturbances suggested that students with emotional disturbances could be improved through interventions that were sustained, flexible, positive, collaborative, culturally appropriate, and regularly evaluated. These interventions could have multiple components tailored to individual needs, which are meant to build on the strengths of youths and their families, address academic and social concerns, be implemented by trained and supported practitioners, and continually evaluated (Carpenter & Apter, 1988; Clarke et al., 1995).

The researcher thinks that the participants were collaborative, culturally appropriate, sustained, regularly evaluated, well-trained, and professional, but they missed using positivity and flexibility with students. Simultaneously, in regard to Broffebrenner's framework, the comprehensive intervention efforts to change the life chances of youths with disabilities or who are at risk include all three of strategies and the three levels of intervention: individual, family, and community. The researcher believes that this school has the strongest intervention with the individuals more than with the family and or the community. Broffebrenner's framework uses a multidimensional



approach to resilience that emphasizes the complex and integrated roles of schools, families, and communities, all working together to foster students' educations and reach a positive, psychological well-being for individuals. Following this, the researcher believes that the school should effectively work more in this area.

The literature indicated that effective schools have been found to exemplify a range of protective factors through instructional practices, curricula, teacher perceptions, the ecology of the school and its classrooms, and in the promotion of social competence. The research on resilience has suggested that schools provide an ideal environment in which to promote academic, personal, and social competencies that are associated with resilient children (Doll et al., 2004). On the flip side, the researcher considers that the protective factors for students in this school were scant. Some students were engaged and committed in the school. Some improved academically and behaviorally. A small portion of students returned to their home schools. Some students had positive interactions such as smiling, greeting others, feeling happy, or having a sense of humor. Others had limited support from adults in the school or from their families; some teachers were willing to build relationships with students more than others. Generally, from the researcher's consideration she thinks that related to risk factors, protective factors were restricted, and even those cases with some protective factors were limited.

Within the framework of Bronfenbrenner, the school is an important microsystem that affords many possibilities and resources for assisting youths to develop skills and other attributes for resilience through interventions. Moreover, a model of positive psychology represents those factors that protect individuals from risk and adversity, such

as well-being and satisfaction, a sense of humor and happiness, and a sense of meaning and hope. In this vein, the researcher thinks that the teachers at this school are teaching the factors of self-control and inhibiting inappropriate behaviors. As the researcher visualized, the participants know they should have a sense of humor be happy with the students, but at the same time, they do not wish to show these elements to students in order to follow the structure they built. The literature clearly notes that schools should be characterized as caring, attentive, and stable environments that are success-oriented in their predisposition, show genuine personal interest in students, and have teachers who are positive role models and mentors (Oswald et al., 2003).

The researcher believes that resiliency is a hidden curriculum in this school; it is more in action than in words. Using a different name, and doing so in isolation, participants implicitly implemented the core elements of resilience in this school. The literature identified that the three core elements of resilience are building: positive relationships, coping skills, and autonomy. Furthermore, the need for autonomy refers to behavior that is congruent with one's volition, abiding interests, and values. The need for competence skills refers to an individual's sense of mastery, of their capabilities, and their self-confidence. The need for relationships refers to feelings of being connected to, belonging with others, and of being cared for (Ryan & Deci, 2000).

The interventions at the school exhibited the core elements of social competence and building strong relationships (i.e., external support), effective coping skills and problem solving (i.e., learned skills), and autonomy and a sense of purpose (i.e., inner strengths). These three core elements are aligned and attributed to a positive psychology

approach. They are also aligned with and contribute to Broffebrenner's ecological systems model. The findings illustrate similarities between the elements of the Boys Town Model and the core elements of resilience. Differences were that participants combined two of these three components separately, focusing more in coping skills than the other core elements. Findings about the services provided in the school definitely show instruction in social skills, then the positive relationships. Autonomy was taught a bit, and when it was addressed, it was most likely indirectly.

Participants had different views, but in general, the researcher thinks that the staff tried to build a rapport between themselves and students—but not relationships. For example, the interventionist worried about building positive relationships with students because of the sensitive nature of the school, whereas the school psychologist mentioned that building positive relationships between her and the students was very important as a first step. The same situation appeared with teachers: building relationships with students varied.

These findings are very distinct from what the literature suggests. The specific role schools play in developing of resilience was considered by Benard (1993), who observed that effective schools provided opportunities for children to develop the internal assets of resilience, such as: problem-solving skills; autonomy; a purposeful, constructive, and optimistic outlook on the future; effective communication; and relationship skills. The researcher thinks that the vision of the future for these students was dark and without hope. For example, one middle school student told his teacher that he wanted to do nothing and takes aid from welfare and government assistance. This

was his goal in life. What the school did for this student was to raise his thinking and give him more independence and autonomy. This student's thinking is disparate to the idea of resilience. Resilience gives hope for a future and builds self-determination not apathy or carelessness.

Benard (1993) found that families, schools, and communities that helped build resiliency were those characterised by: (1) caring and supportive relationships, (2) positive and high expectations, and (3) on-going opportunities for meaningful participation. The researcher does not mean that participants did not care or support students, nor had a high expectations of them, but the problem was that teachers varied in how they practiced caring, support, or high expectations.

The literature stated that resilience interventions almost always included multiple components, because evidence of the impact of specific intervention components on students' behavior could not formally be attributed to one component of an intervention (Benard, 2004). The researcher thinks that the idea of the intervention area was to complete the intensive program the teachers used in the classroom. Teaching and re-teaching social skills to students supports the Boys Town model and helps students make the progress they need to reach the ultimate goal. The interventionist continuously re-taught the twenty-two social skills to students who were referred away from the classroom. He taught these social skills using handouts, contracts, and by apologizing. On the other hand, the researcher does not visualize teaching any inner strengths or assets such as "self-control strategies" to students to build resilience from the interventionist or

the teachers. These strategies teach students how to control their anger or stress through deep breathing, counting, muscle relaxations, etc.

The findings showed that the participants were not interested in changing their curriculum, and felt the three core elements of resilience were there already, which was sufficient. In this regard, the literature stated that once resilience was seen as part of human development, schools and programs could focus on developing resilience as a skill for the school, and peers, families, and communities could integrate resilience as an important intervention that teachers and educators should consider (Brown & Brown, 2005). The researcher feels that if the three core elements are already in place, administrators must set a vision as to the importance of resiliency to be integrated with their interventions, thus nurturing more than behavioral or academic progress for students. The researcher believes that this school has much potential to do more with students with EBD if they have the vision of resilience and integrated it as a component of their curriculum.

Additionally, research indicated that the probability of a student's success in school correlates positively to the effectiveness of the school itself (Rutter, 1993). Research has demonstrated that effective schools can play a critical role in decreasing the impact of risk factors. In this manner, the researcher thinks that if the school believes in its effectiveness, it should also pay attention to decrease the impact of the risk factors these students may have.

The literature on resilience identified some protective factors that are significant to consider when choosing prevention strategies for schools and communities to use to

promote the healthy development for children. Some of these factors include: an external support system, such as a school or youth group, which provides a sense of belonging and fosters confidence; caregivers who are emotionally positive, open, guiding, and norm-oriented; an educational climate; and a balance of social responsibilities and achievement demands, such as the caring for schoolwork (Bender et al., 2007; Masten & Reed, 2002; Werner, 1986). From observations in this study, the researcher found that participants held some of these protective factors, but missed others, either directly or indirectly, such as positivity, affording a sense of belonging to students, and providing a balance, etc. This school still has some potential.

Although individual characteristics put a child at risk for poor school outcomes, research indicates that the probability of a student's success in school correlates positively to the effectiveness of the school itself (Rutter, 1993). One way resiliency can be enhanced is when young people are well-resourced within themselves, within their families and social contexts, and have a capacity for constructive adaptation to adversity (Olsson et al., 2003). The researcher thinks that if the school has a desire to create resilient students, the staff must provide their students with the tools and resources to adapt to the adversities they face.

### Assertions

This section explains the researchers' assertions about how interventions were developed and implemented in one special education school as having the most severe emotional and behavioral disabilities, how resilience applies to those adolescents, and how the participants emphasized the core elements of resilience as aligned with the

services and interventions the school provided. To do so, five conclusions emerged from this study based upon a triangulation of sources.

The first conclusion of this study is that the students with EBD held many risk factors and minimum protective factors. The risk factors they held included social conditions such as poverty, dysfunctional families, jail or court records, poor academic achievement, lack of attendance, poor distribution of grade levels, a lack of motivation, skipping school, a lack of communication with parents, and more. Even though their IEPs reported academic and behavioral goals and accommodations, there was no mention of phrases or expressions showing resilience or other emotional or social phrases, such as avoiding risks, increasing protective factors, increasing adult support, building positive relationships, or working on self-regulation, self-determinations, inner assets, etc. Therefore, the researcher considers that the protective factors for students in this school were scant. Generally, from the researcher's consideration she thinks that related to risk factors, protective factors were restricted, and even those cases with some protective factors were limited in this structured, rigid self-contained school.

The second conclusion is that the special education setting provided academic and behavioral services with limited emotional and social services that internally and externally overlooks or neglects these important assets for students with EBD. The self contained school directed attention on the students' academics and behaviors, but not on underlying issues such as resilience, hardship, positive psychology, mental health issues, etc. The researcher believes that this school has the strongest intervention with the individuals more than with the family and or the community.

The third conclusion is that the participants were collaborative, culturally appropriate, sustained, regularly evaluated, well-trained, and professional, but they missed using positivity and flexibility with students with EBD either directly or indirectly. The researcher thinks that the teachers at this school are teaching the factors of self-control and inhibiting inappropriate behaviors. The participants know they should have a sense of humor, be happy with the students, but at the same time, they do not wish to show these elements to students in order to follow the structure they built. Following this, the researcher believes that the school should effectively work together more to foster students' educations and reach a positive, psychological well-being for individuals.

The fourth conclusion is that resiliency is a hidden curriculum in this school; it is more in action than in words. Using a different name, and doing so in isolation, participants implicitly implemented the core elements of resilience in this school. Participants varied in how they practiced the core elements: building a positive relationship not just a rapport, teaching the effective coping skills such as “self-control strategies” not just accepting criticism, and nurturing the inner strengths and high expectations for their future such as self advocacy and self determination not just doing their own homework. Additionally, the researcher feels that if the three core elements are already in place, administrators must set a vision as to the importance of resiliency to be integrated with their interventions, thus nurturing more than behavioral or academic progress for students.

The fifth conclusion is that if the school has a desire to create resilient students, the staff must provide their students with the tools and resources to adapt to the



adversities they face. The researcher thinks that if the school believes in its effectiveness, it should also pay attention to decrease the impact of the risk factors these students may have. The researcher believes that this school has much potential to do more with students with EBD if they have the vision of resilience and integrated it as a component of their curriculum. The researcher thinks that the vision of the future for these students was dark and without hope. Resilience gives hope for a future and builds self-determination not apathy or carelessness. This school still has some potential.

The conclusions of this study generated implications and recommendations for nurturing resilience in the school's interventions and curriculum in order to help students with EBD. New ideas, practical applications, and possible solutions for addressing resilience in the school's program are proposed for teachers, support staff, and school administrators.

#### Implications and Recommendations

Based upon the findings, analysis, and conclusions of the current research investigation, the recommendations are as follows: (1) the need for developing a comprehensive intervention to address all the needs and challenges the students with EBD have and teach them all the skills they need academically, behaviorally, emotionally, and socially, and (2) encourage a school-wide system to integrate resilience as an important intervention teachers and educators should consider to students with EBD.

From the researcher's point of view, she thinks that to develop a comprehensive program that means to develop accurately all the aspects the students needs academically,

socially, and emotionally in this program. The conclusions of this study generated implications and recommendations for nurturing resilience in the school's interventions and curriculum in order to help students with EBD. New ideas, practical applications, and possible solutions for addressing resilience in the school's program are proposed for teachers, support staff, and school administrators. Some of these suggestions might be critically hard to implement but the researcher thinks that this school has a potential and the staff has a desire to create resilient students. To do so, this school should provide their students with the tools and resources to adapt to the adversities. The school may need to change some of their program aspects by shifting their structure and strategies from one side and focusing on the human side of the staff and the students from the other side.

#### First Implication

One implication of this study is that the need for developing a comprehensive intervention to address all the needs and challenging the students with EBD have and teach them all the skills they need academically, behaviorally, emotionally, and socially.

#### Recommendation 1

This recommendation concerns teachers. These teachers can become supportive adults for those students. The teachers care about their students and have a lot of worries and doubts about what will happen to those students in the future if they do not continue their education. The teachers should, however, be positive and flexible and show that to students. Help students believe in what teachers say and teach. It is not just about long conversations to teach students lessons about being responsible or to illustrate a specific academic or behavior skill. Teachers should let students believe in what they say to them.

They could play strong, supportive role for these students through rationale conversations, creating a positive environment in class, through music, through teaching students how to control their anger, providing more sports and games, and by making classrooms more fun and attractive to motivate them. By building this positive relationship, teachers can build resilience in students.

### Recommendation 2

This recommendation concerns the intervention room. The interventionist could teach students self-control strategies to control their anger while, at the same time, teach them the skills they need. Empty rooms are using as a “time out” for students in this school. Usually the “time out” supposed to be boring and uninteresting, but the researcher suggests if the school system could use this room as a “Time In” instead of “Time Out” that will be beneficial. It could be used more for relaxing and not as a “jail.” These students may need structure, but they also need support and care. So, empty rooms can include soft music to let them calm down, include nature pictures on the walls to let them feel safe, secure, and peaceful—and afraid and scared. The design of the room itself can be changed; it can be divided into walls and when the interventionist wants to talk with a student, allowing the interventionist to have more privacy and respect the dignity of the student. Let the student feel warm and supported amongst people who really care and love them. The school is not a business; it is a support tool that can have intense meaning if used correctly. The room can be called a different name and be used as a “behavioral counseling center,” and the interventionist can support a vision of resilience in school.

### Recommendation 3

The third recommendation is concerns training for the Boys Town Model. The trainers or the consultant team should be from outside the school—they should not be teachers. The administrator or principal can contact other institutions using the same model and cooperate with them to make dual visits; they can visit Bremwood and Bremwood teachers can visit the other institution or school. This will aid in bringing in new ideas thoughts they can utilize it.

### Recommendation 4

The fourth recommendation is to teach a daily lesson on social skills and general use as the Boys Town Model suggests. A social skills class can be in a directly instructional and open for the discussion for students. Let teachers hear students' opinions and thoughts and give them space to express themselves individually and as a group. This will address the fact that this is a behavioral school but, the current implementation of teaching behaviors is scant. In the past, the school taught a social class, but is now focused on academics; they have missed the behavioral piece. Teachers can teach a social skills class using direct instruction, and the interventionist can do it individually. This can be implemented during first period or ninth period, when students discuss their points cards with teachers. The class could be divided into two parts: one for directly teaching the skills and self-determination curriculums, and the other to check on point cards and work on the Boys Town process. Boys Town would not avoid implementing such a class. Quite the opposite: such a class would require teaching the 22 skills; avoiding this part from Boys Town. In this class, teachers can teach students social

skills and other skills in inner strength. Additionally, this class will give teachers an idea about the thoughts and mindsets of these students, helping them to know where to start to solve problems and work on strengths.

#### Recommendation 5

Related to the support staff, the school psychologist can and should be in the school every day, every moment a student wishes to reach her. Her role should be described and explained to students, as well as when she will be there. Only will she not be overloaded with paperwork and meetings. She can provide the necessary support for students requiring assistance in the areas of academics and with social adjustment, emotional well-being, appropriate behavior, or mental health. By doing so, students will have a vent when faced with various obstacles and challenges—not just when it pops up. She can also help in supporting the vision of resiliency to spread throughout the school.

#### Recommendation 6

The social worker also could be more interactive with parents, conduct workshops, visit their homes, encourage parents and inform them of their children's progress, and help with ideas concerning money, work, or homes—anything he finds they are interested in. The social worker can start from interests and work with both students and parents. He can visit them in their communities and towns and let the community encourage and raise awareness for parents. Most parents of students in self-contained schools are and not well-educated. They are hard workers, and they don't have the time, the energy, or the knowledge to know how to raise their children. Give parents information and let them trust you that will help. The social worker can build a bridge

between the parents and the school, which may help to reduce attendance for students who skip and transfer resiliency to homes, helping parents in this manner.

#### Recommendation 7

Another recommendation is about following up with students after they graduate or leave. Administrator can work to follow up with students, and the social worker can collect information about the students' lives after Bremwood to evaluate their work and successes or failures. When such a study is done, the teachers and the other staff should know if they had an impact on students or not.

#### Recommendation 8

Bremwood can also invite alumni to come to the school and talk with students about their challenges and how they handled them and made it work. This would give students hope and optimism by showing them good examples of previous students who lived as they did. These students should be active participants; they should speak for themselves, ask questions, and request clarification. These meetings will help students build inner skills and assets.

#### Recommendation 9

Another recommendation is about the vision of the students' futures. Transition planning is one of utmost importance in the lives of individuals with disabilities. The problem is not just the transition from special education school to inclusive settings, but there is often the risk that the transition will not be given the time and attention it needs. For many of these students, their dream of the future is to sit at home and live under government assistance, like their parents or relatives. The circle of carelessness and

apathy must stop, starting at this age, and they must begin thinking about their lives after they graduate. Most students with disabilities have no motivation, ambition, or aspirations. These students must have a support plan and services outside this school to raise their sense of autonomy, build resilience, and break the circle of apathy. Social workers can play this role with the community, and parents and the school psychologist can conduct classes in the school.

#### Recommendation 10

From the inclusive philosophy the researcher believes in, she addresses one recommendation related to that is to implement the intervention room in the general education settings. If the problem with the general education schools is that these students have severe behaviors, and regular schools cannot handle such behaviors, then they can use the same idea, an intervention room. General education schools can have their own intervention room, and the interventionist there can teach students the skills they must learn before such students are referred to a self-contained setting far away from their peers, and live in a structured and rigid place because they have severe behavioral and emotional problems, such as EBD level 3.

#### Second Implication

The second implication is to encourage a school-wide system that integrates resilience as important interventions teachers and educators should consider.

#### Recommendation 11

One recommendation would be to create a resilient school for students. From the findings, participants mentioned changing students is difficult, hard, and time-consuming.

The idea of changing students by providing individual counseling, strengthening the self-monitoring, improving social skills, etc. is not effective every time. Instead, this gap requires that school find other ways to support the social and emotional needs of students with EBD so that these students can learn to be successful despite their adversities.

Because of that, administrators adopted the Boys Town Model to reach this goal academically and behaviorally, but what about emotionally and socially? To reach emotional and social goals, administrators can help teachers build resiliency while they utilize the Boys Town Model. Additionally, the principal can help staff see the link between continuing to build resiliency and student improvements. Administrators can examine and clarify beliefs and put these beliefs into the context of a better future for students. Building such a vision should not be done by selecting only some teachers to perform these goals in classroom. Widespread dialogue about beliefs needs to take place to help teachers understand that change is likely to be long process. The school focus on the vision questions such as: “What will be different when the students become resilient?”; “What are the outputs for teachers, students, parents, and the school itself?” Upon asking these questions, administrators can create a wrap-around plan in students’ IEPs, as wrap-around planning does not need to involve an additional set of meetings, paperwork, or procedures.

As a first step, teachers can write resilience goals for students to reach in their IEPs and then find ways to implement these goals. Help in implementing is the second step will occur. The principal can develop critical staff who are supportive and willing to actively implement plans to build resiliency throughout the school. When the principal or



the administrators identifies key players in the change process—such as the school psychologist, the social worker, the school manager, and the interventionist—three or four teachers and connect them with each other so they do not have to connect in isolation. Alternatively, teaching resiliency in different ways depends on a person who is willing to build resiliency. Building resilience in this school is not difficult because they already have the interventions in place, but they lack a vision. If the vision is to build resiliency simultaneously with what they are doing, and implement the Boys Town Model with positivity and flexibility, then the resilience will spread in every class and in every student. Additionally, after the school decides make resilience teaching widespread among students, staff should measure that resilience to gauge the successes or failures of implementation, and also follow up with the plan to determine if changes are needed.

#### Recommendation 12

In addition to the school-based widespread plan, the support staff can develop a network of supportive adults to build resiliency. Support staff, the school psychologist and the social worker, can help in supporting the vision of resiliency to spread throughout the school. They could work collaboratively to establish groups to address the academic, social, and emotional needs of students within their respective schools and addressing these goals in the student's IEPs to build resiliency. They can measure resilience and develop an individual plan for students. By doing so, resilience will be seen as a skill in the school, and as a part of students' development the same as academics or behaviors. The support staff can also help in spreading the word resilience to the students themselves, teachers, parents, families, and communities.

### Suggestions for Future Research

It may be extremely beneficial for additional research to be conducted in the same setting to help students themselves identify their needs, problems, opinions, and perspectives. It may also be valuable if the researcher worked with the students and determined what interventions they want or need. What do they think about being in a self-contained, structured program instead of an inclusive setting, and how much does this increase or decrease their resilience?

Other future research may measure resiliency and work with the students who are not resilient or who are highly resilient to discover the elements and factors the students have in building resiliency. Moreover, future studies should focus on the students who are in the same setting, and who skip or drop out, or it might study students who made progress and succeeded academically and behaviorally. Specifically, future studies should focus on the experiences of students performing well in the school and those who are not after graduating. This may allow educators and researchers greater insight into ways to further assist students experiencing academic, behavioral, and emotional difficulties.

Future research might also investigate the longitudinal effects of resiliency. Researchers could observe the same school setting three years after changing their vision and after resiliency has been integrated with their program to compare how teachers implemented their interventions. The significance of this study may reveal that time is needed when implementing a new vision or intervention. The study may also reveal different benefits and barriers after three years of building resiliency.

Other future research could be on the inclusive setting, studying students with and without disabilities, to examine differences or similarities in resilient students. The significance of this study may reveal if disabilities decrease the resiliency of students or not, and what factors they have in building resiliency.

#### Limitations of the Study

This investigation was qualitative research that provides, from multiple perspectives, details and insights that are typically unavailable with surveys and scales. This study primarily focused on the experiences of special education teachers and other support staff in implementing interventions for students with EBD. While this study has the potential to contribute a great deal to the field of special education, it has several limitations. First, the qualitative procedures in this study were conducted only on the site, which was location of the study and its participants. This site was a self-contained setting that serves students with severe behavioral and emotional disabilities from special education teachers and other support staff. The researcher is cautious in generalizing the findings because of the nature of the school and the staff. One cannot generalize findings to all general education teachers, for example, or from one school to another, or from this setting to an inclusive one.

The other limitation is the subject itself. Resilience is a new topic in special education, and it is difficult to contribute to the interventions of the school because the school would have to deal with a new service. This study is limited to secondary youths with severe behavioral and emotional problems in one self-contained program in Iowa. While findings are exceeded by this area or the school itself, the intent is that the depth of

the data and analysis will prove useful for the interventions that are used to nurture resilience in special education or inclusive schools in different areas, even though results are not generalizable.

### Personal Summary

This study has made me believe more than ever before that every school—whatever the setting—spread the mindset of resilience to youths. Every youth is capable of developing a resilient mindset, which will enable them to deal more effectively with stress and difficulty, to bounce back from adversities and challenges, to cope with everyday hardships, to develop their own clear and realistic goals, to solve their own problems, to communicate with others with respect, and treat one's self with hope and others with dignity. Every youth should believe in him or herself, and schools can construct this belief or they can break it up. This deeply affects me when we, as educators, cannot assess students and change the educational setting for them because we cannot handle their behaviors. This makes me think deeply about how I will teach my students in the future and let them know that they can shape the future of all human beings; that future could be white and shiny, or it could be dark and gloomy. Our job is to give hope with realism. The findings of this study revealed that the interventions this self-contained program provided students with disabilities did not point to resiliency.

The results of the study also highlight the importance of interventions to build resiliency, but how to implement those with a vision of resilience is the question. Resiliency is not simply a characteristic or an attribute that certain individuals possess. It is a process that asks one to simply keep on and continue trying until goals are

accomplished. Resiliency is about beating the odds, particularly when a person is surrounded with many challenging situations. This research has made me realize that, as human beings, we must focus. My job is to teach students and use the best interventions and strategies to help them reach their potential, build resiliency, and spread it to their families, their peers, and their communities. Educators can nurture resilience among students with or without disabilities if they believe in a bright future for our youths.

This study has let me recall school days. When I was child, all I know about school was to follow the rules, be a good student, be a model, and follow the disciplinary rules the school required. I had no experience with discipline because of my good grades, because of beloved teachers, and because of the mean ones who I did not want to isolate me or send me to the principal's office. When I grew up, I was free to laugh or play harmless tricks on teachers, such as put an ugly or scary stuff on their desks. I had friends, but they were far away. When we were teenagers, we were curious about boys and created stories about our beloveds, which were not true most of the time. In that era, we had to hide all our emotions because if teachers knew, they would punish us and announce our feelings all over the school. Fear was their technique to build politeness.

I recall that there were few students who were expelled or suspended for a long term, except if the problem was related to their manners, which were actions against religions, traditions, or reputations. Punishment was verbal (e.g., use of bad words, threats, or warnings) or physical (e.g., harassment, hitting, using ruler or thick stick, etc.). The fright and the fear we hid deep inside was bigger than what they convinced us was respect.

My experiences with school discipline as a student were neutral and boring. When I decided to be a teacher, I wanted to let students do what I did not, do such as laughing, joking, and having fun without saying that, “I will put your name on the misconduct list” or “I will send you to the principal’s office!” I tried teaching students show respect more than being frightened. I sometimes ignored bad manners because I thought it was their age or mood or their nature. I believed students did not mean to be a bully and because of this belief, I continued my education in counseling to solve students’ problems. After a while I became a principal of a female orphanage. I found that problems began at home with parents and kept going with teachers and administrators. Sometimes a leader can influence other teachers’ tough or old fashioned ideas about education, students, or discipline. Working in the orphanage or in residential placement is very tough from many different angles. I think I still have my fingerprints there in food, dress, cleanliness, studies, books, stories, trips, etc. I let some students visit their parents daily, and others weekly instead of once per three months, or more.

Unfortunately, my experience with students with disabilities is scant. I saw some cases in the orphanage, and they were educated in a separate department in the school. Most students teased them and laughed at them. Some caregivers in the orphanage felt sorry for them and tried to help, while others ignored them and most did not believe they could do anything. Our experiences teachers, administrators, or even counselors construct our philosophy for students. When I was a teacher and saw other teachers punish students or call them names such as, stupid, lazy, or fool, I thought, “This teacher is very tough.

Why is she making a large problem out of nothing? She can solve problem without all the exaggeration.”

Coming to the United States, I learned in a different country what I did not learn from my experience. I learned a lot from books, lectures, and from my professors at the Lebanese University, but when I went to work, I found nothing. I found myself struggling in the classroom and knew I had two choices: I could follow what I learned, which would take a long time to implement because nobody would help me. Or, I could follow other teachers to learn how they teach. If I carry a thick ruler and be mean, do not smile, stay rigid, that would mean that I am a “super” teacher, and I deserve a reward. If being the opposite means that I will make a mess in the classroom and the students will not respect me, I deserved to be fired.

I always think of emotional and behavioral issues more than academics. I believe in academics, and I believe that all students have the right to a good education in their life. When I study resilience, I found out what students needed in addition to an education. To have students with or without disabilities, we must build their resiliency. I foresee that this study will support the movement of positive psychology and resilience. Moreover, I expect that these contributions encourage the development of a resilient school in collaboration with families and communities. Building resiliency will support and enable the healthy development and school success of all children and adolescents giving special attention to those children facing adversities and challenges.

### A Note about Personal Emerging Definitions of Resilience

The first time I heard the word “resilience” was from my adviser in my first semester in the doctorate program. He let me think about this word and translate it to understand it. The translation of resilience in Arabic is “flexibility.” I then related this word to my life, and I liked it because one of my strengths is being flexible and open. After that I forgot about resilience until I started thinking of a topic for my dissertation. When I talked with my adviser, he mentioned resilience as a new topic in the fields of education and special education. It was then that I started thinking about resilience. It is not just a word. It is a realm. There are different theories, definitions, and explanations. Before I started my studies, my idea of resilience was “being flexible,” but after reviewing the literature, I believed in resilience as a “process.” When collecting data for the study, I increased my knowledge about the process and found that it started at school with students. After I finished my studies, my idea of resilience became broader and wider. This process that influences people and lets them continue with their lives is not “rare,” as Masten said. I believe that everyone has resiliency deep inside, and that this power leads individuals to continue in this life, even when facing many obstacles. There is a hope and dream. Everybody can reach the dream if he or she has the power to push towards the goal. Whenever you have a goal, there is resiliency. It is the interaction between numerous factors that eventually determines whether an individual is resilient in the face of adversity or not. However, Fergus and Zimmerman (2005) state that, “resilience is defined by the context, the population, the risk, the promotive factor, and the outcome” (p. 404).



As noted in Chapter 2, it is difficult to select one common definition for resilience. Psychology approaches resilience from a different perspective than biological, social, or ecological models, which are often used in schools. As educators, it is advisable to take from these definitions an understanding that the concept of resilience is changing, and that each field has something to offer. For this study, I did not select any definition from any field; I did not prefer the psychological definition more than the sociological or the developmental. I choose to see how other people in the field of education interpret resilience, and to compare that with all definitions.

To me, resilience is not a static personality trait; it develops over time and can be enhanced. It is part of a dynamic process that includes individuals' interactions with their surrounding environments. One cannot study resilience without embracing a holistic perspective. It is a life-span process, and schools can foster it in children and in adolescents to more effectively deal with all situations in their lives, including youths with disabilities. Students with disabilities are no different; in fact, one could argue that they have a childhood of facing difference challenges; therefore, increased resilience for these students is possible if resilience is developed to become more central in educational environments.

### Summary

In summary, this study resulted in five conclusion after examining the interventions and services in a self-contained program provided for students with EBD and how it is related to the core elements of resilience. Several implications and recommendations regarding building resiliency in a positive and flexible system were

proposed for teachers, staff, and school administrators. Suggestions for future research concerning resiliency and students with disabilities were offered. These conclusions, implications, and recommendations may provide significant developments for students with disabilities in the realm of resiliency.

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## APPENDIX A

## UNI INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL LETTER

University of Northern Iowa  
Office of Sponsored Programs  
Human Participants Review Committee  
UNI Institutional Review Board (IRB)  
213 East Bartlett Hall

Rimaz Herz  
1322 Washington Street  
Cedar Falls, IA 50613

Re: IRB 12-0094

Dear Rimaz Herz:

Your study, Nurturing Resiliency among Adolescents with Emotional and Behavioral Disturbances (EBD) in Special Education Settings, has been approved by the UNI IRB effective 11/21/12, following an Expedited review of your application performed by IRB member Helen Harton, Ph.D. You may begin enrolling participants in your study.

**Modifications:** If you need to make changes to your study procedures, samples, or sites, you must request approval of the change before continuing with the research. Changes requiring approval are those that may increase the social, emotional, physical, legal, or privacy risks to participants. Your request may be sent to me by mail or email.

**Problems and Adverse Events:** If during the study you observe any problems or events pertaining to participation in your study that are *serious* and *unexpected* (e.g., you did not include them in your IRB materials as a potential risk), you must report this to the IRB within 10 days. Examples include unexpected injury or emotional stress, missteps in the consent documentation, or breaches of confidentiality. You may send this information to me by mail or email.

**Expiration Date:** Your study approval will expire on 11/21/13. Beyond that, you may not recruit participants or collect data without continuing approval. We will email you an Annual Renewal/Update form about 4-6 weeks before your expiration date, or you can download it from our website. You are responsible for seeking continuing approval before your expiration date *whether you receive a reminder or not*. If your approval lapses, you will need to submit a new application for review.

**Closure:** If you complete your project before the expiration date, or it ends for other reasons, please download and submit the IRB Project Renewal/Closure form and submit

in order to close our your protocol file. It is especially important to do this if you are a student and planning to leave campus at the end of the academic year. Advisors are encouraged to monitor that this occurs.

Forms: Information and all IRB forms are available online at <http://www.uni.edu/osp/protection-human-research-participants>.

If you have any questions about Human Participants Review policies or procedures, please contact me at 319.273.6148 or [anita.gordon@uni.edu](mailto:anita.gordon@uni.edu). Best wishes for your project success.

Sincerely,

Anita M. Gordon, MSW IRB Administrator

cc: Frank Kohler, Faculty Advisor

## APPENDIX B

## UNIVERSITY OF NORTHERN IOWA HUMAN PARTICIPANTS REVIEW -

## INFORMED CONSENT (ADULT – SCHOOL PERSONNEL)

**Project Title: Nurturing Resiliency Among Adolescents With Emotional And Behavioral Disturbances (EBD) In Special Education Settings.**

Name of Investigator(s): **Rimaz Herz.**

**Invitation to Participate:** You are invited to participate in a research project conducted through the University of Northern Iowa. The University requires that you give your signed agreement to participate in this project. The following information is provided to help you made an informed decision about whether or not to participate.

**Nature and Purpose:** This study will examine the methods or interventions that staff implement to address the resilience of students with Emotional and Behavioral Disabilities (EBD) in a residential program. This investigation will focus on the interventions or services the students receive in special education setting, such as residential schools. This study contributes meaningfully to the construct of resilience and provides information that can guide the development of interventions for use with students with EBD or at risk in a residential program or other special education programs. This study will gain information regarding the services and interventions implemented for students with EBD from participants who work with this population on a daily basis. Participants will include special education teachers, school psychologist or counselor, and interventionist. This study will explore how these interventions address the constructs of resilience and offer recommendations for future practice with the intention of helping youth with EBD cope with their adversities and face life positively.

**Explanation of Procedures:** As a special education teacher, school psychologist or counselor, and interventionist: You may be invited to participate in three individual interviews to share your perceptions of the education provided to students in this school. The interviews will last approximately one hour and will be audio recorded. We will also conduct observations in your classroom, throughout the day for up to three days on three different occasions over this study. The researcher will observe the whole class not merely a specific sample from the class. The researcher may ask permission to provide documents, such as lesson plans, behavioral charts, team planning documents, etc as approved by the principal. The number of documents will be determined through

consensus with yourself and the researcher as it relates to helping address the research questions. Documents that you share should not include any personally identifying student information. The purpose of the data review is strictly for purposes of the study and will not be reviewed for any compliance violations. The researcher will arrange schedules for the interviews and observations so they are convenient for you. Interviews may be conducted during planning periods or after school.

**Discomfort and Risks:** The researcher fully acknowledges this study may elicit a level of stress or discomfort from the participants. The researcher will make every effort to accommodate the schedules and needs of the participants and the site. There are not foreseeable risks to participation, and possible risks to participation would be considered minimal. You may feel uncomfortable discussing services or practices. You are welcome to choose to not answer questions or end an interview if you wish, with no consequences. You may also discontinue the classroom observations. Your participation is voluntary and you may choose to discontinue participation at any time.

**Benefits and Compensation:** While there are not direct benefits to you for participation, the researcher is expected that by gaining the perspectives of experts from a site that specializes in serving the students with disabilities, the results of this study will be used to improve the outcomes of the students and support learning in a variety of settings and programs. The participants will each receive gift cards (valued at thirty dollars) for their support of this study.

**Confidentiality:** Confidentiality in this study will be treated with the highest level of integrity by the researcher. Processes will be in place to maintain the confidentiality of the interviews with participants. Each participant interviewed will be asked to sign a letter of cooperation, which assures his or her participation is voluntary and highly confidential. Results will be reports in such a way that it will not be able to be tracked to the site or the individual. Audio recordings and identifiable information about you will be kept strictly confidential during individual interviews. From the interviews, we may use quotes from you in publications or presentations about this study. However, your name and the name of your school will not be used in any publication or presentation. Participant code numbers will replace names in transcripts of the interviews and observation field notes. No identifying information will be published or disseminated. Additionally, the researcher will not have access to any student or family identifiable information on the archival documents. The site may remove identifiable information or the researcher will use a third party to remove the information.

**Right to Refuse or Withdraw:** Your participation is completely voluntary. You are free to withdraw from participation at any time or to choose not to participate at all, and by doing so, you will not be penalized in any way or lose incentives to which you are otherwise entitled.

**Questions:** If you have questions about the study or desire information in the future regarding your participation or the study generally, please feel free to contact me. My contact information is listed below, as well as the chairperson of my dissertation committee. Finally, contact information is listed if you have any questions about the rights of research participants and the participant review process. Thank you in advance for your consideration.

Rimaz Herz, Doctoral Student, 319-573-8400, [herzr@uni.edu](mailto:herzr@uni.edu)

Dr. Frank Kohler, UNI Professor and Special Education Department Head, 319-273-7484, [frank.kohler@uni.edu](mailto:frank.kohler@uni.edu)

Anita Gordon, UNI IRB Administrator, 319-273-6148, [anita.gordon@uni.edu](mailto:anita.gordon@uni.edu)

**Agreement:**

I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement. I am 18 years of age or older.

\_\_\_\_\_  
(Signature of participant)      (Date)

\_\_\_\_\_  
(Printed name of participant)

\_\_\_\_\_  
(Signature of investigator)      (Date)

\_\_\_\_\_  
(Signature of instructor/advisor)      (Date)

Participants will be provided a copy of this consent.

## APPENDIX C

## DISSERTATION STUDY ANNOUNCEMENT

## ***Dissertation Study Announcement!***

*Would you like to participate in a study to help improve education?*

*You are invited to participate in [interviews and observations] for a study titled: “**Nurturing Resiliency among Adolescents with Emotional and Behavioral Disturbances (EBD) In Special Education Settings**”*

*This will be an opportunity for you to share your thoughts and opinions about the education provided in this school. Information shared in interviews and observations will be confidential and participation is voluntary.*

### ***Walk-In's are Welcome!***

*Come as you are or contact if you would have questions:  
Rimaz Herz*

*herzr@uni.edu*

*(319) 573-8400*

## APPENDIX D

## EMAIL INVITATION

Email Subject Line: Invitation to Participate in A Dissertation Study

Dear *[Teacher, Interventionist, or Counselor / School Psychologist]*,

You are invited to participate in a study titled: “**Nurturing Resiliency among Adolescents with Emotional and Behavioral Disturbances (EBD) In Special Education Settings**” conducted through the University of Northern Iowa. Your school has been selected as one of a few in Iowa that is serving students with Emotional and Behavioral Disturbances (EBD) in a special education setting/program.

Being a part of this study is an opportunity for you to explain how your school works and, in particular, to describe the services and interventions provided to students with disabilities. Information shared in interviews and observations will be confidential and participation is voluntary. Gift cards will be provided to participants in appreciation of your time and effort.

If you are interested, please call or email me to discuss the study expectations so that you can make an informed decision about participation of the school. Please note that at this time, we are only seeking to confirm general interest in the study. After we review and have time for questions, your school may be involved in this study and during the study individuals will also be able to choose to participate once the study is underway.

Thank you,

Rimaz Herz

University of Northern Iowa

herzr@uni.edu

(319) 573-8400

## APPENDIX E

## BREMWOOD SCHOOL LETTER OF COOPERATION

October 1, 2012

RimazHerz  
1322 Washington St.  
Cedar Falls, IA 50613

Dear Rimaz,

Bremwood School is pleased to collaborate with you and your study "Nurturing Resiliency Among Adolescents With Emotional And Behavioral Disturbances (EBD) In Special Education Settings."

We understand that participating in this research will include a series of three interviews and observations. The three interviews will be face to face and scheduled at a time and location that is convenient for each of the six participants. The six participants will be the four special education teachers of the 9th, 10th, 11th, and 12th grades, the counselor, and the interventionist. The observations will be held at the four classrooms: 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades. Additionally, the archival data and the documents will be provided to the researcher. The purpose of the data review is strictly for purposes of the study and will not be reviewed for any compliance violations from the researcher. The school staff will remove all identifying information to protect to ensure confidentiality of the record. We have had an 1ple opportunities to discuss the research with you and ask for clarifications. Furthermore, we understand the researcher will maintain confidentiality of all research participants and documents in all phases of this study.

According to our agreement, activities will be carried out as described in the research plan reviewed and approved by the University of Northern Iowa Institutional Review Board.

We look forward to working with you, and please consider this communication as our Letter of Cooperation.

Sincerely,



AEA 267-Bremwood  
Program Manager



## APPENDIX F

## INTERVIEW PROTOCOL BEFORE THE PILOT

**Initial interview questions for Teachers and School Psychologist or Counselor:**

Teacher #: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_ School: \_\_\_\_\_

**Please answer these questions in details as you can:****1. Personal information:**

- a. Can you introduce yourself please? What is your certification and prior experience?
- b. Tell us about your program/school? (Big picture of the program)

**2. Students with EBD:**

How would you describe students in your school/classroom in terms of social, emotional, or mental health issues?

- a. How do students do when faced with challenges or adversity?
- b. Are there differences between students in terms of facing challenges or adversity?
- c. Can you provide any specific examples?

**3. Interventions/ Services:**

How are services provided for students to meet social, emotional, or mental health needs?

- a. What practices or interventions are used to address students' needs?
- b. How are decisions about services delivery made for students? How these services supported within the school?
- c. How would you describe the intensity of services you delivered for students?
- d. How effective they are? Or, how would you describe the effectiveness of the social and emotional supports for students in this school?
- e. What services or interventions are you implement to address with your students related to and please explain and give examples:
- f. Social competence/ interaction: \_\_\_\_\_
- g. Coping skills/ problem solving: \_\_\_\_\_
- h. Autonomy/ independent/self determination: \_\_\_\_\_
- i. How often you provide these services or implement these interventions (each one)?
- j. Which one of these three services is your priority to implement, why?
- k. Are there differences between students in terms of receiving services related to gender, age, any factor...?
- l. What are the barriers or obstacles have you experience while providing these services? Can you please share with me these obstacles, how have you dealt with them and give examples [not by name].

- m. What do you need to be more successful (training, conference, resources, etc.)?

**4. Resilience:**

- a. How do you as a teacher/ school psychologist or counselor/ interventionist define “Resilience?” What does it mean to you?
- b. For you, who is the resilient student? How do you distinguish a resilient from non-resilient student? Please give examples.
- c. If you measure resilience, what would you characterize a resilient level of the students in your program: highly resilient, moderate, low, or not? Explain and give examples.
- d. To what extent do the interventions or services you provide foster students’ resilience? If so, how these interventions are aligned with resilience? Can you please elaborate?
- e. What values or personal characteristics do you believe are important to a staff to build resiliency with students?

**5. Final thoughts/ideas:**

Any other comment, anything you want to add or ask?

**Final Interview Questions and Member Check:**

1. Due our visits we identified the following [ list main findings related each research questions]
2. Do these findings reflect your understanding? Why or why not?
3. How do you see these findings as align with the research study about resilience?
4. In what ways can students in a residential school be developed to further improve in resilience? Does that affect their social, emotional, behavioral, & academic as well? How?
5. Add other questions as necessary and relevant to member checking findings
6. What suggestions do you have for future or similar studies?

## APPENDIX G

## PARTICIPANT INTERVIEWING INSTRUCTIONS

**Prior to Interview:**

1. Check to be sure Signed Informed Consent is on file.
2. Prepare Audio Recorder

**Introductory Script:**

Hello, my name is \_\_\_\_\_, and I am a doctorate student and the researcher that will be visiting your school for the next few days. Today I will be interviewing you to learn more about the students in special education programs especially the residential school and what services and interventions they receive. The interview should take about 30-45 minutes and will be recorded. I am going to turn on the recorder at this point [turn it on], however, before we get started with the questions, please tell me if you are willing to be audio-recorded at this time.

**During the Session:**

1. Throughout the questions, feel free ask probing questions:
  - a. Can you tell me (more) about that....?
  - b. Can you explain what you mean by....?
  - c. Can you tell me something else about...?
  - d. Anything else?
2. Avoid summarizing or asking probes such as: So you're telling me that ..... Right?
3. Do not interrupt speakers; make a mental note to ask probing questions after they have finished speaking.
4. Try to maintain the focus on the question at hand, if the conversation goes astray or if answers are brief, thank the speaker, re-state the question and ask probing questions.

**Closing Script:**

Thank you for participating in this interview. If you have any questions or additional thoughts to share about the questions we discussed please feel free to contact me.

**1<sup>st</sup> Round: Initial Interview Questions**

1. **Personal information:**
  - Can you introduce yourself please? What is your certification and prior experience?
  - Tell us about your program/school? (Big picture of the program)
2. **Students with EBD:**

- How would you describe students in your school/classroom in terms of their social, emotional, or mental health issues?
  - How do students do when faced with challenges or adversity?
- 3. Interventions/ Services:**
- What general practices or interventions are used to address students' needs?
  - How effective are the services? How do you know?
  - What services or interventions are you implement or practice to address with your students related to and please explain and give examples:
    - 1) Social competence/ interaction: \_\_\_\_\_
    - 2) Coping skills/ problem solving: \_\_\_\_\_
    - 3) Autonomy/ independent/self determination: \_\_\_\_\_
  - How often you provide these services or implement these interventions (each one)?
- 4. Resilience:**
- How do you as a teacher/ school psychologist or counselor/ interventionist define "Resilience?" What does it mean to you?
  - To what extent do the interventions or services you provide foster students' resilience? If so, how these interventions are aligned with resilience? Can you please elaborate?

### **2<sup>nd</sup> Round: Interview Questions During the Observations**

1. Are there differences between students in terms of facing challenges or adversity? Can you provide any specific examples?
2. How are services provided for students to meet social, emotional, or mental health needs?
3. Are there differences between students in terms of receiving services? How? Can you provide any specific examples?
4. How are decisions about services delivery made for students? How these services supported within the school?
5. How would you describe the intensity of services you delivered for students?
6. For you, who is the resilient student? How do you distinguish a resilient from non-resilient student? Please give examples.
7. If you evaluate resilience, what would you characterize a resilient level of the students in your program: highly resilient, moderate, low, or none? Explain and give examples

### **3<sup>rd</sup> Round: Final Interview Questions**

1. Which one of these three services or interventions is your priority to implement, why?
  1. Social competence/ interaction: \_\_\_\_\_
  2. Coping skills/ problem solving: \_\_\_\_\_
  3. Autonomy/ independent/self determination: \_\_\_\_\_

2. What are the barriers or obstacles have you experience while providing these services? Can you please share with me these obstacles, how have you dealt with them and give examples [not by name].
3. What do you need to be more successful (training, conference, resources, ....)?
4. What values or personal characteristics do you believe are important to a staff to build resiliency with students?

Any other comment, anything you want to add or ask?

## APPENDIX H

## DOCUMENT REVIEW

**Document Review Questions**

- What are the **reasons for referral** students to this school?
- What are the major **IEP goals**?
- What are the major **IEP accommodations & modifications**?
- Why & when do you **refer** students to the **interventionists** or **school psychologist**? Examples.
- Do you communicate with **parents or guardians** of students in your class? If so, how and for what reasons? Give specific examples where appropriate

**Can you provide:**

- Professional development plans for the program, or program goals
- School plans, program review, teacher lesson plans, teacher reflection as available
- Textbooks and other cores you used
- Students' demographic archival data (removing all the identifying information):  
Below is the list of the demographics data for the sample (by number and percentage) by school site:

Table H1

*Student Demographic Archival Data*

Demographic Characteristics	Categories	A Site	
		#	%
Gender	Male	41	77
	Female	12	23
Grade	6 <sup>th</sup>	1	2
	7 <sup>th</sup>	8	15
	8 <sup>th</sup>	8	15
	9 <sup>th</sup>	13	25
	10 <sup>th</sup>	9	17
	11 <sup>th</sup>	7	13
Campus Status	12 <sup>th</sup>	7	13
	On Campus	15	28
	Off Campus	38	72

(Table continues)

Demographic Characteristics	Categories	A Site	
		#	%
Age	12-13	11	20
	14-15	19	36
	16-17	16	30
	18-19	7	14
Race/ Ethnicity	White	46	87
	Black	3	6
	Hispanic/Latino	1	1
	Multiracial	3	6
Eligible for free or reduced lunch/ lunch support (Poverty)	#s Yes	46	87
	#s No	7	13
Home School District	#s Yes	2	4
	#s No	51	96
Reason for referral to a residential school	School	33	63
	DHS	12	22
	JCO	4	7.5
	Parent	4	7.5
Problems or the Reasons for referral in IEPs	See “Reasons for Referrals” in Chapter 4: Findings		
Goals in the Students’ IEPs	See “Our Students’ Needs are in the Boys Town Box” in Chapter 4: Findings		
Accommodations and services in the Students’ IEPs	See “‘Highly Structured Model With Rigid’: Program Philosophy” in Chapter 4: Findings		
Number of behavior referrals in the school	Total number of referrals (Collecting Data from Interventionists)		

## APPENDIX I

## OBSERVATION GUIDE: FIRST VISIT

<b>School Environment</b> (Physical Building, Staff and personnel, Community surrounded, etc.)
<b>Classroom Environment</b> (Room design, Classroom Setting, Attendance/Tardiness, Student Involvement, etc.)
<b>Instructional &amp; Teaching Materials</b> (Daily Schedule: Agenda/Goals, Materials, Structure of Class, etc.)
<b>Behavior Management Plans and Strategies</b> (Teacher's Manner and Teaching Performance)
<b>Other Observations</b>



## APPENDIX J

DESCRIPTION OF INTERVENTION OR SERVICE: 1<sup>ST</sup>, 2<sup>ND</sup>, AND 3<sup>RD</sup> VISIT

<p><b>1. Social competence and building positive relationship</b> Look for examples where teacher build a positive relationship with students, and students with peers.</p>
<p><b>2. Coping skills and problem solving</b> Look for examples where students: make decisions, solve problems, anger control, etc...</p>
<p><b>3. Autonomy and a sense of meaning and purpose</b> Look for examples where students understand their self awareness, sense of humor, responsibility, self determination, etc.</p>

## APPENDIX K

## EXAMPLE OF OPEN CODING

Participant 2- High School Teacher

2<sup>nd</sup> Round Interview

I = Interviewer

S = Subject

- I Last time when we talked about the services and interventions you mentioned that the social competence, coping skills and autonomy are important in the program. Your priority was the coping skills because if they have that they can solve the other problems they have or you can build the relationship or can build their autonomy.
- S I agree.
- I The barriers also you mentioned is the **long term** and **short term** of the students and how they spend the time here and the **parents** and the differences between here or the **cottage** or the parent.
- S Yes.
- I Any other obstacles you remember?
- S I don't recall any more. Those are the main ones.
- I Do you think the **program** really **builds resilience** for the students?
- S **Yes I do.** If you have **coping skills** I think it **helps you build resilience.** I think **resilience** encompasses a lot of **different things.** If you have **good social skills** I think it **helps you build resilience** as well. It helps you work **effectively** with other people, whether it be a **boss** or to get along with you **parents** or your **teacher** or your coworker or you pastor. It doesn't matter. I think maybe it **relieves** some of that **resilience** that they have to have by **building social skills.** Maybe that's the way I should put it.
- I But the **program itself,** the **Boys Town,** the services you provide here, do you think it's **really building resilience for the students?**
- S **To a degree I do.**
- I How?
- S Like I said, I just think **that once you teach** the kids **the social skills** I think it **relieves those stressors** that they have to **have to become resilient.** In this environment I think it **shows** the kids how to **effectively cope** and deal with **different stressors.** So that's what I mean by **resilience.** It's **overcoming something.** **Resilience means overcoming,** to **be able to effectively cope with stressors** and that's **what this program does.**
- I So you think it's effective and it helps them in building their resilience for their future life.
- S Yes. The **program is designed** at the **high school level to teach them** what it's like in society, in the work place and the **work environment** in **different settings.** Whether they **go to college** or just **graduate high school** and go to the **work force,** the program in the high school level is a **transition program** where you try to help them understand what they're up against once they graduate.
- I What do you think are the **positives** or the **strengths** of this program related to the weaknesses of this program?

- S The strengths of this program. I'm going to be repeating myself quite a bit really. The effectiveness of this program or the strengths of this program. The program is designed to help the kids understand social cues, social settings, social interaction and to make them aware of how they're reacting. Sometimes I don't think they understand how they interact or how they use their coping skills. So it's to help them find better ways to improve their social skills.
- I So in your opinion it is adequate with the students' needs?
- S Yes, I think it is. There is very very very few kids that don't buy into this program. Those kids it doesn't help. If those kids don't buy into this program, the Boys Town education model, this program is not effective for them. It just doesn't do them any good. They don't need that immediate gratification of points. They have a real 'I don't care' attitude. They're really hard core. They almost just block out any kind of feelings. If this program doesn't reach those kids it doesn't do any good. If they don't want that immediate gratification. Part of it is respect too. If you can't get their respect and build that relationship with them. That's what you first try to do to get them to buy into this program. You've got to connect with the kids. But if you can't connect and they don't buy into the program, the program is ineffective. We've had a couple kids like that.
- I What do you do with them?
- S They just go through the process. We continue to do it over and over.
- I You don't do another service?
- S We don't have another program. We believe in this program. I think this is the most effective program out there today for behavior modification.
- I Do you think the social worker or the other services here, the school psychologist, help with those students who did not do well with the program?
- S Absolutely. The whole team gets involved. The principal tries to build the relationship with them. The counselors, the social workers, everybody. If we feel like this program isn't working for this particular student, we ask for help, whether it be intervention staff or the principal or a social worker. We try to brainstorm and come up with ideas on how we can think outside the box and come up with something else for them.
- I What do you think are the weaknesses?
- S Consistency. I think that the consistency on how it's used within the school. Teacher to teacher. Secretaries should be using it as well. Everybody. Custodians. Everybody should have a really good idea on how to use this program and use it effectively and use it consistently. I don't think it's used as consistently as it could be.
- I Do you think you need other training?
- S Do we need more training? I don't know. We have a Boys Town consultant team. That consists of myself, Mr. W. and Mr. M. We go around and we observe four times a year in the classroom and we give them feedback on how they're using this program and where they could improve and that kind of thing. I just find that sometimes it's difficult as a Boys Town consultant to criticize your peers when your peers have been here 20 years longer than you. I take part of the blame for the inconsistency myself. I'll bring it to their attention. I'm not the most tactful person sometimes, but I'll bring it to their attention and they can do what they want with my feedback. They can take it or they can leave it. If I say, "You're inconsistent here. You need to change this, you need to use it this way" they can take it or leave it. They don't have to listen to me. I'm not their boss.

- I So you have no power to tell them what to do.
- S I have no power. So what I have to do is build respect with my coworkers so that maybe they'll listen to me and maybe I can motivate them to make those kinds of changes.
- I Do you think you need another consultant not from that group, not from the teachers?
- S Yeah, I think that would be more effective. From a different school, from an outside setting – I think that would be more effective. The downfall with this Boys Town consultant team is that when we were trained to do this, we were trained that we were here for support. We're here to support them. If they have any questions about the program then we answer those questions. But as far as each teacher being held accountable, we don't do that. We don't have that power. Another thing that we were trained is that what we do is we report back the data as a whole to the administrator, not individual pieces of data from each teacher. We report it as a whole. If we were going to report this on individual teachers to the administrator and then the administrator would go and talk to that particular teacher, that trust would be blown. We wouldn't have that trust anymore. That's why we report it as a whole, but the administrator really has no idea who's doing it effectively and who's not. So there's no accountability factor really. You just have to hope that the teachers that you observe have enough respect for you that they'll change their way, that you can motivate them so that they'll make those changes that need to be made.

12:49

- I And these changes, when you look at them, they're related to the students' needs. Related to their goals in the IEP and what they have to approach to focus on these goals.
- S Well, it's not necessarily regarding IEP goals. All we do is talk about how the Boys Town is implemented, how it's used. Is it used as a teaching tool or is it used as a punishment. It needs to be used as a teaching tool, not as a punishment. "You lost points because you did this. Don't do it again" – that's not teaching the kid anything. If you follow the Boys Town, it gives you rationales on why things happen. It makes the child reflect on what happens. It's a teaching tool.
- I From your opinion, the students need a sense of meaning in their life, independence and know how to deal with problems. This program helps them to cope with all this.
- S Yes, I believe so.
- I And it's adequate with their needs.
- S Yes. They're all tied together. On their IEP, they could have academic goals and behavior goals so it's all tied together.
- I Because that's what you call blended teaching, as you told me last time.
- S Yes.
- I What do you think the values of the personal characteristics does the teacher believe are important to staff to build resiliency with kids?
- S You have to have a caring attitude and empathy. That's what I believe are the characteristics that a teacher needs to have. They have to have empathy and they have to be a caring individual. They have to be able to motivate. They have to be able to connect with students. Those are the things that I think an effective teacher has to have.
- I Do you think that will help them in building resiliency?
- S Yes. It's a big picture. You keep going back to resiliency and I understand resiliency. But our program doesn't just focus on resiliency. Do you know what I mean? When you

build social skills and you build effective coping skills and all these other skills, it encompasses resiliency as well. Maybe it doesn't pinpoint resiliency.

I But it is a component.

S Absolutely.

I What other components do you think are also important instead of resiliency?

S I think you need to build the child's self esteem. They have to be able to self advocate for themselves. Because you want more independence. So if you can build that self advocacy and that self esteem of that child, they're going to become more resilient. And this program does that. Any effective teacher should do that. They should all build a child's self esteem. They should never criticize a student personally, ever.

I With the students with IEPs and without IEPs or just with students with IEPs or students without them?

S Every student in the nation. Absolutely.

I Do you think the students with IEPs need more support or help to do that?

S Yes, absolutely. That's why they have IEP's, that's why they come here. I think they have it tougher at home. I don't think they get that pat on the back, atta boy, atta girl, good job at home that they should. I think that contributes to their inappropriate behaviors.

I Do you think the students when they come here really need to be here or the teachers in the school can help with their problems?

S I don't know. Look, I think they need to be here or they wouldn't be here. I don't make the decision whether they come here or not.

I But from your observation, when you deal with the student, do you think he really needs to be here?

S There are some students that I question whether they should be here or not.

I Why, how?

S Because they're so well mannered and so well behaved. They're intelligent. They're not falling behind academically. If I find that that's the case, I transition them over to the high school as quickly as I can to test it. To say "Hey, can this person handle the regular general education school population?" so I'll test it and I'll send them over there as quickly as I can. That's our intention – to get them back to the public school as quickly as possible.

I How many do you think there are usually?

S How many students do we send over there?

I How many, the percentage for example, you believe they don't have any problems and you try to send them as soon as you can. I know it's different from term to term.

S 10-20%. I'm not sure.

I It's still a little percent.

S It is a low percentage. It varies from teacher to teacher. It varies from one year to the next, semester to semester. It varies. It's really difficult. I have two new students that came in January 11<sup>th</sup>. One of them I don't understand why she's here. Like you said. I don't see any issues. She's very well mannered, she's smart, she's good academically. But I cannot transition that student over to the high school until next year because you can't transition them in the middle of a semester because they miss all that stuff prior to. It's like putting a person in the middle of something.

- I You mentioned also something. You told me the mental health issues are appear the same as the behavioral issues now. Do you still think this? And do they refer them because of mental health issues and not the behavioral. And now maybe they refer them because of mental health issues?
- S I believe it's **still more behavioral**. I don't believe **it's more mental**. I think that we're getting more kids that **maybe have mental issues because of budget cuts** and **everything** else. **Public schools** are **trying to** hang on to kids more, longer.
- I How?
- S **Designing their own resource rooms instead of sending them here, bussing them here. They find a classroom and they hire a special education teacher and they try to keep those kids in their own school and pay themselves instead of paying us, Bremwood, to educate them. I think that's where schools are headed. With schools going that direction, they'll send the really hard core inappropriate behavior ones here. Or if they have mental health issues that they don't have the resources for, they'll send them here. Did I even answer the question?**
- I Yes. It's okay. You also mentioned to me that the services you provide is aligned with the core elements of resilience. I'm talking about resilience so much because it's my topic. But as you said, it's one component from other components you are working in. The services you provide, or the program, it's adequate with the students' needs and it's helped them in these three elements – social competence, autonomy, and coping skills. You are working on that and I also observed that. Do you think as a high school teacher you are working with one element more than the others? For example autonomy more than the others?
- S No. **Maybe the first one, coping skills. But autonomy is right there neck and neck.** And resiliency ....
- S How do I put one over the other? **We work on them all. One more than the others? Probably coping skills if I had to pick one.**
- I What do you think is your perception about using the services?
- I Your **perception** about using the services.
- S Using Boys Town?
- I Yes
- S **I like it. I think it's effective. It's the best one out there. I could not imagine this school without it.**
- I This school. Other schools, by the way, do you recommend that to other schools, the general ed schools?
- S Yes. I **think everybody should use it because it's a teaching tool. It's not a punitive thing.**
- I Thank you.
- END

\*

APPENDIX L

EXAMPLE OF AXIAL CODING AND CATEGORIZATION: PARTICIPANT 2, FIRST ROUND

Table L1

*Participant 2: First Round Axial Coding and Categorization*

<b>Participant 2: First Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
our main teaching tool to manage behavior	autism	have different tolerance	coping skills
Boys Educational Model	they all have social and emotional needs	expectation varies	self-advocacy
that's what we used every day, every minute	need to learn simple social skills	prevent that from happening	autonomy
certain criteria	greeting person	out of the room to de-escalate	do not put yourself down
follow	extremely angry very quickly	refer to intervention room	following directions
step by step	each kid is different	consequence small	it's all a part of Boys Town
how to handle crisis situation	IEP	you gave them the rationale	resilience is staying persistent and having empathy
uniform	academic goals	why it is important to greet a person	more independence
how to deal with each inappropriate behavior	behavioral goals	just correct	self esteem
resources	correct behaviors take time	learn social skills	getting them ready for the real world

(Table continues)

**Participant 2: First Round Axial Coding and Categorization**

<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
we have the resources to deal with inappropriate behavior the steps are consistent	referred to the office several times a week inappropriate in public school	give them a compliment  students first	job, work  post high school college education
pamphlet started in Sioux City, Nebraska similar situation	removed from school  react differently	there will be prompts  all the classes	teach them independence  our goal is to get these kids ready for the real world
campus and school	verbally aggressive	providing the services every day, every period, every minute	social skills
here it is separated	physically aggressive	I may stop and teach the lesson for the particular social behavior	successful socially
I wish it was both punitive teaching tool	call you names some kids accept using the social skills	you have to have a hard surface you can't get too close to these kids you can connect with them emotionally	
consequence	good body basics eye contact	keep that outer shell	
punitive program	keeping th inappropriate behavior	the kids appreciate the structure here	
very, very effective	surprised how well behaved these kids	they feel safe	
I have not heard of another program that is more effective than this parenting tool	I think you will be surprised  they've had a lot of struggles	connection with parents  blame parents for a lot of their behaviors	

(Table continues)



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**Participant 2: First Round Axial Coding and Categorization**

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<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
it's Boys Town!	they always want for themselves	I have a lot of empathy	
very structured don't have a lot of free time tight structure same process with coping skills	manipulate	parents need parenting classes	
The program builds their self esteem	take longer for some students to learn		
it might be tight structure	parents		
do it exactly this way	alcoholic		
Boys Town Committee	drugs		
	swear		
	yell		
	parents are receptive		
	not attending as much as they should		

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Table L2

*Data Collected: First Round Axial Coding and Categorization*

<b>Data Collected: First Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
Boys Town Core or book	students' numbers, referrals from the classroom to the interventionist	numbers from the interventionist	
daily point system (the green and yellow cards)	demographic information	office referral process sheet/policy students contract	

Table L3

*Observational Field Notes: First Round Axial Coding and Categorization*

<b>Observational Field Notes: First Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
rigid structure	no severe behavioral problems or accidents	students working with the interventionist	focusing on the social skills such as following instruction and body basics
Police officer	limited number in the classrooms and in the intervention room	correcting students	
Empty rooms to calm down			
quite hallways and classrooms			

APPENDIX M

PARTICIPANT 2 CONSTANT COMPARISON AFTER SECOND ROUND DATA COLLECTION

Table M1

*Participant 2: Second Round Axial Coding and Categorization*

<b>Participant 2: Second Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
Effective environment	Long term and short term	Some kids the program is not effective for them	Coping skills building resilience
Transition program	Parents	If the program doesn't reach those kids, it doesn't do any good	Resilience encompasses a lot with differ things
Program designs to help the kids understand social cues, social settings, social interaction	Cottage	They don't buy into the program	Good social skills help building resilience
Helps to make them aware of how they're reacting	Stressors	The program is ineffective for them	Once you teach social skills, it relieves those stressors
They just go through the process	Very very very few kids don't buy into this program	We continue to do it over and over	Resilience means overcoming and being able to effectively cope with stressors
We don't have another program	I don't care attitude	The whole team gets involve	All tied together
We believe in this program	They are hard core	Social worker	On their IEP behavioral and academics goals tied together
It is most effective program for behavior modification	Block out any kind of feelings	Principal	Caring attitude

(Table continues)

**Participant 2: Second Round Axial Coding and Categorization**

<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
Brainstorming and come up with ideas	Tougher at home no pat on the back	School psychologist	Empathy
Think outside of the Box	No 'atta girl or good job at home	Interventionist	Able to connect with kids
Teaching tool	Decision to e here?	consistency	Self esteem
Some used as a punishment	Some students I question they should be here or not?	More training	Self-advocacy
Rationales, why things happen	Quickly to public school	Boys Town consultant team	It doesn't pinpoint resiliency
The program helps them to cope with all this	10-20% , I'm not sure	Go around four times a year	When you build social skills and effective coping skills it encompasses resiliency
Blended teaching	Low percentage	Peers	The first one is coping skills
Paying us	More behavioral	Boss	Autonomy is right there
It is best one out there	Bussing them here	Have no power	Coping skills if I had to pick one
Teaching tool	Program is adequate with them	Build respect	
It is not a punitive thing		Not a tactful person	
		Coworker	
		Support	
		Never criticize	
		Varies from teacher to teacher	

(Table continues)

<b>Participant 2: Second Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
		At public school budget cut Schools hire special education teacher I think it is effective I couldn't imagine this school without it	

Table M2

*Data Collected: Second Round Axial Coding and Categorization*

<b>Data Collected: Second Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
handouts about problem solving, and other skills to students provided in the from the intervention room	Correcting the demographic data	data records from the interventionist before and after using Boys Town Model new referrals from the classroom to the interventionist	

Table M3

*Observational Field Notes: Second Round Axial Coding and Categorization*

<b>Observational Field Notes: Second Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
priority changes related to the teacher in providing the interventions, and positive feedback and reinforcements when students obey and followed the orders	no severe behavioral problems or accidents.  using the daily sheets and adding the points, Buy from the store	zero tolerance of any misbehave from any students in the classroom,	Focusing on the social skills such as following instruction and body basics  Career lessons: teaching independency and autonomy Limited relationship with students

APPENDIX N

PARTICIPANT 2 CONSTANT COMPARISON AFTER THIRD ROUND DATA COLLECTION

Table N1

*Participant 2: Third Round Axial Coding and Categorization*

<b>Participant 2: Third Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
It is really effective program	Need to rationalize with my children	I'm teaching them to accept and how to rationalize and think and problem solve	Resilience is able to overcome, withstand obstacles
I do	Some you can be more direct	Teachers have empathy	How you handle that
But it's an effective program	Some you have to kind of pamper	I keep trying to find different avenues	How you overcome difficulties
You have to be able to use it and adjust it		You over react	Self advocacy
			Social skills help building resilience
			Being able to accept and move on
			All three core elements
			Self-confidence to be able to overcome
			Become more independent
			Make decisions

(Table continues)

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**Participant 2: Third Round Axial Coding and Categorization**

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**Boys Town Model**

**Students: Characteristics  
& Reasons of Referral**

**Teachers**

**Resilience and Three Core  
Elements**

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Being able to accept and  
move on

It just encompasses all of it

Build a person's self esteem

Effective skills

Rationalize

If you want to pinpoint  
resilience for a child, you  
need counseling

One on one

Dealing with their problem

The program doesn't narrow  
it down to resilience

Everything is funneled  
toward resilience

Indirect way

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Table N2

*Data Collected: Third Round Axial Coding and Categorization*

<b>Data Collected: Third Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>Resilience and Three Core Elements</b>
handouts from the intervention room	checked with the manager the number of students related to the students' demographic data a letter from off campus student's mom to support the school		

Table N3

*Observational Field Notes: Third Round Axial Coding and Categorization*

<b>Observational Field Notes: Third Round Axial Coding and Categorization</b>			
<b>Boys Town Model</b>	<b>Students: Characteristics &amp; Reasons of Referral</b>	<b>Teachers</b>	<b>resilience and three core elements</b>
sent a student to the interventionist,	Students buy from the store	slightly differences in consistency	Examples of how the teachers building relationship with students or not
	Eating lunch with teachers	the importance of the para's role in the classroom teachers talked individually to a student,	Examples of autonomy Examples of coping skills

APPENDIX O

PARTICIPANTS' FINAL CONSTANT COMPARISON BETWEEN ALL ROUNDS OF DATA COLLECTION,  
INCLUDING THEMES

Table O1

*Participants' Final Constant Comparison for Research Question 1 by Theme*

<b>RESEARCH QUESTION 1</b>				
<b>Participant Interviews</b>				
<b>Students: “The Baggage Holding Them Down”</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood’s Limited Efforts to Provide Emotional and Mental Health Needs</b>
Drop out	Boys Town is a curriculum not a choice for teachers	Teachers never give up	Finding solutions modifications for some	More mental health than behavior nowadays (give examples)
Middle and high school students	Adjust/modify individual program for each student	Building the Relationship	Positivity: reinforce and eliminate the internal judgment	Internal issues (emotional) need therapist
Parenting	Skills are tools	Teacher is the last station for students (has to be strong and not let them fail)	Reasons Bremwood handle better than general education school: -Structure program -Small group -Students have clear expectation	The system is our Core and it is a shipmaster and we all follow it.  Priority is to build Relationship with Students (first step)

(Table continues)

<b>Participant Interviews</b>				
<b>Students: “The Baggage Holding Them Down”</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood’s Limited Efforts to Provide Emotional and Mental Health Needs</b>
Poverty	Focusing on Academics	The role of the teacher: Trust		
The program serves level 3 students with EBD living (cottage – home)	Goal of the program: prepare them for the real world	Focusing on Academics: Assessing students to reach their level in Academics	Evidence that making improve: Data Record	Overloaded with paperwork and IEPs
Age dealing differently	It is resources, tool teaching, effective	Blending teaching: different grades in the same class	Program is effective: Evidence positive response from students and keep working Program works for majority	The Role of School Psychologist: she is one of the support staff when needed
3-5 students in the class	Tight structure	Teachers personality vary (strict, tolerance, etc.)	Extremely Effective: Deviation for the %5 of Students ( alternative strategies among Boys Town)	Helping teachers in Coping skills
Absent is problem	Implementing Boys Town is prompts not choice	Teacher never give up: Starts with positively response the being strengthen needed	Perspective: structured Boys Town is better for kids	Psychologist role is Emotional
Parent : Connection with teachers blame parents	Catch as catch (Blended teaching)	Para is important	Effective for Off-Campus (Long Term) not for the On-Campus (Short Term)	Boys Town is a structured model for behavior nor for emotional not good for all

(Table continues)

<b>Participant Interviews</b>				
<b>Students: “The Baggage Holding Them Down”</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood’s Limited Efforts to Provide Emotional and Mental Health Needs</b>
different grades in the same class	Transition: baby steps	Teachers’ personality vary	Service is corrective teaching ; Finding different way to solve problem	Boys Town Educational Model is the heart of the Program
Referrals from public schools to Bremwood	Boys Town is structure model (tight ship)	The goal of the program is to teach them what skills they missed then get students to their home school and let them include	Coping skills: Tool support	
More mental health than behavior nowadays (give examples)	police officer-climate- healthy fear	Looking for the sake of students	Bremwood goal is to rectify behavior: going back to home school with conditions	
students show carelessness, relying		Focusing more in academics to build autonomy independence in middle school		

(Table continues)

<b>Participant Interviews</b>				
<b>Students: “The Baggage Holding Them Down”</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood’s Limited Efforts to Provide Emotional and Mental Health Needs</b>
Family problems and parenting: Parents reflect on kids’ thoughts and how they draw a future for them		Teachers are the first line to teach coping skills		
Arguing (verbally behavior) more than physical (how they deal with problems) Changes take time		Intervention room is available: intensive teaching and training on specific/ missing skills The full list of 22 skills the staff use it with kids to follow.		
Holding Baggage		Using Boys Town in IEPs (individualized)		
The Daily Points Cards (Yellow and Green)				

(Table continues)

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**RESEARCH QUESTION 1**

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**Data Collection**

<b>Students' Baggage</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs</b>
The full list of 22 skills the staff use it with kids to follow.	The Boys Town Book and the activity book	The Daily Points Cards (Yellow and Green)	Data Records from 5 years till present : graphic shows decrease ion referrals	
4 Samples from IEPs	The full list of 22 skills the staff use it with kids to follow.	Student contract	Intervention office referral process	
Demographic Data: All the On-Campus students, 28% or 15, were eligible for free or reduced lunch,...	Handouts about problem solving and other skills to students	Token Economy System (store)	Handouts about problem solving and other skills to students	
Goals and Accommodations from the IEPs	Sheet from the State of Iowa about chapter 103-punishment, restrain, and physical confinement and detention	Handouts about problem solving and other skills to students	Other Book and handouts the participant 1 used it with her students to teach them the skills	
A sheet from the manager describing the reasons of referral		A letter from off campus student's mom : support letter	Number of interventions for each student A letter from off campus student's mom : support letter	

(Table continues)

<b>Data Collection</b>				
<b>Students' Baggage</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs</b>
a list of names of schools the students come from	The steps of teaching skills			
<b>Observational Field Notes</b>				
<b>Students' Baggage</b>	<b>Description of Boys Town Model</b>	<b>High Degree of Fidelity and Quality in Implementing the Boys Town Model</b>	<b>High Level of Staff Belief and Commitment to the Model</b>	<b>Bremwood's Limited Efforts to Provide Emotional and Mental Health Needs</b>
students were familiar with this model and how to practice it	Implementing Boys Town: teachers were familiar with this model and how to practice it	Implementing Boys Town: teachers were familiar with this model and how to practice it	Students focusing on their academics	One incident- referral to psychologist for mental health or emotionally problems
The Daily Points System	The posters were all around the walls	The classroom activities they participated in were included reading, listening to the direct instruction	The Daily Points System	
In every classroom there was a rest room	Specific routine and procedures; skills are steps	Prepared their instructions and students assignments and the IEPs files as well	No incidents on behavioral problems; the only misbehave the researcher found was in the intervention room	
Lunch Store (Buy from Points)	The Daily Points System	The Daily Points System	Zero tolerance with any misbehave	

(Table continues)

<b>Observational Field Notes</b>			
The majority are Focusing on academics & Weakness on academics Majority of Students not social, laugh, or smile	Safety/ empty rooms Police officer  In every classroom there was a rest room	Call phones with parents  Some teachers were eager to follow the directions of the Boys Town Model accurately, while others were more flexible in dealing with it	Paraprofessional watched the time and help teachers  Some teachers were eager to follow the directions of the Boys Town Model accurately, while others were more flexible in dealing with it

Table O2

*Participants' Final Constant Comparison for Research Question 2 by Theme*

<b>RESEARCH QUESTION 2</b>		
<b>Participant Interviews</b>		
<b>Staff Did Address the Components of Resilience</b>	<b>Staff Believe in Resilience But They Have their Own Understanding of It</b>	<b>The Partial Emotional and Social Services Decrease the Benefit of Resilience</b>
Building the Relationship	Success building Resilience	The support staff in Bremwood are the school psychology, social worker, and special education consultant
Teaching skills: accepting no (using different material than Boys Town)	Program does not pinpoint resiliency	Each support staff visited the school for just 2 days a week (stab in the dark).

(Table continues)



<b>Participant Interviews</b>		
<b>Staff Did Address the Components of Resilience</b>	<b>Staff Believe in Resilience But They Have their Own Understanding of It</b>	<b>The Partial Emotional and Social Services Decrease the Benefit of Resilience</b>
Building autonomy by teaching life skills, teaching to be independent whatever the environment you will go to	Teaching autonomy independency rationale Students vary in: High, moderate, low resilience	School psychologist was one of the support staff in Bremwood; her role was to oversee the IEPs, the process, and to make sure teacher implemented them correctly
Autonomy is priority in Career class	The importance of high resilient	She was also in charge of brainstorming intervention ideas and checking in with kids when needed
Coping skills is priority: social skills relieves resilience	Some students are resilient in Academics not in personal/emotional part	High school teacher said if the program should pinpoint resiliency, the child needed one-on-one counseling
Building relationship with student to them involve in the program and succeed	Definition of resilience is when students out the Interventionist more in class room	The middle school teacher mentioned this service as a barrier because it was limited and only used when needed
Inner strengths relates to resilience	Building resilience and change takes time Using Humor as main method	She indicated how busy she was, and that she was overloaded with paperwork and IEP meetings.
3 core elements are tied and intertwined together	Resilience is teaching autonomy, independency, rational, give meaning for life and future	School psychologist perspective about the services provided in this order : Social Skills, Positive Relationship, & Autonomy
Program align with resilience and with the 3 core elements	Perspective of resilience (small and big)	
Program does not pinpoint resiliency	Every child is resilient going back to school takes time but, Less interventionist = more resilient	

(Table continues)

<b>Participant Interviews</b>		
<b>Staff Did Address the Components of Resilience</b>	<b>Staff Believe in Resilience But They Have their Own Understanding of It</b>	<b>The Partial Emotional and Social Services Decrease the Benefit of Resilience</b>
Program does not narrow it to resilience Services provided in this order : <ol style="list-style-type: none"> <li>1. Social Skills</li> <li>2. Positive Relationship</li> <li>3. Autonomy</li> </ol>	Teachers building resilience by making conversation with reduce the number of bad behaviors  The importance of resilience to those Kids  Resilience depends on each kid (individually)	
<b>Data Collection</b>		
<b>Staff Did Address the Components of Resilience</b>	<b>Staff Believe in Resilience But They Have their Own Understanding of It</b>	<b>The Partial Emotional and Social Services Decrease the Benefit of Resilience</b>
Handouts about the autonomy, transition, and different skills from Participant 1		
<b>Observational Field Notes</b>		
<b>Staff Did Address the Components of Resilience</b>	<b>Staff Believe in Resilience But They Have their Own Understanding of It</b>	<b>The Partial Emotional and Social Services Decrease the Benefit of Resilience</b>
Building relationship: The adults tried not to mentioned any private stories in front of the students  In the career class, the teacher can blended the problem solving skill, or buying a product, or making decision,  Table of observations on the three core elements in Chapter 4  The order is : skills, relationship, and autonomy	Posters on the wall that encourage students to try again and never quit.  No core or curriculum that focuses on building resiliency or pinpoint to it.	The school psychology and other support staff just visit the school for 2 days a week  Support staff work on paperwork more than work with students  Support staff did not go out of the Boys Town Model “Box”

Table O3

*Participants’ Final Constant Comparison for Research Question 3 by Theme*

<b>RESEARCH QUESTION 3</b>
<b>Participants Interviews</b>
<b>Staff’s Perspective about the Barriers Of Bremwood’s Model</b>
<p>Inconsistency: Differentiation in implementing Boys Town Model related to individuality of teachers                      Critic General Education system                      Parents: Connection with teachers; teachers blame parents, Need support from parent                      Barriers: High, moderate, low resilience                      Problem is consistency among school, cottage, and school, parent                      Students always different/ change                      Long term (off campus) and short term (On campus)                      Kids with no motivation                      Students need maturity                      Negativity: catch as catch; Program is effective for most but not for some                      Students’ Absent                      Doubting about referral some students being moving to Bremwood while they do not have a lot of behavioral problems                      limited time the school psychology or other support staff in Bremwood: Visit the school for just 2 days a week but ( stab in the dark).                      Need intensive training in Boys Town                      Intervention staff shows more empathy and little stiffened Barriers in referring students from class to interventionist room and vise versa</p>
<b>Data Collection</b>
<b>Staff’s Perspective about the Barriers Of Bremwood’s Model</b>
N/A

(Table continues)

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**Observational Field Notes**

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**Staff's Perspective about the Barriers Of Bremwood's Model**

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Some teachers were eager to follow the directions of the Boys Town Model accurately, while others were more flexible in dealing with it

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## APPENDIX P

## BREMWOOD PARTICIPANTS' MEMBER CHECK

**Findings and Themes:****1. Students: “The Baggage Holding them Down” (Research Question 1):**

- i. The students came from different kind of sources, such as court orders, Human Service Department (HSD), Home School District, or parents themselves
- ii. The majority of the students were busing to the school and some were on-campus
- iii. The school tried to address the academic needs on the top of the priority for these students and taught them the social skills they had to hold in their baggage.
- iv. Comparing the risk factors they had with the protective factors. The risk factors were: social conditions such as poverty, families, jails, etc., poor academic achievement, students' attendance, distribution of the grade levels of the students the lack of motivation, skipping school, lack of communication with parents.
- v. The protective factors for these students in this school were scant. Some of them engaged in the school, improved in their academics and behaviors success, and a little portion of students returned back to their home school. A few of them had positive interactions such as smiling, greetings, feeling happy, or had a sense of humor. A little support from adults in their families and school; some teachers were willing to build a positive relationship with students more than others.
- vi. The participant mentioned that the services they provided were adequate to them and to their needs academically and behaviorally but not emotionally.

Participants, do you agree with the heading and the content under each or should some things be moved?

**2. Program Philosophy: “Highly structured Model with Rigid” (Research Question 1):**

- i. The finding was the National Program, Boys Town Educational Model. It was exclusively service and any other services provided would be revolve to this Model. The school had adopted the Boys Town Model as a school-wide initiative. It described the philosophy of the school. It was a mandatory to follow and any change was not acceptable if it was not related to the system.
- ii. The Model has these components:
  - (a) classroom management plans that establish clear classroom expectations for student behavior,
  - (b) the prevention of student disruptive behavior,
  - (c) the blending of social and academic instruction,

- (d) verbal reinforcement for student prosocial behavior and academic performance, and
- (e) methods for correcting student misbehavior.
- iii. Implemented with quality, highly individualized, trained staff
- iv. Focusing on academics, behaviors, level of students, graduate into levels
  - v. The setting was temporary because the goal was to return the students back to the general education setting and integrated them with their peers at the same level of learning.
  - vi. It was a very structured environment where it was a small ratio of students to teachers so students could learn academically and behaviors could be addressed quickly and with zero tolerance.
- vii. The climate was quite, calm, and one of the remarkable findings in this school was that technically this school considered as a behavioral school but barely noticed any obvious physical or verbal misbehavior. **P5 and P3: “Yes you can say 99%”**

Participants, do you agree with the heading and the content under each or should some things be moved?

### 3. We Continue to Do it Over and Over (Research Question 1)

- i. The teachers focused on academics and blended the behavioral when needed.
  - ii. All the participants, teachers and staff, felt that the students did better in the Boys Town intervention than they had been doing when attending school but that would take time.
  - iii. If not, then the teacher never give up, they try and try until the students got it.
- Participants, do you agree with the heading and the content under each or should some things be moved?

### 4. Intervention Room: A support Tool (Research Question 1)

- i. The intervention room provided the intensive coping skills to the majority of the students at least once during their staying in Bremwood especially the new ones. **P3: “There are some students I did not see them once, even the new students, there are some did not visit the room never”**
- ii. The room was a support tool for the Model by focusing on teaching and re-teaching the social skills. The idea of the interventionist area was to complete the intensive program the teachers used it.
- iii. Some students used the room to escape and there were no privacy there. **P3: “You cannot say no, how about some instead, if there is no highly distracted boy then I talk with the student in the room and we can work nicely. If there is a highly distracted boy then we can go to the cafeteria or to the one of the empty rooms.”**
- iv. The average length of the service in this room varied from one student to another, sometimes too quickly or too slowly depends on the case ”when they are ready”

Participants, do you agree with the heading and the content under each or should some things be moved?

### 5. Emotional and Social Services Through the Core (Research Question 1)

- i. There was a limited social, emotional, and mental health services provided in this school.
- ii. The role of the support staff was to support the Boys Town system. The major goal for all the therapists and the support staff was not to go out of the Boys Town box.
- iii. The individual counseling for students was more as needed and if anything popped up

Participants, do you agree with the heading and the content under each or should some things be moved? **P1, P2, P3, P4, & P5: “Psychologist helps with the baggage part also.”**

### 6. But Yet It Works: Effective (answered Research Question 3)

- i. The participants thought that the program was effective because it eliminated the internal judgment and reduced the teacher to be emotionally revved up quickly. At the same time, it flourished a healthy climate without any yelling or screaming. **P5: “No yelling for the teachers not students, It is Ok if the students yell but not for the teacher.”**
- ii. The program was effective for 95% of the students but they still did not leave Bremwood. Manager: “From where you get this number?” **P5: “From me, I explained to her how we can deal with the students the same as RTI.”**
- iii. There were 5% of the students who did not made any progress in this program the most common accommodation that they modified for students in that real top tier was offering them lots of positive reinforcement very frequently. **All: “Yes, we adjusted the accommodations with Boys Town” P1 & P5: “another accommodation is we help also with the transition to part time and then full time.”**

Participants, do you agree with the heading and the content under each or should some things be moved?

### 7. Break Through the Barriers (Research Question 3)

- i. The reasons of referral to Bremwood: had a lot of carelessness and relines or in another word, learning helplessness. the minority did not have extremely academics problems; they just had a behavioral disabilities the staff distinguished between the behavioral problems and the mental health issues;
- ii. The limited time the social worker and the school psychologist spent it at school with students
- iii. The inconsistency on both sides, the inconsistency among the staff themselves who implemented the Boys Town Model and the inconsistency between the school and the residential placement (cottage). Boys Town Consultant Team, were teachers with no power. Manger: “who said that?” **P2: “I said I have no power on teachers when I do the consultant,” P5: “I agree.” P2: “Yes, the**

**cottage is different Model” P1: “The inconsistency because we are humans not machine to all the same things, and the personality is different too.” P2: “Yes, that’s true.”**

- iv. They focused more on reading, writing, math and arithmetic
- v. Boys Town System could be used as “point reporting” or “catch as catch” instead of correcting teaching to replace the behaviors. **P1: “I miss the skill class,” P5: “We used to do it, you know that?”**
- vi. They divided the student problems during staying at Bremwood to four components: the amount of term was varying between short term and long term, the unknowing of the students’ future, the weak of attendance, and the lack of support from parents.

Participants, do you agree with the heading and the content under each or should some things be moved?

#### **8. A Desire to A Resilient Student (Research Question 2)**

- i. Definition –Construct of Resilience
- ii. All the participants had a desire to build resiliency in the students they had
- iii. They believed that they did resilience indirectly with students during their utilizing Boys Town Model.

Participants, do you agree with the heading and the content under each or should some things be moved?

#### **9. More in Action Than in Words (Research Question 2)**

- i. Boys Town elements were building positive relationships, teaching skills, and promoting self-management and self-determination.
- ii. Different Name in Isolation The participants were combining two of these three components but in a separate way
- iii. The findings about the services provided in the school “definitely” the social skills, then the positive relationships, lastly, the autonomy “a little bit” and when they addressed it “probably indirectly.” **P5, P2: “The order is right 100%” P2: “Look P1 is doing more self determination more than me. I did more coping skills and relationship maybe more than her.” P1: “The personality is different and maybe because that we are focusing in something more than others, but don’t forget the age, I am teaching high school because that I am focusing on autonomy and I am teaching career class, it’s different.”**

Participants, do you agree with the heading and the content under each or should some things be moved? **All: “Sounds good, but can you give us your recommendation, what we can do to build resiliency in school and make that available?”**