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Mental illness and schools: An examination of how schools are providing supports and services to students with mental health concerns

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MENTAL ILLNESS AND SCHOOLS: AN EXAMINATION OF HOW SCHOOLS ARE PROVIDING SUPPORTS AND SERVICES TO STUDENTS WITH MENTAL HEALTH CONCERNS

An Abstract of a Thesis

Submitted

in Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

Nikki Leigh King

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August 2013

ABSTRACT

This purpose of this study was to explore the educational experiences of an individual entitled to services through the labels of an intellectual disability and a mental health concern. The study employed qualitative methodologies and methods, through the use of a life/oral history, which allowed the researcher to interview the participant to gain a deeper understanding of the school experiences pertaining to a student with a mental health concern. The study concluded that authentic and individualized supports and services are needed as well as promoting meaningful relationships. Study considerations and future studies are discussed at the end.

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This Study by: Nikki King

Entitled: Mental Illness And Schools: An Examination Of How Schools Are Providing Supports And Services To Students With Mental Health Concerns

has been approved as meeting the thesis requirement for the

Degree of Master of Arts in Education

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Date	Dr. Michael J. Licari, Dean, Graduate College

DEDICATION

This paper is dedicated to those who have experienced and been stigmatized through the lens of mental health. It is my hope that I can change the educational experiences for similar students. It only takes one person to make a difference. Through your stories and personal accounts, things can change.

ACKNOWLEDGEMENTS

First and foremost, I would like to thank Dr. Amy Petersen for her support and continual help throughout this process. Rather than this being 'torturous', I found this process to be fun, something similar to a puzzle that I was trying to put together. Thank you for your ability to take something very challenging and make it do-able. Thank you also, Dr. Petersen, for instilling in me a deep desire to advocate for children, and to give them my all. Without the foundations I received through your classes, I don't think I would be where I am today.

Secondly, I would like to thank Dr. Susan Etscheidt. It is you that has driven a passion in me to be the best possible educator. I thank you for your continued support, and all that you have done for me. And I will always remember…it is one thing to *say* you're an advocate, and something entirely different to *be* an advocate. I truly thank you from the bottom of my heart.

Dr. Kerri Clopton, thank you for serving on my committee. Thank you, also, to Karen Aldrich-Duden. With your help I was able to make this paper even stronger. Together, I think we could change the world. And hopefully, we can.

Thank you to the agency in the study that helped me recruit participants. With your help, I was able to find some great things. Thank you for the time and effort you put into helping me.

I would also like to thank everyone who has touched my life throughout my graduate schooling career. Dr. Frank Kohler, Dr. Christina Curran, Aricia Beckman, Candace Sawyer, Dr. Deborah Gallagher, Marla Davidson and Kim Miller, you have

each made a difference in my life. I cannot thank you enough for all that you have taught me. Thank you.

And, to my family, thank you. I couldn't have done this without your help and support. Mom, thank you for everything that you have done for me. Thanks for listening to me, even when you had "no idea what I was talking about!" To my baby brother, I love you. And I will do everything in my power to fix the world, and make it right. I would also like to thank my participant, Cynthia. Thank you for your story and your friendship.

TABLE OF CONTENTS

PAGE

CHAPTER 1

INTRODUCTION

Beep. Beep. Beep. Beep. My hand glazes over the alarm clock to click the snooze button. The thought crosses my mind that I should get up now; I have a busy day ahead of me. I convince myself, like usual, that hitting snooze one time won't make that much of a difference…

Beep. Beep. Beep. Beep. I tentatively think about hitting the snooze button one more time, but no! I have to get up. Today is the yearbook pictures for clubs and organizations. I need to make sure I allow myself enough time to get ready.

"Honey, did you eat breakfast? You have a busy day, make sure you eat something."

"Yes, mom! I'm taking a banana for the road." I walk outside and feel the spring breeze on my face. 'What a beautiful day,' I think. As I approach the school parking lot, I can see the glow of my classmates, I'm sure they are just as excited as I am about the yearbook pictures.

I walk into the commons and set my book bag down at our usual table. All of my friends are at the coffee station, which I'm thinking doesn't sound like such a bad idea.

"Excuse you…" I say with a slight attitude. Seriously, do people who sit at that *side of the commons ever hurry to get anywhere? What was this guys' hurry?*

"Hey girls!" I say to my friends. "I can't wait for our pictures today! Sarah, are those new Fendi's? You literally have it all!"

School, for some children, is a breeze. They wake up and begin facing the day, happy for another day to be living. However, what if school was a torture chamber? What if being in a place that terrified you was where you had to spend a majority of your day? Then because of your fear, you act differently, causing peers to judge you and label you as crazy. For students all across the United States with mental health concerns, school can be a living nightmare.

Beep. Beep. Beep. Beep. Gosh. Not again. Snooze.

Beep. Beep. Beep. Beep. Not yet…I can't do this, not today. I hate living in hell.

Beep. Beep. Beep. Beep. That's it…I'm unplugging the alarm.

Knock. Knock. Knock. "Kyle, it's time to get up."

"I'm not going to school today, mom." I can't spend another day in that torture chamber.

"Yes, Kyle, you are. You haven't been to school one day this week. Come on. Get up!"

I sluggishly roll out of bed. I will pretend that I am going to school and then when she leaves to go to work I will come back downstairs and go to sleep.

"Kyle, make sure you eat something this morning. I am working from home today. Do you want me to pack you a lunch?"

"No. Mom, I don't feel good. I think I'm going to be sick."

"Kyle, you say that everyday. You're not getting out of school. Get your stuff together. Hurry! You're going to be late…again."

I abide. It's easier to try and go then start another fight. I go downstairs and throw on a pair of jeans and my black hoodie; hoodies aren't allowed in school, but with my hood on, I feel a little more comfortable. I grab my keys. My bag is in my locker, I'll have to remember to grab that right away. As I pull into the parking lot I start to freak out. Everyone is outside, probably because the weather is nice. I turn off my car and I sit there for a while. I seriously hate school. I decide to at least go to first period and then I will go home. I walk into the commons. Everyone is dressed up. Oh, that's why, yearbook pictures. Great. Oh great. Shoot. This can't be happening. Are they staring at me…yeah. Damn it.

"Excuse you." Says some girl I don't even know.

Seriously, just get out of my way. I run into the bathroom and I vomit. I am so worked up. I hate school, it's my worse nightmare. Well I tried…I'm going home.

The idea that school has to be treacherous for some students is unacceptable, especially when services and supports exist for students with mental health concerns. Given the increase of students with mental health concerns (Hackett et al., 2010), it is vital that a restructuring of the supports and services be done to be able to adequately support the students with varying levels of mental health.

The topic of students with mental health concerns and schools is important to me because of my personal experiences with my close friend, Brandy. Brandy was diagnosed with a mental health concern at age 17, yet her experiences with mental health began years earlier. Although Brandy does not have a specific label, she faced the struggles of having a mental health concern on a daily basis. While she was in high school she experienced significance barriers due to her illness.

Through her difficulties, she began skipping school. When Brandy's mother tried to address the problem it turned into Brandy talking about the anxiety she felt while being in school. While this was serious, her family and friends couldn't understand what she was facing. While she continued to skip, the discussions about staying in school turned into confrontations. Eventually Brandy began self-medicating to help her anxiety and to take the stress out of school. She struggled daily with attending school due to her mental health concern. School became a nightmare, a torture chamber, a living hell, and to avoid going to school, she would overdose on a combination of drugs.

Soon Brandy ended up in treatment for her drug use. Upon leaving treatment, and her desire to stay clean from illegal drugs, her family appeared to be at peace because she was "getting better." Although the underlying issue of mental health went undiagnosed and untreated. Almost instantaneously school started to be a problem again. This time Brandy didn't have the illegal drugs to overdose on, so instead she started overdosing on cough syrup. Upon overdosing, she would spend multiple days in the hospital; her life depending on the skill of the doctors and the hope that the medication wouldn't paralyze her organs. Eventually, upon stabilization, the hospital would transport her to the psychiatric ward. Although she despised being 'locked-up,' I somehow think that she would rather be there than in school. Unfortunately, this became a regular pattern for my friend, Brandy.

Throughout the constant struggles of drug abuse and mental health concerns, the school provided no additional supports, such as a 504 Plan or IEP. Brandy's

mother, Jeanette, started making weekly visits to the school to help her daughter, yet the school resisted. The school did not understand nor see my friend as an individual suffering from a mental health illness, rather they found her to be a 'hindrance.' Relations between school personnel and Jeanette grew tense. The school personnel only saw Brandy's substance abuse. They ignored to see the correlation between the state of her mental health and the substance abuse. Bert Pepper (2010), citing Kessler (2010), in an article from the National Federation of Families for Children's Mental Health, found that between 8 and 11 million people in the United States have both a mental health concern and a substance-abuse concern today.

Brandy's mother, Jeanette, felt that the school was ignoring her daughter – not helping her the way that schools are supposed to help students. Jeanette recalls, "They [school personnel] never did anything. It was horrible. It is a miracle that she graduated. And the only reason she probably did graduate was to shut me up. Because I was there all the time, saying that somebody needed to help us, and nothing was ever done except a team meeting with the teachers like three times in these four years of high school" (J. Buick, personal communication, November 25, 2012).

Had adequate supports been in place for Brandy, she might have had a very successful high school experience. Perhaps if she would have received the help she needed she could have gone to school and prom, and, her own high school graduation. Yet she couldn't do these things because school became a living hell, a

place where she couldn't go, and therefore didn't. Jeanette recounts, "Because they [children with mental health concerns] cannot be successful in school they think that they are just not worth living, basically" (J. Buick, personal communication, November 25, 2012). I will never know what school could have been like for my friend, all I can do is try and decipher what was done wrong within the school and try and make school healthier for future students. Therefore, it is my desire to help students struggling with mental health. Everyone has a purpose in life, and I want to help students overcome barriers, such as mental health concerns, and help them find value in everything they do.

Purpose of the Research

The purpose of this research study was to explore the educational experiences of an individual who received special education services and was identified as having a mental illness. In particular, I was interested in the educational experiences of a student identified as having a mental health challenges. I believe that it is vital to discuss the services and supports that students were provided and whether or not they were beneficial. I also believe that it is important to know what supports and services students may have found helpful through the use of a first person perspective.

Importance

This research study was important because mental health concerns within the schools are becoming more and more prevalent (Hackett et al., 2010). Two-thirds of children with mental health issues will not receive appropriate services

(Catron & Weiss, 1994). Given the increase of students being labeled as having a mental health concern, it is essential for schools to fully understand the types of services and supports that these students need in order to improve services and supports for individuals with mental health challenges. Additionally, an unpublished thesis, written by Karen Aldrich-Duden (2013), states that future studies need to include students (with mental health concerns) as participants. This is important as it shows the lack of empirical research that has been conducted accounting for a first person narrative.

This study sought to understand a student's educational experiences of having mental health challenges. The following questions guided my inquiry:

1. What are the educational experiences of students with a mental illness?
2. How do the educational supports and services they receive impact their educational experiences and opportunities?

CHAPTER 2

BACKGROUND

Mental health challenges and concerns used to be kept secret. It was possible that someone could have had a mental health concern and no one knew. More recently, we hear about individuals who are 'suffering' from a mental illness. Media often portrays mental illness in a negative light, as exemplified through recent events. For example, the Sandy Hook Elementary School shooting where Adam Lanza took center stage through the discussion of his mental health illness he was 'battling'. He was portrayed as a monster, someone with no soul for his actions. Yet, the underlying matter was his untreated mental health condition.

With people becoming more aware of mental health and the varying concerns, we are finding that it is becoming more prevalent. One in five children are affected by mental illnesses. Of those children, 79% do not receive mental health care (National Federation of Families For Children's Mental Health, 2008). One-half of all mental health illnesses begin by age 14, and three-quarters begin by age 22. Similarly, over 50% of students who experience a mental health illness will drop out of high school between the ages of 14 – 18, which is the highest dropout rate of any disability group (National Federation of Families For Children's Mental Health, 2012).

These statics are overwhelming and difficult to ignore. We know that mental health concerns will exist in children within our schools. We know that many children's mental illnesses are going untreated. Therefore, we as a society, need to

attempt to understand the experiences of individuals who have been labeled or identified as having mental health concerns.

Defining Mental Health Illness

Defining mental illness is not an easy task. Generally, the Diagnostic and Statistical Manual of Mental Disorders-IV-Text Revised (DSM-IV-TR; 2000) provides an overarching definition. As mental illness is recognized in schools, the Individuals with Disabilities Educational Improvement Act (IDEIA) defines mental illness through the label of Emotionally Behaviorally Disturbed (EBD).

According to the DSM-IV-TR (2000), mental health illness is not specifically defined. Instead, it offers broad categories such as "mental disorders due to a general medical condition not elsewhere classified", and what is considered to be more specific mental illness such as "Substance-Related Disorders, Schizophrenia and Other Psychotic Disorders, Mood Disorders, Anxiety Disorders, Somatoform Disorders, Adjustment Disorders, Impulse Control Disorders Not Elsewhere Classified, Adjustment Disorders, Personality Disorders, and Other Conditions that May Be a Focus of Clinical Attention." In short, the DSM-IV-TR defines broadly what constitutes as having a mental illness. It does not specifically define what mental illness is; it describes mental illness using a variety of descriptive disorders, which are broad in nature. Given the broad continuum of mental health, this could be one reason supports and services are lacking for children.

Despite the broad continuum of mental health illnesses within the DSM-IV-TR, the IDEIA takes a more narrow approach to what constitutes a student as having

a mental health concern. The IDEIA defines mental health concerns as falling into the category of emotional disturbances, which entitles children to services. According to the IDEIA of 2004, a child with a disability means a child with mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), **serious emotional disturbance (referred to in this title as emotional disturbance)**, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities, and who, by reason thereof, needs special education and related services [20 USC § 1402(3)(A)(i)(ii), emphasis added]. As you can rightly see, the IDEIA secures and guarantees services to students with EBD.

The IDEIA of 2004 states that an Emotional Disturbance is defined as: 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 of 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 [34 C.F.R. § 300.8(c)(4)(i)]. For the purpose of this paper, I will be using the term mental health concerns, as a

mental health concern would be necessary in order to be served under the category of EBD under the IDEIA statute.

Educational Supports and Services

Special Education has undergone significant changes. Public Law 94-142 was passed in 1975, which ensured public schools to educate all individuals, those even with severe disabilities. This legislation was called the Education of All Handicapped Children Act (Kennedy, 2001). Then Individuals with Disabilities Education Act (IDEA) of 1990 came into legislation (Schacht & Hanson, 1999). Since then, IDEA has undergone a variety of revisions. And now we serve children under the regulations of IDEIA 2004.

Given the regulations under IDEIA, any child that displays these characteristics [as stated in the above section] is entitled to services through the school in the form of an Individualized Education Program (IEP). There is a process called child find that helps to identify children "who are suspected of being a child with a disability and in need of special education…" according to the Iowa Administrative Rules of Special Education, § 281—41.111(3) I.A.C.

It is vital that schools recognize when a major life activity is substantially limited, and how to proceed after recognition. It is the schools responsibility to ensure that students receive a Free and Appropriate Public Education (FAPE). To ensure FAPE doesn't mean that schools are "…required to maximize student potential or provide the best programs possible" (Bartlett, Etscheidt, & Weisenstein, 2007, p. 67). But schooling needs to be appropriate and equitable.

Individualized Educational Program

Students who qualify for an IEP, qualify under the IDEIA statute to receive special education services. Special education means, "specially designed instruction, at no cost to parents, to meet the unique needs of a child with a disability, including: instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings [20 U.S.C. § 1402(29)]. In Accordance with the Iowa Administrative Rules of Special Education, § 281—41.320(1) I.A.C., the term IEP means, "a written statement for each child with a disability that is developed, reviewed and revised in a meeting in accordance with these rules…"

Similarly, the IEP must include the following: (a) a statement of the child's present levels of academic achievement and functional performance, (b) a statement of measurable annual goals, including academic and functional goals, (c) for children with disabilities who take alternate assessments aligned to alternate academic achievement standards, a description of benchmarks or short-term objectives, (d) a description of: (1) how the child's progress toward meeting annual goals will be measured, and (2) periodic reports on the progress the child is making toward meeting the annual goals, (e) a statement of the special education and related services and supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the child, (f) an explanation of the extent , if any, to which the child will not participate with nondisabled children in regular class, (g) a statement of any individual appropriate accommodations that are necessary to measure the academic achievement and functional performance of the

child on state and districtwide assessment, (h) and the projected date for the beginning of the services and modifications described and the anticipated frequency, location and duration of those services and modifications. As you can see, the IEP is a lengthy document, however it is essential that it be implemented accurately, as it is a legally binding document. Another major component of the IEP is the team.

Under IDEA, the IEP team has to involve the following: (i) the parent of a child with a disability; (ii) not less than 1 regular education teacher of such a child; (iii) not less than 1 special education teacher, or where appropriate, not less than 1 special education provider of such child; (iv) a representative of the local educational agency who-- (I) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (II) is knowledgeable about the general education curriculum; and (III) is knowledgeable about the availability of resources of the local educational agency; (v) an individual who can interpret the instructional implications of evaluation results; (vi) at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and (vii) whenever appropriate, the child with a disability [20 U.S.C. § 1414 (d)(1)(B)].

The IEP process is one of foremost importance for children who are entitled to services. Schools must be familiar with the extensive process, as this is a requirement for students entitled to services to receive FAPE. The above

information is just an overview of the requirements needed when implementing an IEP.

Mental Health Concerns and Schools

There is a tidal wave of students being diagnosed as having a mental illness entering the public schools (S. Etschedit, personal communication, July 2012). These students, with mental health concerns, are falling through the cracks due to the lack of schools implementing adequate supports and services. Kern, Hilt-Panahon and Sokol (2009) state that dropout rate among students with EBD is higher than 50%, the highest of all disability populations. Schools need to better their services and supports, but how can they do that if they don't know what areas they are lacking in?

Since school can be more difficult for some children, and teachers still have to present the same content to all, it is essential that interventions, supports and services be in place so that all children receive an equitable education. Although interventions, supports/services and strategies directly benefit students who are eligible for special education services, these accommodations can benefit all students in the classroom.

"Historically, children with ED [EBD] have received fragmented inadequate services that often yield unfavorable school and community outcomes" (Reddy & Richardson, 2006, p. 379). Osher, Osher and Smith (1994) said it best when they stated that teaching children with EBD, "is one of the most stressful, complex, and difficult challenges facing public education today, and perhaps one of our greatest

failures" (p. 7). As educators, we have not done everything in our power to help students who struggle with mental health concerns. This can be attributed to the lack of knowledge on how to help these students. There has been new and emerging research on how to better serve students with mental health concerns.

Classroom Interventions/Supports/Strategies

Chong and Lan (2009) studied students with the label EBD in specialized Hong Kong schools. They found that implementing a variety of approaches helps the success of students labeled with EBD. The use of the behavioral model as well as the psychotherapeutic model was used within the strategies that the authors discuss.

Within the behavioral model two different strategies or approaches were used. One approach that Chong and Lan (2009) suggest using is double-binding approaches, such as the use of a token economy to modify behavior. Some strategies used within this approach were primary and secondary reinforces. The primary reinforcer was food certificates and the secondary reinforcers were things such as positive notes home and having lunch with a teacher. Chong and Lan (2009) quote, "This approach [double-binding procedures] is believed to reinforce in students the idea that while doing well is cumulative, there is always a chance to start afresh should they fail" (p. 29). Another specific strategy that Chong and Lan note is minimum-charge approach, in which students have to meet at least the minimum requirements set by teachers and if they don't they will be charged. An example would be if a student were to fall asleep in class, the teacher would not

wake the student, instead they estimate the amount of time spent sleeping and then the student would make up that time after school (Chong & Lan, 2009, p. 29).

Drawing on psychotherapeutic models, idea that before students can attend to their learning they have to resolve underlying issues, (Rogers, 1942, as cited in Chong & Lan, 2009) there is a duo of strategies that can be implemented to increase positive student behavior. The use of humor to help regulate behavior can be very beneficial. "Humor is recognized by a few teachers as one of the most effective tools in diffusing students' challenging behavior, as it may catch them off guard and treat the problem in a non-threatening way" (Chong & Lan, 2009, p. 30). Another strategy within the psychotherapeutic model is the surround-surrender approach. This is when you 'surround' the student with such a close and trusting relationship that the student 'surrenders' to the teacher. The intervention can only be effective if there is a reciprocal relationship between the teacher and the student. Similarly, the intervention can take multiple forms such as a look to signal him/her to stop, a verbal reminder, encouragement, and the use of persuasion. Chong and Lan (2009) state some teachers take a unique approach to help students.

> Some teachers feel that they have to learn to endure, to empathise, to love, and to trust that students can improve. But above all, they feel the need to come to understand the students' situation from their perspective and feel strongly that allowing time is essential in molding students' behavioural and academic progress. (p. 30)

This is important because it shows the dynamic in developing and maintaining appropriate relationships with students. Equally, this quote leads to having an appropriate relationship with students can lead to academic progress.

Implementation of such strategies, Chong and Lan (2009) suggest, can benefit students with EBD. Similarly they suggest, "…it is paramount not to forget our other most important partner: our students. As they are part of the problem, they should be considered as part of the solution" (p. 33). It is essential that students be a part of their learning and have a say in their education.

One simple strategy that Ernest Solar (2011) offers is to get to know students through active listening. Active listening, Solar states, will help teachers understand the full message. Solar defines active listening through McNaughton, Hamlin, McCarthy, Head-Reevers, and Schreiner (2007), "The goal of active listening is to create a clear understanding of the student's spoken concern and to acknowledge an interest in the message being verbalized" (p. 42).

Solar states that as teachers, we should look and feel relaxed to give the student the idea that they are not wasting our time. This can be done by showing interest through body language, allowing the student to talk, being open-minded, trying to understand the students feelings or point of view by asking questions, observing the students body language, repeating back what you heard, validating what you heard, and finally, encouraging and reinforcing the positive behavior that the student has entrusted to the confiding teacher.

Another alternative to individual strategies and interventions is school-wide interventions and strategies. Kern et al. (2009) state,

> Behavior problems are pervasive across many students in EBD classrooms, so interventions at the class-wide level is imperative. Furthermore, class-

> wide programming is likely not only to be efficient and effective, but also to have a large impact on the performance of all students in the class. (p. 23)

Reddy and Richardson (2006) discuss different school wide interventions that may help students who "exhibit chronic and diverse academic, emotional, behavioral, and/or medical difficulties that pose significant challenges for their education and treatment in schools" (p. 379). Of the three programs that are discussed within their article, Intensive Mental Health Program (IMHP) is one. The IMHP intervention is a collaborative model between school, the child's home school and home setting, which involves the parents.

Within this program, students who are receiving mental health services, receive extra services in a self-contained half-day program. This specially designed classroom provides psychological, educational, and family services. The goal of this program is to "improve the psychological functional, behavioral control, and the academic performance for children with the label ED, emotional disturbance" and "That each child obtains 80% of his/her daily points in the IMHP classroom, home, and neighborhood school" (Reddy & Richardson, 2006, 392).

Within this structured individualized program, students could receive any or all of the following services, identified by Reddy and Richardson (2006): psychosocial interventions, group and individual therapy, social skills and relaxation training, crisis management, behavior management programs and the use of medication in the classroom and home. Once the IMHP classroom has completed its

half-day of instruction, the students return to their home school where they are able to implement what they have learned throughout the IMHP classroom.

Studies have shown support for the IMHP intervention (Roberts et al., 2003, as cited in Reddy & Richardson, 2006). Two out of three children demonstrated improvements in overall adaptive functioning. Results yielded the IMHP to be highly effective in helping children with ED to function in their neighborhood schools during treatment. "Statistically significant improvements in overall school performance and home behavior, as well as behavior towards others, regulation of moods and emotions, self-harm, and problem solving were found" (Reddy & Richardson, 2006, p. 395). The IMHP intervention offers a promising treatment alternative compared to more restrictive placements.

Challenges Providing Supports and Services

Given the extensive research that provides supports and strategies that can be implemented, one might question as to why teachers, administrators and other school personnel are not implementing such efficient means of education. Vannest, Temple-Harvey, and Mason (2009) discussed how teachers,

> …do not generally have knowledge of the academic characteristics of students with EBD or effective strategies for addressing those needs. The reasons why teachers do not use techniques identified as effective include a lack of treatment acceptability, distrust of empirical research or researchers, lack of generalization of specific single-subject research to classroom settings, insufficient teacher training, and inadequate teacher preparation programs. (pg. 74)

Sutherland, Lewis-Palmer, Stichter, and Morgan (2008) discuss how students with EBD not only have difficulties with their behavior, but they typically have

problems with their academics as well. Sutherland et al. discuss how the directionality of the trend line is unclear: is the cause of behaviors due to impairments in academics; or is an impairment in academics the cause of behaviors? Since the trend line is unclear, Sutherland et al., suggest that you cannot separate the two when implementing interventions. They suggest that when implementing interventions you have to treat the below grade level academic deficiency as well as the behavior concerns. Sutherland et al. also suggest that the behavior problems of students with EBD are complex and have numerous influences including the classroom contextual factors.

Intersectionality of Mental Health and Intellectual Disabilities

Comorbidity of disabilities is becoming more and more prevalent (Burke, Griggs, Dykens, & Hodapp, 2012; Einfeld, Ellis, & Emerson, 2011; Hassiotis & Turk, 2011; Stromme & Diseth, 2000). It appears that it is becoming more difficult to treat those with disabilities because of the co-occurrence of varying disabilities. It is difficult to isolate disabilities within individuals. Therefore, can you isolate each disability and treat them separately? No, you must treat the disabilities together. Within this section, I will show that there is a rising in the intersectionality of mental health concerns in those labeled with intellectual disabilities.

Hassiotis and Turk (2011) state, "Little research has been conducted on the mental health needs of adolescents with intellectual disability" (p. 252). Given the discrepancy in the literature, Hassiotis and Turk conducted a study on the prevalence of mental health needs in adolescents with intellectual disabilities. They

found that, “Adolescents with intellectual disabilities may have considerable mental health problems which are functionally impairing yet frequently unidentified and hence untreated” (Hassiotis & Turk, 2011, p. 252). Similarly, Hassiotis and Turk state, “Findings from the present study are consistent with there being an increased prevalence of mental disorders in young people with intellectual disabilities” (p. 258).

As stated above, there is consistent evidence among researchers through a variety of different studies that show increasing levels of intellectual disabilities and the association of increasing rates of mental health concerns (Hassiotis & Turk, 2011; Stromme & Diseth, 2000). Dekker and Koot (2003) found in their study that children and adolescents with intellectual disabilities have higher rates of all mental health needs compared to children of average intellect. Although there seems to be varying rates of comorbidity, individuals with intellectual disabilities are estimated to have accompanying mental health concerns, averaging in the range of 40 percent (Burke et al., 2012; Dykens, 2000; Einfeld et al., 2011). Einfeld et al. (2011) state, “The risks for this comorbidity [mental health concerns and intellectual disabilities] are associated with age, gender, severity of intellectual disability and socioeconomic status remain uncertain” (p. 137). Given the intersectionality of the two disabilities, we need to ensure that appropriate supports, services and strategies be implemented for this vastly growing group of individuals.

Gustafsson (1997) states (as cited in Werner & Stawski, 2012), “Despite the need for appropriate treatment, the use of mental health services by individuals

with ID [intellectual disabilities] is low" (p. 292). This raises the question as to why. Why are appropriate services not being offered or being sought out by individuals? Werner and Stawski (2012) state, "The most difficult barrier to overcome in the field of DD [dual diagnosis] has been ignorance about the special needs of this population with response to their MH [mental health] and the need for specialist knowledge concerning psychiatric diagnostics and treatment" (p. 301). Are we doing individuals an injustice by not being familiar with appropriate supports and services?

It can be concluded that there is comorbidity between intellectual disabilities and mental health concerns. Given the extensive research to suggest this to be true, educators and others in the school need to ensure that supports, services and strategies are being implemented and provided to help both the intellectual disability as well as the mental health concern. As stated above, it is difficult to separate the two disabilities and focus on them separately. Therefore, we need to find ways to ensure appropriate services to address the comorbidity of the disabilities.

CHAPTER 3

METHODOLOGY

This study is a qualitative research design. Qualitative research consists "of a set of interpretive, material practices that make the world visible…This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring them" (Denzin & Lincoln, 2011, p. 3). Similarly, Brantlinger, Jimenez, Klingner, Pugach and Richardson (2005) state qualitative research is "a systematic approach to understanding qualities, or the essential nature, of a phenomenon within a particular context" (p. 195). Brantlinger et al. (2005) also state that qualitative research involves, "…knowledge derived from sense experience and/or careful observations" (p. 195). A qualitative research design was used to develop a deeper understanding of an individual's educational experiences, as those experiences related to the special education supports and services she received.

The overarching methodology I used was from the interpretivist paradigm. Ferguson and Ferguson (2000) state, "Interpretivist research can challenge us to think differently about what we already know, to factor in different ways of knowing, different takes on the situation, and different meanings" (p. 181-182). This was my aim. To challenge you, the reader, into thinking about schooling for individuals with an intellectual disability and mental health concerns in a different light. "Good interpretivist research allows readers to find themselves in the account,

to recognize the characterization being offered, the reality being portrayed" (Ferguson & Ferguson, 2000, p. 184).

To fully understand and derive meaning about my participant, I used a life or oral history. Brantlinger et al. (2005) define a life history as "extensive interviews with individuals to collect first person narratives about their lives or events in which they participated" (p. 197). Goodson and Sikes (2001) state that life history should "disrupt the normal assumptions of what is 'known' by intellectuals" (p. 7). And, "…conducted successfully, the life history forces a confrontation with other people's subjective perceptions" (p. 7). Fontana and Frey (1988) say, "Often oral history is a way to reach groups and individuals who have been ignored, oppressed, and/or forgotten" (p. 368). This approach, of using a life/oral history, was especially relevant since there is no current literature on the first person perspective of having a mental health concern.

My goal was to understand the perspectives of an individual's experience with school. Specially, I was interested in the services and supports that the participant received in school and whether or not they were beneficial to her. It is also hoped that what will emerge from the life/oral history will be concerning (or serve to be a model) to others; meaning that schooling will change for those who battle with mental health concerns.

Method

This study was IRB approved by the institutional review board at a Midwestern University. During the first phase of data collection, a local agency

serving adults was contacted to assist with recruitment of potential participants. Participant requirements were as follows: at least age 18, received services through an IEP or 504 Plan, and had a label of EBD or Mental Health Illness.

Participants were invited to learn more about the research project by the agency. The agency contacted clients who met the research participant criteria and shared information about the research project using a script (See Appendix A). If the individual was interested in the research project, they were asked to contact me; my contact information was included on the script. I then followed-up with any interested individuals.

Participant

Cynthia is a 19-year-old woman who in school was perceived or labeled as an individual entitled for services. Based on the conversations with Cynthia and the agency that assisted in recruiting her for the study, it is likely she was defined or understood through the label of EBD and ID.

Data Collection

Data was collected through interviews, specifically life/oral history interviews (Glesne, 2011, p. 104) and journaling (Janesick, 1999). My aim was to understand schooling from the perspective of a student who had been entitled to services through having a mental health concern. "The opportunity to learn about what you cannot see and to explore alternative explanations of what you do see is the special strength of interviewing in qualitative inquiry" (Glesne, 2011, p. 104). This quote was an inspiration to me as I began interviewing. Who could better tell

us about the schooling experiences as an individual labeled with a mental health concern?

When interviewing, I followed closely the method of oral history interviews (Glesne, 2011, p. 103). Glesne (2011) states that oral history interviews "…focus on historical events, skills, ways of life, or cultural patterns that may be changing" (p. 103). This type of interviewing places its importance on the life experiences of individuals (Glesne, 2011, p. 104). Similarly, Goodson and Sikes (2001) state the following,

> The fundamental reason why researchers choose to use a life history approach is because they believe that detailed, personal information about how people have perceived and experienced things that have happened in their lives will enable them to better understand whatever it is they are studying. (p. 91)

This was my goal as the researcher, to hear the story of an individual who struggled with a mental health concern.

In carrying out the interviews, I conducted semi-structured interviews (Glesne, 2011, p. 134). This is where I went into the interview having questions prepared, but did not limit our conversation to the generated list of questions (See Appendix B). I organized the interviews in a chronological manner. In our first interview we discussed the participant's elementary school experience. In the second interview, we discussed her middle school experience. And in the third interview, we discussed her secondary schooling experience. The interviews were approached like a conversation, but the generated questions were available if the participant ran out of something to say on a certain topic or idea.

I also followed closely to the idea of creative interviewing (Fontana & Frey, 1988). Creative interviewing is similar to oral/life histories because they both aim to collect reports through society. "Through creative interviewing researchers are collecting oral reports from members of society" (Fontana & Frey, 1988, p. 365). Fontana and Frey (1988) state that the idea of creative interviewing is to let go of what you know about interviewing and adapt (p. 368). For example, "…creative interviewing allows the research subjects to express themselves more freely, and thus to have a greater voice both in the research process and in the research report" (Fontana & Frey, 1988, p. 368).

Jack Douglas (as cited by Fontana & Frey, 1988, p. 368) says this about creative interviewing, " …interviewers must be creative, forget 'how-to' rules, and adapt to the ever-changing situations they face." I had to 'let go' of what I thought I knew about interviewing and let the conversation roll. I knew the direction I hoped the interview would go, but I didn't want to limit any emerging topics or ideas that could surface through the interview. Therefore, I just let the conversion take its own course, ensuring not to limit it.

Interviews were conducted on three occasions and lasted approximately 45-60 minutes per session. The interviews were held at a location of Cynthia's choice. The location of the interviews changed for each session, depending on Cynthia's desire. Interviews were audio-recorded and later transcribed for analysis.

I also collected data through the use of journaling and maintaining a field notebook. Through the use of journaling, I was able to refine the understanding of

my role as a researcher as well as the responses of the participant (Janesick, 1999, p. 521). Janesick (1999) states, "The notion of a comprehensive reflective journal to address the researcher's Self is critical in qualitative work due to the fact that the researcher is the research instrument" (p. 506). Through my journals, I questioned myself as a researcher, my role in the interviews, and thought about the meanings in the content that derived from the interviews. "…journal writing allows one to reflect, to dig deeper if you will, into the heart of the words, beliefs, and behaviors we describe in our journals" (Janesick, 1999, p. 513). The use of journaling was done through writing and capturing what is in my mind onto paper (Richardson, 2000).

Data Analysis

One method of data analysis I used is narrative analysis (Glesne, 2011), also known as narrative inquiry (Chase, 2011). Glesne (2011) defines narrative analysis as, "a form of discourse analysis that focuses on the textual devices at work in the construction of oral or written narratives and that may include explorations of the everyday contexts in which the stories are told" (p. 282). Similarly, Chase (2011) states, "Narrative inquiry revolves around an interest in life experiences as narrated by those who live them" (p. 421).

When analyzing the stories, it is typically analyzed through the beginning, middle and end (Glesne, 2011, p. 186). This is how I analyzed the data, especially since I received the data in chronological order (elementary, middle, secondary school). I started at the beginning of Cynthia's story. Chase (2011) states that since

researchers approach the narratives as a lived experience, the interest of the researcher is in *how* the participant explains their story. This was my approach with Cynthia. I paid close attention to how she was able to describe events. What was easy for her to recall, when did she struggle, when was she able to give me specific examples? This is represented within the data. Cynthia had a story to be told, and I was there to listen. My goal as a researcher was to make sense of the story that Cynthia entrusted to me. Goodson and Sikes (2001) have the following to say about analyzing information, "Analysis is about making sense of, or interpreting, the information and evidence that the researcher has decided to consider data" (p. 34).

Another form of analysis I used is respondent validation, or member checking. In terms of member checking, after I completed the writing of Chapter 4, I picked the top 5 biggest themes/or ideas that were represented with the one-act play (See Appendix C). I contacted Cynthia and asked if we could meet one more time. Upon meeting, I showed Cynthia the top 5 list, and asked her if she agreed that these were the biggest themes. She said that these things did happen and that I was correct with what I said. I then asked her if there was anything else she wanted to add. "What else you do want to tell the world?" was my question to her. She said that she didn't really have anything else to add. Therefore, the respondent validation verified that the information that was included in the one-act play was accurate and correct.

I also used the idea of Crystallization as a form of analysis as introduced by Laurel Richardson (2000). "Crystallization seeks to produce knowledge about a particular phenomenon through generating a deepened, complex interpretation" (Richardson, 2000, p. 934). The idea of crystallization is that you "must encounter and make sense of your data through more than one way of knowing" (Ellingson, 2009, p. 11). As you analyze your data, you are examining it through multiple modes, yet, your analysis is based on your beliefs and attitudes, you also acknowledge your interpretation. Therefore, your data may be interpreted differently to someone else. "Crystals are prisms that reflect externalities and refract within themselves, creating different colors, patterns, and arrays, casting off in different directions. What we see depends upon our angle of response" (Richardson, 2000, p. 934). Ellingson (2009) states, "you must encounter and make sense of your data through more than one way of knowing" (p. 11). I approached the data through multiple lenses and perspectives. I attempted to understand the data through the participants lens, a teacher's lens, a person with a disability's lens, and my own lens. Similarly, I tried to understand through the various data – interviews, journals, and field notebook. Through the use of crystallization, I didn't need to make sure that I necessarily got the story right, but that I didn't get it wrong (Ferguson & Ferguson, 2000; Wolcott 1990).

After my interviews were transcribed, I began reading the transcriptions. I read each interview once. As I went back through to reread the interviews, I began marking with a pencil important thoughts and ideas that stood out. I also wrote my

own thoughts down – things that shocked me, alarmed me, or that were very interesting. I did this for all three interviews. Then I read each interview again, this time I began highlighting important ideas and thoughts that emerged with different colors. Two areas that were very prominent within the data related to Cynthia's relationships and her services she received in school.

After I had highlighted each interview, I went back through each interview again and marked the ten biggest ideas throughout each interview. I then wrote out a top ten list for each interview. These top ten lists helped me narrow the focus when I began writing my results. Next I read through my journal and field notes. I highlighted things that stuck out and were interesting and things that were repeated. I found some contradictions in my journals compared to what was said in the interviews, these were marked and highlighted.

Before I began writing, I reread one interview at a time and the top ten list, as well as the field notes that corresponded to that interview. I did this for all three interviews. I wanted to represent Cynthia's experiences in a first person narrative, without coding or breaking apart her experiences. Therefore, I decided to do a one-act play through the standpoint of the participant.

Ethical Considerations

Given the sensitive nature of the topic, I confirmed that the participant knew exactly what we would be discussing to ensure that she was well informed before giving consent. Goodson and Sikes (2001), states

> Compared with populations for other types of research, life history informants are required to make a considerable commitment in terms of time and intimacy of involvement…the level of intimacy involved in life history research does in itself increase the potential for harm and, therefore, poses a different bath of ethical questions (p. 90)

Before giving consent, I talked with the participant about the possibilities of 'hurtful' memories approaching. I told her that if this were to happen, we would stop the interview for that day and debrief. If I felt that more immediate attention was needed, I would direct her to the appropriate service(s).

Study Considerations

As I began this study, I had located a teacher in a local school district who agreed to help locate potential participants. However, the teacher struggled to find either current or former students who had a mental health concern, or an EBD label, who had received special education services through an IEP or 504 Plan, and who was over the age of 18. Therefore, I had to find another way to recruit participants. Another graduate student told me about a local agency that served individuals that had been identified as having mental health concerns. I called the agency and explained my study and asked if they would be interested in helping me locate potential participants. They were interested and helped me locate participants. They are the agency that I mention in the above section.

CHAPTER 4

RESULTS

The current literature does not present the first person narratives of individuals who are entitled to services through the EBD label. While traditional methods relating to qualitative research are valuable, relying on a more traditional approach to qualitative research in situations such as this where an individual is multi-marginalized has the potential of objectifying the individual (Petersen, 2009). The question then becomes, why did I frame my data in the way of a one-act play? The answer is simple. I wanted the participant's story to be cohesive, authentic and holistic. Glesne (2011) states, "Rather than dissect these stories into themes and patterns, the analysis process is often concerned with both the story itself and the telling of the story" (p. 185). I didn't want to tear Cynthia's story apart and display it in a more traditional sense. "The process of contextualizing, in contrast, does not depend on breaking data apart, but in finding the overarching story in a more holistic approach" (Ferguson & Ferguson, 2000, p. 182). The use of a one-act play allowed me to authentically (re)tell Cynthia's story, without the fear of objectifying her in the process.

Ferguson and Ferguson (2000) bring about the idea of "ho hum" qualitative research. "Ho hum is the reaction to research that elaborately proves what was never in doubt" (Ferguson & Ferguson, 2000, p. 181). Therefore, 'ho hum' research proves something that was never questioned, it doesn't tell us anything new. I believe that this research project did not fall into the category of 'ho hum' research.

Given the lack of research surrounding first person narratives with regards to mental health, I felt as though I was approaching something new, something, in a sense, unexplored. I tried to challenge the beliefs and ideas of my audience through the display of Cynthia in the one-act play. It is my hope that as you continue to read, you will find yourself with Cynthia and her story – can you relate?

Through my analysis of the data collected during this study, various elements presented itself through the reading and rereading of the transcripts. I took those ever-present elements, which were: qualities of the participant, school life, supports/services/accommodations, likes and preferences, and friends/life outside of school, and turned it into a one-act play. A majority of the one-act play is direct quotes from Cynthia. I did, however, clean up some quotes in order for the fluidity of the conversation to flow[1]. I also implemented some of my own thoughts, obtained through my journal and field notebook, into the dialog of Cynthia, especially during her discussion of being in the general education classes versus special education classes for English. I did this to add depth of the story. Nothing within this one-act play is made up. I very diligently formed the play to represent her story, which was obtained during the interviews. This is a one-act play of Cynthia and her story.

"School Sucked"

CYNTHIA: The only character in the one-act. She is 19-years old. Cynthia's short hair was colored brown and blonde and resembled the 'pixie' look. Her short stature isn't any indication of her powerful spirit. Her laugh is contagious. She smiles consistently, showing a slight gap between her front two teeth. She is happy

[1] Within the one act play, several words or phrases are highlighted. This indicates that I paraphrased the quote, or added a word to make the story flow.

all the time. She is the type of person you want in your life, the type of person who will befriend anyone.

Cynthia has so much knowledge. She has her own apartment and works part time. She is conscientious of her image and wouldn't do anything to jeopardize that. Three words to describe Cynthia would be caring, compassionate, and friendly. She is the type of person that if you have the pleasure of meeting, will never forget. She is the type of person you want in your life – positive and energetic.

The play begins with the lights down on the stage. As the lights come up, you see Cynthia sitting on a bed, within the living room (which also serves as her bedroom) of a small apartment. The style of the apartment is outdated, with floral curtains hanging over the windows and the closet. She has her name displayed all over the walls in the apartment. The apartment is scattered with clothes, shoes, and DVD's. Cynthia is wearing jeans and a t-shirt. Her hair is ruffled in the back, as if it hadn't been brushed. The time is present.

CYNTHIA: *[Cynthia is uncomfortable, and out of her comfort zone, which is obvious because she is fidgeting with her keys on a lanyard, which is hanging around her neck]* I just want to begin by telling you that I'm not mentally ill. I can? Okay, good, I was worried that I couldn't do this anymore. Well…I'm the kind of person who has a hard time asking for help. I don't know why, I guess it just makes me nervous. I can't just say 'I need help…'. [*Looks up, as if distracted from her thought]* What else about me? Well…. [*takes a brief pause, as if contemplating]* I'm always happy. And…I'm nice and I make friends easily. I'm fun to be around. [*Speed picks up]* And I want to work in a daycare…I like kids. I like to exercise in my free time. I like hanging out with friends, but I don't hang out with anybody here yet. I moved here in January. It's hard making friends. How old am I? I'm 19. What do I do during the day? Well, sometimes I practice riding the bus…if I want to learn how to go somewhere new, I ride with my staff. You want more? I watch movies and I play games on my laptop at my apartment. And I love to read. My favorite book is Little House on the Prairie [*giggles]*.

[*There is a short pause, Cynthia looks down at the ground. Something breaks her thought and she looks up]* Okay…let me just start telling you about it. I went to school in a very small town. When I was in elementary school, I spent the entire day with my classmates. That was nice. Then I got into Middle School and I was in special education for the whole day. I didn't really mind it. I mean…it wasn't terrible. But I was good at English. It was my favorite subject. So why was I in the special education English class? Should I have been pushed into the 'smart kid' English? Because, I could have done it. Or was it because I was comfortable with a small class, that I just stayed in special education? Understanding is my weakest point, so maybe that's why. I mean, I liked being in special education classes. I think

I would have liked being in the general ed for some of the classes. Because then I could be with friends. I had friends in the general ed classes, but I feel like I had more in the special ed though. I *hated* science. That just wasn't my thing. If I could think back to elementary school, I would probably have a lot more to tell you. But I just can't remember that far back. One thing I do remember is that assignments sucked! I just don't like school. It's my worst memory…going to school. [*Looks up]* I know!

[*Stands up and walks to the TV]* I went to two different high schools. I liked my second one a lot better. Well the teachers were nicer and more helpful. I don't know. But it might be just because I was getting closer to graduating. I had [*pauses to think]* three teachers. I had the PE teacher, and then the music teacher, and the other teacher taught the rest of the classes. She taught math and science. She taught all of them I think. [*Looks up]* Yeah…that's the word – self-contained. I felt like I fit in most of the time. [*sits back down on bed]*. I liked having only one teacher, or three teachers, I mean. It was less stressful, for one thing.

Yeah [*shakes head in agreement]* I got along with the teachers and the students most of the time. There were only a few times that I got into fights. It was with a general ed student…oh wait, maybe she was special ed. Whatever, but we just didn't get along. I don't think she liked me. [*Looks up and shrugs shoulders]* I don't know. It happened in the classroom. The one where we did all the classes in the same room. I think once or twice my teacher got the principal involved. Normally I'm not like that. I just got mad a lot at her. She would yell at me a lot and I would yell back. When the teacher told us to stop, it just kept going because *she* kept it going. It got out of hand, so the principal got involved. I probably shouldn't say this, but some people are stuck up. I'm not the type of person who says mean things to people. She just rubbed me the wrong way. Maybe it was just school…nobody likes school. People kind of get angry at school and take it out on others. We're friends again now, she just came down to visit me. I love her.

[*Looks up, breaking her thought]* Um, I don't know…I…I don't really worry too much. Some people say I'm really lucky…ya know, having that quality. [*Brief pause]* Hmm…advice? [*Begins thinking]* My advice would be pay attention! You won't know how to do an assignment if you don't. That's one thing I learned. Oh, and get along with others and get your homework done on time. Oh, and if you need help, ask for it because some people don't like to ask for help. I would also say have fun, and don't get in trouble and go to the principals office. Some people would say getting in trouble with your friends would be their best memory *[laughs]*. I'm serious! And, you shouldn't listen to other people. It could get you in trouble. Yeah, I've heard that before…I just ignore people when they are mean.

Bullies? Like naughty people? Yeah…if I would sit at a table with them, they wouldn't want me to, so I would move somewhere else. It made me feel bad. I don't really care if I'm popular or not. But I can't stand how the popular people are so mean just because they are popular. Some people are followers and I'm a leader. A follower…you know, like if someone asks them to do something, they would do it. But I usually don't listen to that many people. If they ask me to do something bad, I wouldn't do it. *[Looks up]* Why? Because it wouldn't be a good thing! I don't like to do stuff that other people do. I like doing my own thing. A lot of people aren't like that. My mom always tells me I'm smarter than her at making choices. Yeah, my mom taught me well. My mom taught me well not to make the wrong choices. Well that's another story…

[States very matter of factly] Okay…I was three when we got taken to court. Then I was five when I was adopted, so I was the youngest out of the four of us. My siblings were happy when they got adopted, but then when they got a little older, one of them moved back with our biological folks in California. I'm happy that I was adopted. I don't remember a lot about it, but my siblings told me that they were abusive. *[Looks up]* How? I would say hitting. What do you call that one? *[Looks up for an answer]* Yeah, physical. And I think they were sexually too. I think both. My mom was really good and she tried teaching us all the good things and how to make the right choices. So did our brothers. We got two brothers when we were adopted. They were a good family. They taught us a lot. Then my two sisters and my biological brother started making the wrong choices. I wasn't happy about it and they just stopped talking to me. *[Becomes sad thinking about her siblings not talking to her]* What did they do? Well, my one sister just isn't making the right choices. She had a kid and got it taken away from her because she didn't have a job and wouldn't have been able to take care of it. So she actually put it up for adoption. That was good of her to do. But now she's with the father of the kid. He is a sex offender, so I don't know why she went back with him. So that's the wrong choice. She lives a life that I don't want to be around. My brothers and sisters are all crazy…no I'm just kidding. We did fight a lot though. Siblings do that.

[Begins speaking with increasing speed] I liked special ed because it gave me more help. I don't think these things made me feel different because a lot of people wanted help. I liked that I got extra help sometimes if I needed it. I think it would help when teachers would go over assignments before they gave them to us, so we'd know how to do them. *[Looks up as if listening to a question]* I don't know. That's it. The aides were there for everyone. They would float around and help whoever needed it. That was helpful because we got extra help. It was helpful that they gave extra help. If the teacher that was teaching the class wasn't available, then we had them. The school helped me to learn how to be a good worker because I got to work at a daycare.

[Looks up as if listening to a question] What do you mean? Like *how* did they help me? Well sometimes someone would read my tests to me. Sometimes I had more time to do tests. If I was having issues with homework, like they'd give me a little bit longer time to do it. *[Pauses, as if to think]* They would explain the material more. Sometimes in some of my classrooms, they had…I don't know what you call it…. they had another teacher in there. *[Looks up for answer]* Yep…that's it, co-teacher. And that teacher worked with me. *[Looks up]* No, that didn't bug me. There were some other peers who had the other teacher work with them too. *[Pauses, as if to think]* If they would assign a long assignment, they would shorten mine sometimes. If I needed help with reading or understanding they would help me with that. They just helped me if I needed help with something. *[Looks up]* Yeah, that happened from elementary to high school.

[Looks up] There was only one teacher who I didn't like. *[Looks down at the floor, as if recalling]* My Spanish teacher. Anytime I would ask her for help, she would always say to me that I could do it on my own, that I don't need the help. She was like that with some students, but not all. She would yell at you a lot even though you're not the person who did something wrong. *[Shrugs shoulders]* I don't know. If two students got in a fight and she didn't really exactly see what happened, she would take someone's side. I didn't like that because unless you see what happens, then you really shouldn't make comments. She could have just…I don't know, sent us both to the office and we could have talked to the principal. At least that would be better than her making a comment. And it upset me that she made comments. Usually when I get in a fight with somebody and I have to go talk to the principal, if they hear the other person's side first, then there's no point in saying my side because they might believe that person. I don't know. I just don't like people taking sides unless they know what happened. *[Looks up]* No…I don't think there is anything I would change about the help I got in school.

It's always so easy to think of the good memories. School? It was fun. I didn't at first, but I made some friends. It was pretty good overall. We did a lot of fun things. We went to this place called "Way Station", we went to this little movie theater, went on walks, went swimming, and sometimes we went out of town to do stuff. [*Looks up as if listening]* We would go shopping or go see a movie. I'd go to birthday parties too. Yeah! We would paint each other's nails and watch movies. We'd jump on the beds too!

I just really want to end up working in a daycare. That is my dream. One of my staff knows some people who run daycares, so I think I will go and check them out. *[Looks up]* I think I had a good school experience. Yup.

CHAPTER 5

DISCUSSION

I anxiously began this study with hopes of finding something renowned. Something that would change the way society views mental health. Perhaps my graduate student spirit was rather high. I recall visiting with my advisor telling her that I was worried, I wasn't sure if I was getting the information I needed from Cynthia. I was familiar with the negative schooling Brandy experienced, but what I was hearing Cynthia tell me about her school experience seemed adequate. I encountered multiple headaches as to how I was going to make this work. I felt as though Cynthia's school experience wasn't terrible, which is not what I was expecting given what I knew about Brandy's school experience. I needed to let go of what I hoped would happen through my time with Cynthia and focus on what was emerging through our discussions.

Our discussions, and Cynthia's story, was powerful. This was something I didn't truly realize until I immersed myself into the data. What I ended up finding was enlightening. It wasn't anything like what Brandy experienced. What I finally realized was that although Cynthia hadn't struggled through school due to a mental health concern, like Brandy had, she still had a story to tell, one that could benefit future students. I was simply there to listen. And what I found most interesting after listening to Cynthia's story were the experiences she described with friends and relationships as well as her description of supports and services.

Relationships

Cynthia stated in the first interview, "I make friends easily." This statement came about when we discussed what she and her friends did in elementary and middle school. As we continued to talk she states, "It's hard making friends." Her biggest concern when moving to a new school was making friends, "My biggest concern was making friends at my new school." She also mentioned that since she moved to her current location, it has been difficult meeting friends, "I like hanging out with friends, but I don't hang out with anybody here yet. I moved here in January. It's hard making friends."

Cynthia was able to tell me what she did with her friends. She explains,

> We went to this place called "Way Station", we went to this little movie theater, went on walks, went swimming, and sometimes we went out of town to do stuff. We would go shopping or go see a movie. I'd go to birthday parties too. Yeah! We would paint each other's nails and watch movies. We'd jump on the beds too!

Cynthia explains that her friends are from both the general education classes and the special education classes. Despite the discussion around friends, Cynthia also told me about a fight that she had with a former classmate turned friend. Cynthia recounts the fighting between her and, "…a general ed student…oh wait, maybe she was special ed." She recalls, "She would yell at me a lot and I would yell back. When the teacher told us to stop, it just kept going because *she* kept it going." What is interesting about this statement is that the fight only appeared to continue because the other girl "kept it going."

I find it exciting that Cynthia could recall an abundance of detail regarding what her and her friends used to do. I also find it interesting that Cynthia discusses the fight between her and another student, and states, "We're friends again now, she just came down to visit me. I love her." It seems as though she had mostly positive relationships with peers. Even though she had a fight with one of the students, they are now friends.

Cynthia also talks about the relationships she has with teachers. She states, "I got along with the teachers and students most of the time." Although she states, 'most of the time,' this would warrant one to think that there have been issues surrounding getting along, and there were, as Cynthia points out. Cynthia talks about her Spanish teacher, who she struggled with, especially when Cynthia felt as though the teacher refused her help when she needed it, stating, "Anytime I would ask her for help, she would always say to me that I could do it on my own, that I don't need the help." Cynthia didn't feel as though the Spanish teacher helped her. And it upset her when the teacher would make "comments" to Cynthia and others in the class. "She would yell at you a lot even though you're not the person who did something wrong." However, Cynthia also had some positive relationships with teachers as she discussed her second high. She states the following about her second high school, "The teachers were nicer and more helpful."

Cynthia's relationships with the teachers and peers really surprised me given what my friend Brandy endured during school. Brandy had friends, and then she had friends that she hung out with when using drugs. I know that the friends she

did drugs with weren't supportive of her and her dreams; they were merely friends due to a similarity, the drugs. Cynthia states what she and her friends did throughout school, but she discusses that it is hard making friends, and that was her biggest concern when moving to a new school. Although Cynthia has friends, her friendships appear different than the friendships that Brandy had. One similarity between Cynthia and Brandy is that they both consider themselves to be leaders. I believe that this speaks volumes to their character.

Regarding Cynthia's relationships with the teachers, I wasn't surprised at the struggles she encountered with certain teachers. Brandy struggled with maintaining positive relationships with teachers due to the fact that she consistently missed school due to her mental health concerns. I can't even think of one teacher that Brady had a positive, meaningful relationship with. When she was in school, which wasn't often, she just went through the motions. Brandy's experience with teacher relationships is somewhat similar to what Cynthia endured. Although Brandy struggled more with developing meaningful relationships with teachers, Cynthia struggled with a teacher during her school experience. Although she may have had some good teachers, she didn't talk about them. In fact, she only went into detail about the teacher she struggled with, which shows that it affected Cynthia.

With developing meaningful friendships, Gordon, Feldman, and Chiriboga (2005) state, "The ability to share one's life and connect emotionally through friendship is consistently reported as a critical factor in the development and maintenance of life satisfaction" (p. 1). However, students with, "…disabilities,

particularly those with more severe disabilities, frequently face considerable problems in friendship development" (Gordon, et al., 2005, p. 1). Similarly, Gordon et al. state, "The impact of disability on relationship development has been discussed for years. Persons with disabilities frequently experience interactional difficulties due to stigma associated with disability" (p. 1). Yet, there are several studies that suggest, "…students, like the general population, hold hierarchical preferences for disability types and that conditions such as mental retardation, mental illness, and severe disabilities are rated with less approval and greater discomfort" (Gordon et al., 2005, p. 3). This shows the difficulties that students with disabilities can have when trying to build and maintain relationships.

Building friendships, however, is not one sided. Both the student without a disability, as well as the student with a disability, needs to ensure a mutual gain and understanding of the friendship. Grenot-Scheyer (1994) suggests that ''because friendship can be considered to be mutual and reciprocal, it would seem that an examination of the contribution and perceptions of the partner without disabilities is reasonable" (p. 261). This ensures the work of the teachers and others in the school environment to help facilitate those friendships. Given the empirical research that supports the claim that students with disabilities have difficulties fostering friendships and belonging, it is vital that teachers and other school personnel help to develop meaningful relationships between students. Although Brandy did not struggle with maintaining meaningful friendships, she struggled with maintaining relationships with teachers. Cynthia talked about her friends, yet

friendship is something that was a concern for her, as pointed out through her contradictive dialogue on friendship. This leads me to question whether or not Cynthia could have benefitted having some help from the school on fostering friendships.

Supports, Services and Schools

Another prominent aspect in Cynthia's story is her experience of school. She says, "I liked being in special education classes." She states that she enjoys being in smaller classes. Then, later in our interviews, she states, "I just don't like school." However, she couldn't give any explanations of why she didn't like school. And she further makes a broad assumption when she states, "Nobody likes school."

Cynthia also explains the supports, services, accommodations and modifications that she had been given throughout her entire schooling career, as she could recall them. She reflects,

> I liked that I got extra help sometimes if I needed it. I think it would help when teachers would go over assignments before they gave them to us, so we'd know how to do them. Well sometimes someone would read my tests to me. Sometimes I had more time to do tests. If I was having issues with homework, like they'd give me a little bit longer time to do it. They would explain the material more. Sometimes in some of my classrooms, they had…I don't know what you call it…. they had another teacher in there. Yep…that's it, co-teacher. And that teacher worked with me. If they would assign a long assignment, they would shorten mine sometimes. If I needed help with reading or understanding they would help me with that. They just helped me if I needed help with something.

One thing that struck me throughout our interviews is that Cynthia felt as though she had a good school experience. As she states, "I think I had a good school experience." As an outsider looking in, I was surprised at the services she received

given what I know about Brandy's schooling. I was expecting Cynthia to talk about how terrible her supports and services were, if she had even had any, and I thought that she would tell me that they were inappropriate given her needs. I was surprised that she mentioned a variety of different supports and services and she wasn't upset about what she received.

Brandy wasn't given any supports or services throughout her schooling, which ultimately, I believe, led her to miss basically all of our high school. Brandy's mom, Jeanette, went to the school several times to try and get things put into place for Brandy, but nothing ever became of Jeanette's attempts. Brandy did not receive services through an IEP or 504 plan, which I believe she would have qualified for. After seeing that the school wasn't going to help the way they should, Jeanette begged and pleaded to the principal at the high school to let Brandy attend the alternative high school. However, the principal refused telling Jeanette that they were going to be closing the alternative school, and they couldn't keep it open for just one student.

Jeanette continued to take Brandy to a psychiatrist, and the psychiatrist agreed that school was becoming too much, it was significantly impacting and effecting Brandy's mental health. Brady's doctor felt that it would be best for her to finish the remainder of her schooling from home. Again Jeanette went to the school and the school said that would 'allow' Brandy to finish school from home. The teachers emailed Jeanette regarding Brandy's assignments, and Jeanette would sit by Brandy for hours a day to support her and ensure that the work was getting

done. Jeanette contacted the school one last time to see if they would send a teacher or an aide to come to their home and teach Brandy the necessary materials to be able to complete the work, but the school refused. Jeanette felt hopeless and defeated, and she tried her best to help Brandy get through. But how could Jeanette help her daughter when it appeared that everyone else had given up on her?

Given the current literature, Reddy and Richardson (2006) state, "Historically, children with ED [EBD] have received fragmented inadequate services that often yield unfavorable school and community outcomes" (p. 379). This was surely the case for Brandy. Although Cynthia received services, she didn't verbalize whether or not she thought they were adequate or not. Similarly, Vannest et al. (2009) state, "Teachers do not generally have knowledge of the academic characteristics of students with EBD or effective strategies for addressing those needs" (p. 74). Therefore, it is imperative that teachers truly get to know their students and discuss what the student believes would be helpful for them to learn. I believe that students should have a say in what they consider to be beneficial within their schooling.

Werner and Stawski (2012) state, "The most difficult barrier to overcome in the field of DD [dual diagnosis] has been ignorance about the special needs of this population with response to their MH [mental health] and the need for specialist knowledge concerning psychiatric diagnostics and treatment" (p. 301). Potentially the reason supports and services are so limited is because of the lack of knowledge that educators have pertaining to students with mental health concerns and any

accompanying disabilities. Yet, this cannot, and should not, serve as an excuse as to why appropriate interventions and supports are not readily available.

I still wonder how teachers and schools can ensure that appropriate supports be implemented for students? How do we know when we are providing authentic supports, or just providing generic supports to students? Further, by law FAPE requires an appropriate education to students who are entitled to services. How do we determine what's appropriate?

Summary

This study examined the educational experiences of a student who was entitled to receive services. The study's aim was to look at (1) the educational experiences of a student with a mental illness, and (2) how do the educational supports and services they receive impact their educational experiences and opportunities. Cynthia, the only participant in the study, did not identify herself as a person with an intellectual disability or mental health.

Cynthia's educational experiences, she believes were good. She enjoyed school, although she makes comments that challenge her statement that she enjoys school. Overall, Cynthia wouldn't have changed anything about her schooling experience, she was happy with how it was. The supports and services that Cynthia identified were things such as having a reader, longer time to complete tests and assignments, and access to an aide. Cynthia believed that she had a good schooling experience. Cynthia does believe that the school taught her how to be a good worker and helped her, because through her schooling she was able to work in a

daycare, which is her passion. Overall, schooling for Cynthia, in her words, seemed appropriate and suitable.

CHAPTER 6

IMPLICATIONS FOR SUPPORTING STUDENTS WITH MENTAL HEALTH CONCERNS

Through Cynthia's story, several surprises emerged that lead to several implications. It is vital to examine whether the use of labels are beneficial or detrimental to students. Each student is unique with their own personal stories and experiences. Understanding disability through a social construction model supports seeing students as unique individuals. Examining labels, and disability, through the social construction model versus the medical model will help in determining whether labels are of benefit. Supporting friendships is also very important for teachers to facilitate within their classrooms. It is also imperative that teachers support community. A deeper look at different strategies to support facilitation of friendship and community will be discussed. The following are the implications.

Understanding Disability

Teachers and schools need to understand disabilities and differences through the social construction model of disability. Currently, we perceive disability through the medical model. Kids As Self Advocates (KASA, n.d.) displays on its website the differences of the medical model versus social model of disability as introduced by Carol Gill.

KASA (n.d.) explains the Medical Model views disability in the following ways,

> (1) Disability is a deficiency or abnormality. (2) Being disabled is negative. (3) Disability resides in the individual. (4) The remedy for disability-related problems is cure or normalization of the individual. And, (5) The agent of remedy is the professional. (p. 1)

The opposite of the medical model would be to view disability through a social construction. KASA (n.d.), who adapted the work of Carol Gill, states the following about the social model of disability,

> (1) Disability is a difference. (2) Being disabled, in itself, is neutral. (3) Disability derives from interaction between the individual and society. (4) The remedy for disability-related problems are a change in the interaction between the individual and society. And, (5) The agent of remedy can be the individual, an advocate, or anyone who affects the arraignments between the individual and society. (p. 1)

Clearly the social model of disability signifies that society is the hindrance to individuals with disabilities, the disability isn't the hindrance.

Similarly, Dr. Deborah Gallagher, in an essay to the College of Education at a Midwestern University, states, "Rather than conceiving of disability as an 'individual problem,' and 'a personal tragedy,' the social model sought to make clear that the problems of disabled people derive from society's collective response to their impairments" (p. 2). Similarly, Gallagher states,

> In sum, the social model of disability constituted a reframing of the very concept of disability that asserted that disability is not about certain forms of human variation, which should all be understood as natural and part of the broader human experience. Instead, disability is about how certain kinds of human differences are made (by the rest of us) to make a difference. Put differently, it is not inevitable that not seeing, hearing, moving, thinking, or acting in certain culturally valued ways must be construed as a form of deficiency. The line between "abled" and "disabled" is an arbitrary one in any event. (p. 2)

Considering what Gallagher states is that we, as a society, have ultimately impacted those with disabilities. The use of labels fits into this idea of social construction of disability. Ultimately, we have constructed what disabilities are, and how we have defined disabilities, through the use of labels. According to Kliewer and Biklen (1996), they suggest that labels are nothing more than (multiple) observations by researchers who have conducted observations of like-people. But didn't the researcher come into these observations with already conceived notions? Don't we all have biological and cultural makeup that makes us view things differently? Therefore, the way that the researcher interprets various actions to indicate a lack of awareness is subjective. Literally, labels, and their meanings, have been constructed by people who *observed* similarities amongst groups of similar people, and drew conclusions from those observations. There is no truth in labels – the truths have been created and constructed. Therefore, why are labels necessary? If there is no absolute truth within them, why do we use them? Labels are nothing more than multiple observations of like people by a researcher.

Given the lack of absolute truth in labels, an examination of the necessity of labels needs to be undertaken. The implementation of the social model of disability within schools is vital for change to occur. Once we can begin to see ourselves as part of the problem (society constructs the conditions which limits those with disabilities), then we can become part of the solution. I wonder if Brandy would have had a different school experiences had her (dis)ability not been seen as a tragedy. It is my belief that teachers thought she couldn't do certain things because

she had a mental health concerns. Similarly, Cynthia didn't identify herself as having an intellectual disability or a mental health concern. I wonder how things could have been different for her had her teachers not seen her as an individual having these disabilities. With the social construction model of disability, we would no longer see individuals as people 'struggling' with a disability – instead they would just be an individual.

Supporting Friendships and Belonging

This study reminds us that teachers and other school personnel need to guide students, with and without disabilities, to gain and maintain friendships as well as to foster community within the school. Despite the help that teachers and other school personnel need to give to supporting students to foster friendships, Alfie Kohn (2005) states, "In turn, the best predictor of whether children will be able to accept themselves as fundamentally valuable and capable is the extent to which they have been accepted unconditionally by others" (p. 22).

This quote by Kohn shows the importance of fitting in and belonging within the school community. However, it shouldn't just be assumed that children with disabilities will have a hard time fitting in, and therefore, not feel accepted unconditionally by others. Gordon et al. (2005) state, "Clearly, children, parents and professionals should not assume that disability is the pivotal factor preventing a child in developing and maintaining friendships as loneliness and isolation cut across all ability levels" (p. 5). Despite the fact that children with disabilities tend to

have a harder time making friends, it should not be assumed that just because an individual has a disability, they need help fostering friendships.

Yet, teachers must acknowledge when help is needed, both within helping students to feel as though they belong, as well as fostering friendships, and then more forward. Siperstein, Leffert, and Widaman (1996), as cited by Gordon et al. (2005), state strategies to promote social acceptance of students with mental retardation (now called intellectual disability), which could increase friendship and belonging. Those strategies include increasing the interactions for peers to interact, implementation of social skills that closely matches the skills of students without disabilities, and finally, promoting positive views towards disability. Promoting a positive view of disability would suggest taking on the social construction model of disability.

Given the importance of friendships for individuals, it is vital that teachers, school personnel, parents, as well as the students, all do their part in creating meaningful friendships. Teachers can increase friendship opportunities through the use of 'peer-supports'. Kennedy (2001) states, "Increasingly, peers without disabilities are providing support to students with severe disabilities in a range of typical settings" (p. 125). Through the use of peer-support, you are also helping to foster a community of belonging. Yet, these peer-support programs need to ensure 'natural social interactions'. Kennedy (2001) states that 'natural social interactions' would include, "…participation in typical environments, with typical peers, and

engaging in typical activities" (p. 126). You do not want to create peer groups that are artificial. They need to be as natural as possible.

To ensure that meaningful friendships and belonging are able to occur, with adult help when necessary, it is vital that teachers, administrators and other school personnel be trained in disability and diversity issues (Gordon et al., 2005). Acknowledging disability and diversity is vital in understanding disability as a social construction. Cynthia may have benefited from a program that helped to ensure developing and maintaining friendships. Since one of Cynthia's biggest concerns was making friends, a program helping to foster relationships would have potentially helped Cynthia feel confident in making friends. For my friend Brady, she would have benefited from developing meaningful relationships with teachers, which I believe would have helped her attend school, which in turn, would have benefitted her educational experiences. It is my belief that developing meaningful relationships is vital for students and teachers alike.

The Need For Individualized and Authentic Supports

Although we cannot assert the degree to which Cynthia's supports were adequate, this study reminds us, as educators, of the necessity of providing authentic services, supports, accommodations and modifications that need to be implemented for meaningful support to occur. For Cynthia, the primary focus of her supports was on the academics. Yet, where she thoroughly struggled was with relationship building. Having had received supports within this area could have made schooling more equitable for Cynthia.

Vannest et al. (2009) state, "Teachers do not generally have knowledge of the academic characteristics of students with EBD or effective strategies for addressing those needs" (p. 74). Therefore, it is imperative that teachers truly get to know their students and discuss what the student believes would be helpful for them to learn. I believe that students should have a say in what they consider to be beneficial within their schooling.

Therefore, an examination of what is missing within the realm of authentic and individualized supports needs to occur. The only way to make school more successful is to ensure that authentic and individualized supports occur. Teachers need to ensure that more than just 'blanket' or generic supports occur. For Cynthia, I believe that more authentic accommodations and modifications could have helped her. I believe that we find what is meaningful and authentic by getting to know the student and asking the student what they think is necessary for them to be able to be successful. For Brandy, any supports would have helped her. It breaks my heart to know that she fell through the cracks. A little help from anyone could have made all the difference for her. Educators need to ensure that they are not just providing accommodations and modifications just 'to do it,' but instead they are providing supports that will truly benefit the student.

Research Considerations

The greatest limitation within this study is to not essentialize Cynthia's story. Although there are ideas and thoughts that can be taken away and implemented into schooling, it is one story. It is not everyone's story, nor will what worked for

Cynthia work for others. Even Brandy's dramatic school experience, which is perhaps unusual, is a story that should be remembered, as we need to ensure that this doesn't happen for future students.

In hindsight, what I've truly learned is that mental health concerns is a sensitive topic. Given that sensitivity, I believe that any future research within this area would require an abundance amount of time that can be dedicated to building a relationship with the participant. I also believe that the researcher needs to devote a significant amount of time to become immersed in the participant's life in order to gain more depth and more detail. I believe that the lack of time that was given to interviewing Cynthia accounts for the data that was collected. It would be very interesting to see what would have emerged throughout several more interviews. Perhaps what would have emerged would be more depth and detail to Cynthia's story.

Future Research

Given these research considerations above, more research is needed on individuals with mental health concerns. Several items should be considered and/or implemented into future studies. Participants should be involved in all aspects of the study. Participatory research (Van der Riet, 2008) would involve participants being engaged in the research project, asking questions, being involved in the analysis and how their story is represented. This would lead to genuine and indisputable first-person narratives on mental health concerns.

Future studies could include a study similar to this, but with multiple participants. Another consideration for future studies would be to interview participants who identify themselves as having a mental health concern, contrasting those who don't identify themselves as having a mental health concern. It would be interesting to see if their perceptions of schooling would be similar or different, depending on their self-identification.

Another consideration for a future study may be to interview the parents of the individuals who struggled with school due to their mental health concern, as well as the individual. This would lead to a comparison of the stories between the parent and the student to see if there are similarities or differences of concerns regarding school experience.

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APPENDIX A

AGENCY SCRIPT

A Graduate Student at University of Northern Iowa has contacted me. She is in the process of working on her Master Thesis. The student's name is Nikki King. She is studying individuals who have gone through school with a mental health concern or a label of EBD. She has contacted me to try and locate willing participants for her study. I am asking you because I thought that this might be something you are interested in.

To be involved in this study you have to have a diagnosis of a mental health illness or EBD and be over the age of 18. You also had to receive services through an IEP or 504 Plan while you attended school.

If you are willing to participate in Nikki's study, you and her would do 3-5 interviews about your schooling. The interviews will be about the services and supports that you received through your schooling for your mental health concern and how they helped. The ultimate goal is to find successful services and supports that will increase the school's support for students with mental health concerns. There is no compensation for your participation, but your involvement could be extremely helpful for future students. If you would like to learn more about the study, please contact Nikki at (email address) or call (phone number) and she will give you more details.

APPENDIX B

INTERVIEW QUESTIONS

Interview #1 Questions

1. Tell me about yourself.
2. How would people describe you?
3. Tell me how you spend your free time.
4. Where did you go to Elementary school at?
5. What do you remember about that/those schools?
6. Who was your favorite teacher? Why?
7. What was your favorite subject?
8. Who was your least favorite teacher? Why?
9. What was your least favorite subject? Why?
10. What is your best memory about elementary school?
11. What is something that happened during elementary school that you wish wouldn't have happened?
12. Tell me about the friends that you had at school.
13. What was a typical day like in Mr./Mrs. _____ classrooms?
14. Did you go to 'general ed' with your peers?
15. What are your dreams?
16. What goals do you have for yourself?
17. How are you trying to reach those goals?

Interview #2 Questions

18. What did you do for fun in middle school?
19. How did teachers support you in middle school?
20. What were your biggest concerns in middle school?
21. What advice would you give to a student like you in middle school right now?
22. Where did you go to Middle school at?
23. What do you remember about that?
24. Who was your favorite teacher? Why?
25. What was your favorite subject?
26. Who was your least favorite teacher? Why?
27. What was your least favorite subject? Why?
28. What is your best memory about middle school?
29. What is something that happened during middle school that you wish wouldn't have happened?
30. Tell me about the friends that you had in middle school.
31. What was a typical day like in Mr./Mrs. _____ classrooms?
32. Did you go to 'general ed' with your peers?
33. What supports did you receive in the general ed setting?
34. What was your dream in middle school?
35. Did you have any classes to help you achieve your dreams?
36. How did your teachers prepare you for high school?

Interview #3 Questions

37. What did you do for fun in high school?
38. How did teachers support you in high school?
39. What were your biggest concerns in high school?
40. What advice would you give to a student like you in high school right now?
41. Where did you go to high school?
42. What do you remember about that?
43. Who was your favorite teacher? Why?
44. What was your favorite subject?
45. Who was your least favorite teacher? Why?
46. What was your least favorite subject? Why?
47. What is your best memory about high school?
48. What is something that happened during high school that you wish wouldn't have happened?
49. Tell me about the friends that you had in high school.
50. What was a typical day like in Mr./Mrs. _____ classrooms?
51. Did you go to 'general ed' with your peers?
52. What supports did you receive in the general ed setting?
53. What was your dream in high school?
54. Did you have any classes to help you achieve your dreams?
55. How did your teachers prepare you for high school?
56. What type of transition services did you get in high school?

a. Where did you learn how to live on your own?
b. Where did you learn how to be a competitive worker?
c. What was done to help you reach your goals/dreams?

57. What do you need to do in order to achieve your dream? What skills is it going to take?

58. How do you coordinate your staff to help you?

59. What does your staff do?

60. What jobs have you had since graduating high school?

61. Have you lived on your own since graduating?

62. What do you wish your high school would have done to help you transition better, if any?

APPENDIX C

TOP 5 LIST

1. There was a fight between you and another student. The only reason you continued to fight was because *she* kept it going. The teacher had to get the principal involved a couple of times.
2. Your Spanish teacher wasn't very helpful. She wouldn't give you help when you needed it.
3. You went to the Way Station with your friends, and the to the movies, swimming, walking, and sometimes you went out of town. And you also went to birthday parties and jumped on the bed.
4. You went to court for the first time at age 3, and then you were adopted when you were five. You gained two brothers in the adoption. Right after you were adopted you moved to your current location.
5. You have worked at Pizza Palace, the hospital, Head Start, although you didn't get paid to work there. Then you started working on the floor, but it was too easy, so they moved you to Day Hab. Then you started recycling. You also went out at night with some task supervisors and did cleaning at a grocery store.