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## A school follow-up questionnaire as a measure of post hospital success in residential treatment of children

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## **A school follow-up questionnaire as a measure of post hospital success in residential treatment of children**

### **Abstract**

Throughout the history of education in the United States, the American Public has attempted to meet the needs of all students. This has become more evident through the most recent legislation and programming for students with special needs. The passage of Public Law 94:142 and similar state laws have directed education to meet the needs of all students. This includes students who had previously been overlooked and were not receiving the special education they needed and deserved.

A SCHOOL FOLLOW-UP QUESTIONNAIRE AS A  
MEASURE OF POST HOSPITAL SUCCESS IN  
RESIDENTIAL TREATMENT OF CHILDREN

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A Research Paper

Presented to

the Department of School Administration

and Personnel Services

University of Northern Iowa

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In Partial Fulfillment

of the Requirements for the Degree

Master of Arts in Education

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by

John W. Carroll

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Entitled: A SCHOOL FOLLOW-UP QUESTIONNAIRE AS A MEASURE OF POST HOSPITAL SUCCESS IN RESIDENTIAL TREATMENT OF CHILDREN

has been approved as meeting the research paper requirements for the Degree of Master of Arts in Education.

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## Chapter 1

### INTRODUCTION

Throughout the history of education in the United States, the American Public has attempted to meet the needs of all students. This has become more evident through the most recent legislation and programming for students with special needs. The passage of Public Law 94:142 and similar state laws have directed education to meet the needs of all students. This includes students who had previously been overlooked and were not receiving the special education they needed and deserved.

One group of students in this category is the students who are determined to have behavioral disorders or are emotionally handicapped. Most recently schools have become aware of this population and have developed programs to meet the specialized needs of "emotionally disabled" students. However schools and communities often cannot meet the multifaceted needs of the "emotionally disabled" child. As a result, the most severely disabled children are removed from the home environment and placed in a more restrictive environment. These restrictive environments are sometimes known as Mental Health Centers, Mental Health Clinics, Hospitals for the Mentally Ill, or some other type of residential treatment centers. The residential treatment centers provide to the community and schools an intensive therapeutic environment to assist the severely emotionally disabled student in understanding their difficulties and eventual return of the child to the community. When the child returns to the community, that child will be

able to return to the public school program and the educational needs of the child would be met by the local school.

### Statement of the Problem

With the return of students to the local community from residential treatment centers there are many questions that school personnel will want to know. These will include: Can the local schools provide a special program for the child? Has the child shown enough emotional development to cope with day to day school problems? What has been done with this student so that the student can be successful? What are the student's chances of being successful in the local public school? School personnel will be interested to know if the residential treatment of children is a success or not. In the months and years following the student's return to the community the school personnel will know whether hospitalization is successful.

Schools are generally not provided with statistics that would indicate the success of residential treatment and therefore do not really know the chances of a child being successful in the local school after release from residential treatment.

In order to provide schools with information regarding the success of residential treatment, the individual treatment centers need to study the success of previous clients. It will be necessary to follow the students over a period of time to see if successful adjustment is made. With the follow-up questionnaire in



this study an attempt will be made to answer the following question: What are the chances of a child being successful in school upon return to the community from a residential treatment center? In addition, other questions that are considered would include: What factors are essential in a good school adjustment? What adjustment factors in school are indicators that hospital treatment was successful or unsuccessful?

### Importance of the Study

The major purpose of this study was to provide information with regard to the success of residential treatment programs for "emotionally disabled" students and to indicate the factors of success in students returning to the local schools. Little information with regard to school success of treated students has been available in the past. Therefore this study will help local school personnel as well as personnel involved in the residential treatment of students. Additionally, changes in programming within residential treatment may focus on the specific adjustment factors that show a low rate of success. Local schools and treatment programs will be able to use the information in planning for students' return to local schools. The long range outcome would be to provide better treatment of "emotionally disabled" students and to ensure greater success when students return to school.

### Limitations of the Study

There are numerous limitations to this study as it is directly related to success or failure in only the area of school adjustment. Areas of family adjustment and community adjustment are not

specifically addressed. Students may show significant gains in the home and the community after hospitalization that cannot be indicated in a school follow-up. Only implications can be made.

The study is limited in scope since the number of students involved in the follow-up is small. This factor may be improved with continual follow-up studies over a several year period.

Additionally, the study limits itself to one residential treatment center in a rural state. Implications for treatment programs in other geographic locations cannot be made. Residential treatment programs vary greatly in philosophy and size which will also make it difficult to make assumptions with regard to all residential treatment.

The study has been developed to provide information regarding a specific treatment center and not for generalization to all residential treatment.

Another limitation to the study would be the format of the questionnaire and those completing the questionnaire. The questionnaire was designed to be completed by either a principal, counselor or other educator. It does not permit the student to indicate whether they feel that residential treatment has been helpful.

The range of the study is short and makes it difficult to indicate future success in the adulthood of the student. However, implications can be made with regard to school success and eventual success in the community. A long range study over ten or twenty years may be able to provide information regarding future success.

Definitions of Terms Used

Residential Treatment -- An intensive program which removes children from the home in an effort to improve the child's ability to cope with problems encountered in home, school, and community.

Follow-up Questionnaire -- An instrument designed to measure the success of children within the local public school upon release from a residential treatment program.

Follow-up -- The seeking of information on a person or persons - this shall not be used as follow-up meaning aftercare planning or providing assistance to students when they have returned to the community.

## Chapter 2

### REVIEW OF THE RELATED LITERATURE

#### Related Research

Research in the area of post-hospitalization success of emotionally disabled children is not a new topic of discussion. Much attention has been paid to the conducting of follow up investigations, but complex problems in conducting surveys have caused little to be written in this area. Gossett and Lewis (1973) note "the time, expense and complex methodological problems" have caused "few investigations to study and publish such studies" (p. 602).

There are a number of studies completed in related fields touching on the subject of follow up for children who have received treatment for emotional disabilities. Most treatment programs are so specific that it is virtually impossible to find studies specifically related to a specific program (Gossett and Lewis 1975).

One study completed by Renton and Walkind (1979) indicated that children with psychotic disorders showed significant disorders four years after initial hospitalization. Their findings indicated a need for institutional care for two-thirds of the treated children after the fourth year of initial institutionalization care. The slow progress of these children was of grave concern as the program questioned its effectiveness. Children continued to show difficulties in antisocial behavior and poor home adjustment even after institutional care.

Slightly more positive results were obtained in a mail survey through the Children's Village in the St. Lawrence Community Mental Health Center (Schaeffer, 1976). Approximately two-thirds of the discharged boys were making satisfactory adjustment to the community. This survey obtained a 57% response to mailed questionnaires. The questionnaire reflected the parental opinion of school success, law violations and overall community adjustment.

Similar results were obtained by Davids and Salvatore (1976). In a 30-year study of patients admitted to Emma Pendelton Bradley Hospital in Riverside, R.I., about one-third were reportedly doing "good," one-third doing "fair" and one-third with a "poor" adjustment.

In a survey completed by Levy (1969) at the Menninger Clinic about "two-thirds made ordinary or marginal adjustment and about one-half were clearly helped" (p. 1637). These findings were based on 100 patients that were discharged between 1945 and 1960.

In a two year study of hyperactive boys, Rapoport and Riddle (1976) examined the home and school behavior, academic achievement, peer status and depressive symptoms of patients. The findings of this study indicated over half of the hyperactive boys continued having problems in all identified areas. It also provided additional information indicating the positive correlation between teacher ratings and peer sociograms administered to the patients.

Intellectual change and functioning was the criteria used by Hayden and Talmadge (1969) in the study of boys at the Astor Home for Children. The results of WISC tests indicated that children

with higher I.Q. scores tended to show greater improvement in the therapeutic treatment center. Levy (1969) also noted similar results indicating a child's chances of success being greater if they have a higher I.Q.

Job history and legal status were the criteria used by Massimo and Share (1969) to evaluate therapeutic success. Since the therapy program was basically vocationally oriented, the five year follow-up dealt with job and legal success. A high correlation between poor job history and legal problems was verified. The vocationally oriented program had been quite successful for its students in comparison to those not involved in the program. This investigation was unique in that it could use a control group of individuals who demonstrated delinquent problems but were not treated.

In the investigation of adjustment factors and follow up studies, school adjustment appears to be one of the most significant factors. School adjustment includes both behavioral and social adjustment.

In a survey by Feldhusen and Roeser (1977) it was concluded that teacher reporting is a good measure of children's adjustment and that cognitive ability is not related to good school adjustment. This would appear to be in conflict with other studies indicating the correlation between cognitive ability and post-hospital success (Hayden and Talmadge, 1969).

The effectiveness of the Edgewood Treatment Center in San Francisco was verified through a follow-up study by Oxley (1977). A high percentage of the students were able to return to their own home (96%) and a high percentage of parents felt their child improved in relationship to parents (74% - 85%). The emphasis of improved home and school behaviors was of great importance to the Edgewood staff as they place a high degree of importance upon working with parents and children during hospitalization.

Follow-up feedback through the Devereaux Child Behavior Rating scale permitted Schaefer and Millman (1975) to "evaluate the effect of our program, feed back the results to staff (and boys) and ultimately improve services."

In two follow-up studies the theory of spontaneous improvement has been suggested. Galvin (1972) and Johnson and Mendelsen (1971). That is, children will show marked improvement by experiencing natural growth and development. Galvin (1972) noted that about 30% of the children studied continued behavioral disturbances even after four years. Studies in the area of spontaneous improvement are most predominant in work with hyperactive children within the school setting as noted in a teacher survey by Balow and Rubin (1978).

In a review of follow-up studies by Gossett and Lewis (1973) a number of generalizations were made. They included:

1. The severity of psychopathology and a direct correlation to success. The lesser the initial disturbance, the better function at follow-up.
2. The early history of academic failure, peer isolation, gradual onset of problems and slow response to intervention were shown to have a poor prognosis for improvement.

3. Children who completed programs successfully and were terminated by the hospital had a greater success rate.
4. Treatment programs with an educational unit had greater success.
5. Continuation of psychotherapy at the time of discharge produced better long term results.
6. Below average intelligence signified poor outcome for patients.

These conclusions were drawn from the research of thirteen individual studies of psychiatric follow-up of adolescents treated in psychiatric hospitals.

One of the questions raised in residential treatment is the predictions of return to hospitalization. Miller and Willer (1976) indicated that the best predictions for rehospitalization were the support received after hospitalization, control of aggression and number of previous hospitalizations. Approximately one-third of patients returned to hospitalization within six months.

Adjustment to school programs at the time of discharge was one of the key success indicators according to Davids and Salvatore (1967). "The pattern of findings from the follow-up study is that those former patients who were judged to be showing "good or very good" overall adjustment, were making a good adjustment to school" (p. 473).

Although the overall review of literature varies with regard to success or failure of residential treatment, Herstein (1973) did not see this as a legitimate reason for discontinuing research.



To the opposite he states "As residential treatment institutions meet the challenge of accountability and hold themselves open to examination they must, at the same time, hold fast to their clinical objectives and their ability to respond flexibly and specifically to meet the needs of their clients" (p. 151). The real purpose of follow-up is the improvement of treatment.

#### Review of Follow-up Designs

Follow-up of children who have been hospitalized and treated for emotional disabilities is a controversial topic to say the least. The questions of confidentiality and patients' rights have increasingly impeded many institutions from completing follow-up, even in strictly observed studies. However, complicated and difficult follow-up research may be the need for hospitalization accountability and program evaluation and necessary. Herstein (1975) looked to the increasing costs of treatment, government funding and the cost effectiveness of treatment as realistic reasons for follow-up studies. Additionally, institutions are often judged as a group when they should be evaluated as a specific treatment center for a specific population. With the closing of institutions in a non-discriminating manner, institutions should be looking for ways to show their individual effectiveness and specific plan for dealing with emotionally disabled children.

In devising follow-up studies, Herstein (1975) recommends a follow-up completed shortly after hospitalization (within 3 months), be written specific to the treatment modality used within the institution and be devised by personnel in the institution. The local

The primary problems of follow-up studies in residential treatment institutions should be completing their own studies rather than relying on outside agencies to administer the follow-up survey.

With the completion of follow-up studies there ensues many problems.

In an eight year study at the Tumberlawn Psychiatric Center, Gossett and Lewis (1975) observed five major problems in the follow-up study. These include questions and ethical responsibility, research design factors, choice of variables, problems of data collection, and the researcher clinical relationship.

The brief description of the problems and solutions by Gossett and Lewis (1975) are as follows:

1. Ethical Issues. Patients rights and confidentiality can be alleviated by providing the patient and family with information regarding follow-up and involving the family in follow-up study. This can be dealt with at the time of admission and during hospitalization.
2. Research Design Problems. It is difficult, if not impossible to make comparative studies with patients who receive treatment and those who need treatment but do not receive treatment. The best answer is to compare the treatment group to those who are considered as normal.
3. There are a great number of variables affecting treatment and all cannot be studied in a follow-up. The choice of a limited number of variables is imperative.
4. Data Collection. The techniques of data collection are a limited choice. The most frequently used are mailed questionnaires, telephone interviews or face to face interviews. All three present problems, but all can be used effectively.
5. Clinician Researcher Relationship. The researcher must involve the clinician in the study and have the clinician feel they are important even though the clinician may not have time to work extensively on the study.

The privacy problems of follow-up studies in residential treatment as noted by Robins (1977) included the locating of subjects, making comparative studies of those who have not received treatment and the length of time that permission forms are valid. Even though these are obstacles, Robin (1977) challenged researchers to "find ways of protecting privacy without depriving future generations of the knowledge that could spare them unnecessary anguish" (p. 907).

One concern of researchers is the validity of long range studies and their implications for current hospital programs. Since many programs have changed dramatically over the years, Sobel (1978) did not see the validity in using a long range study (30 years) in being reliable information for current treatment. The data should be much more short range and deal with practices that are relevant to a specific program. There have been so many changes in psychiatric hospitalization that the long range studies are not applicable.

In follow-up studies the researcher attempts to obtain the most reliable information possible. Fulton and Maddigan (1976) felt that the patients themselves are the best predictors and assessors of adjustment to the community. Family members are somewhat less accurate in the judgment of hospitalization success.

The specific type of questionnaire or follow-up method is important to the researcher. Schaeffer (1977) found the mail questionnaire as an effective method of gathering information. As a result, the Children's Village of Dobbs, Terry, New York uses a mail questionnaire to determine community adjustment at intervals of six

months, 18 months, three years, five years and ten years following discharge.

Studies vary greatly in the techniques used. Levy (1969), in follow-up of patients from the Menninger Clinic used a combination of personal letters and telephone conversations to obtain information. Belmont and Gottesman (1975), found the individual interview to assess the status of children served in a medical clinic. In-home interviews were used by Johnson and Mendelson (1971) to determine home and school success of hyperactive children. The technique of research varied greatly, each researcher seeing strengths and weaknesses for their technique. Gossett and Lewis (1975) assessed the mailed questionnaire as the most commonly used format, although the face to face interviews and telephone interviews are preferable for obtaining information.

Specific criteria to measure success appear paramount in design of follow-up studies. Reynolds (1978) used a criteria of success scale to measure the educational success of students in the Pennsylvania special education programs. This criteria included:

1. Gain scores in achievement
2. Police record
3. Later treatment
4. Grade of student
5. School grades
6. Teacher comments
7. Teacher behavior rating scale
8. Attendance at school
9. Exclusion or suspension
10. Extracurricular activities

Other studies have dealt more specifically with behaviors outside the school realm. Kramer and Loney (1978) used the parental interview technique to determine delinquent behavior of post hospital-

ized adolescents. The criteria used were in the behavioral aspects of illegal acts, acts against property, drug offenses and alcohol problems.

Another more systematic questionnaire design was used by Millman and Schaeffer (1975) in the follow-up of emotionally disabled students. The Devereaux Child Behavior Rating and the Devereaux Elementary School Behavior Rating Scale were used to determine the success. These scales were able to pinpoint the areas in which the children were observed as having difficulties.

In a research using follow-up through the local schools, Oxley (1977) used a phone interview with teachers to assess the success of former patients. In addition, parental interviews were held. This produced a high rate of completed follow-ups (78%) and also gave perspectives from the school and home. Since most of the children had problems in both home and school the validity of the follow-up was enforced by two interviews. There was little significant difference between the parental perceptions and the school perception. Findings in this study and the findings of Feldhusen and Roeser (1977) indicated that teachers were good behavior raters of children returning from treatment.

Although teacher behavior ratings have been used as acceptable measures, Balow and Rubin (1978) found some discrediting information. In a school survey of teachers identifying behavioral problems, 60% of elementary students were perceived as having serious problems by at least one teacher. However, it should be noted that the behavior ratings were over a period of six years and several teachers were

used as raters. A more realistic figure would indicate that approximately 7.4% of the school age children were in need of specialized assistance.

With all the complex issues raised in completing follow-up studies, Robins (1977) states that the rules and regulations regarding follow-up should not stop researchers from doing necessary study. Confidentiality and other safeguards can be taken and research can be continued. Confidentiality is an ethical question that must be dealt with in research. Research is also ethical in itself as "mentally disabled have the right to treatments and preventative health measures of proven effectiveness so that their lives and futures will be safe" (p. 907).

DESIGN OF THE STUDY

Sources of Data

The data received for this study was retrieved through the use of a follow-up questionnaire sent to local school personnel having contact with students discharged from the Cromwell Children's Unit. The information was provided by a variety of school personnel including teachers, counselors and school administration. Personnel from 61 public school programs in northeast Iowa provided information through the follow-up questionnaire.

Procedure

The development of the follow-up questionnaire was a combination research in previous follow-up studies and professional consultations. Consultations with Dr. Paul Brimm, University of Northern Iowa and Dr. Neil Evans, Cromwell Children's Unit, provided a portion of the instrument design. Additionally, the teachers within the Cromwell Children's Unit informally suggested items that would indicate success of students in returning to local schools after hospitalization. Follow-up surveys completed by other treatment programs provided input into the development of the questionnaire.

Description of the Questionnaire

The survey instrument used was a four part questionnaire designed to measure student success in public schools following an intensive psychiatric treatment. Each portion of the questionnaire elicited significant information regarding the student's success

after hospitalization.

The initial portion was designed to indicate whether a student was in school attendance and the type of program in which the student was enrolled.

The second portion indicated the residence factor. Since a portion of the children treated within the Cromwell Unit do not return home, it was felt that residence after hospitalization would be a factor in success.

Academic level of functioning, supervision on expulsion, participation in extracurricular activities, and seeking of counseling were measured through a yes or no response.

The rating of school adjustment factors was completed in a five point Likert scale on ten school factors. The school adjustment factors involved academic and behavioral ratings of each student.

The questionnaire was to be completed by school personnel who had contact with the student and could provide the best source of information regarding all items. A copy of the questionnaire is included in the Appendix.

#### Administration of the Questionnaire

A total of eighty-four questionnaires were mailed to local school personnel on February 1, 1982. Included in each of the questionnaires was the name of the student, the questionnaire, a cover letter briefly describing the study and a self-addressed return envelope. A copy of the letter is included in the Appendix.



Assurances of confidentiality were stated within the letter. Also, written releases of information pertaining to follow-up studies were signed by the parent or guardian. This is a regular routine of the Children's Unit Program.

On February 15, 1982, responses were received on sixty-six of the eighty-four questionnaires (78%). A phone call was made to each non-respondent on February 16, 1982. By March 1, 1982 a total of seventy-seven responses were returned (91.6%).

### Subjects of the Study

A total of eighty-four children treated at the Cromwell Children's Unit in Independence, Iowa were surveyed for the study. The Cromwell Unit is a treatment unit for severely emotionally disturbed children within the State Mental Health Institute. The program consists of a highly structured, twenty-four hour hospital program. The individual components of the Children's Unit program include recreation, individual and group therapy, social work intervention, 24-hour nursing care and the school program. The unit serves the entire eastern half of Iowa and has an average length of stay between six and seven months. The ages of the students range from seven to sixteen.

The specific subjects in this survey include those students discharged from the hospital between August 15, 1980 and August 15, 1981. This includes twenty-five girls and fifty-nine boys.

The survey was divided into two groups. The first group included all the students discharged between August 15, 1980 and

February 14, 1981. This includes a total of thirty-one students, (nine girls and twenty-two boys). The second group includes students discharged after February 15, 1981 and before August 15, 1981, (sixteen girls and thirty-seven boys).

### Presentation of the Data

The results of the study were statistically examined in several ways. In the first three items of the questionnaire percentages were used to compare the girls to the boys. Also a chi square ( $X^2$ ) was used to determine comparisons of sex as well as time following student discharge. The level of significance was at the .05 level. The students discharged less than twelve months were compared to those discharged more than twelve months. In the fourth section of the questionnaire mean scores were used to interpret the results. The results of the percentages in items I through III and the mean scores may be found in the Appendix.

The first item of the questionnaire examined the total number of students involved in school programs following discharge. Over fifty-three percent of the total students studied were attending regular classes in a public school whereas 27.2 percent of the discharged students were in attendance of some type of special education program. In comparing girls to boys, 72.7 percent of the girls and 47.2 percent of the boys attended regular classes. A more careful examination of these results through the chi square treatment indicates comparisons between girls and boys in regular and special education classes as found in table I. and Table II. Table I compares girls to boys for those attending regular or non-

regular classes. A total of twenty-two girls and fifty-five boys were in the sample. Table II comparisons are made between girls and boys who are in attendance of a special education class. Table I discloses significant data to indicate that girls have a much greater rate of attendance in regular classes following discharge from Cromwell than boys do. Table II indicates a much greater tendency for boys to attend special education classes than girls. Both comparisons are statistically significant.

TABLE I

Sex and chi square of students attending regular and non-regular classes.

SEX	REGULAR CLASS	NON-REGULAR CLASS	TOTAL	FE
Girls	16 (1.333)	6 (3.000)	22	12
Boys	26 (.040)	29 (.640)	55	25
TOTALS	42	35	77	

$X^2 = 5.013$  significant

Fe = expected frequency

TABLE II

Sex and chi square of students attending special education and not attending special education

SEX	SPECIAL EDUCATION	NON-SPECIAL EDUCATION	TOTAL	FE
Girls	3 (1.500)	19 (28.166)	22	6
Boys	18 (12.100)	37 (.225)	55	40
TOTALS	21	56	77	

The questionnaire item I also examined by comparing girls to boys over a period of time after discharge. Table III shows a statistically significant number of boys being involved in special education programs less than twelve months after discharge. Boys will have a much greater tendency to be staffed into a special education program immediately following discharge from the Cromwell Unit. It should be noted there were no girls in special education class for those girls discharged over one year.

TABLE III

Sex and chi square of discharges less than 12 months (<12) and those greater than 12 months (>12).

SEX	< 12	> 12	TOTAL	FE
Girls	3 (.500)	0 (1.000)	3	2
Boys	11 (4.170)	7 (.167)	18	6
TOTALS	14	7	21	

$X^2 = 6.837$  significant

Fe = expected frequency

Table IV lists the sample of all students attending regular classes had dropped from school. Within the group 39.5 percent of the classes in the period of less than twelve months following discharge had dropped out and 15.2 percent of the boys had dropped out. charge and the period greater than twelve months. The total of forty-five chi square appeared significant, a chi square was used to examine one students in this sample did not indicate a significant difference the sex of students in relationship to their dropping from school in students attending regular classes less than twelve months following discharge or greater than twelve months following discharge. Once students return to regular classes they have a tendency to drop out. Significant data to show that students with greater time stay there.

TABLE IV

The sex and chi square of students in regular classes less than 12 months (<12) or greater than 12 months (>12) following discharge.

SEX	< 12	> 12	TOTAL	FE
Girls	8 (.013)	7 (.061)	15	7.683
Boys	13 (.008)	13 (.008)	26	12.683
TOTALS	21	20	41	

$X^2 = .090$  not significant

Fe = expected frequency

$X^2 = 41.834$  significant

The drop out rate among students receiving treatment within the Cromwell Unit was also examined in Item one of the questionnaire. Of the seventy-seven students in the survey 23.3 percent of all stu-

dents had dropped from school. Within the group 36.4 percent of the girls had dropped out and 18.2 percent of the boys had dropped out. Since this appeared significant, a chi square was used to examine the sex of students in relationship to their dropping from school as well as a chi square to examine the sex in relationship to the time after discharge that students dropped from school. Table V indicates significant data to show that girls have a much greater tendency than boys to drop from public school classes following discharge. Of the 18 students dropping from school almost half were girls. This is a high number since only 22 of the 77 students in the survey were girls.

TABLE V

Sex and chi square of students dropping or not dropping from school following discharge.

SEX	DROPPED	NOT DROPPED	TOTAL	FE
Girls	8 (1.588)	14 (15.259)	22	5.142
Boys	10 (24.514)	45 (.193)	55	42.142
TOTALS	18	59	77	

$X^2 = 41.554$  significant

Fe = expected frequency

The time frame of students dropping from school was also significant. In using Table VI it can be noted that girls have a greater tendency to drop from school shortly after being discharged from the hospital. However, the longer that girls are in public school, the less chance of dropping out. Only one girl dropped out of school after she had been discharged for more than twelve months, whereas the boys had more drop-outs after the twelve months.

TABLE VI

Sex and chi square of students dropping from school in less than 12 months (<12) following discharge or greater than 12 months (>12) following discharge.

SEX	< 12	> 12	TOTAL	FE
Girls	7 (.642)	1 (3.369)	8	5.176
Boys	4 (.213)	6 (1.047)	10	3.176
TOTALS	11	7	18	

$X^2 = 5.271$  significant

Fe = expected frequency

Item II in the questionnaire dealt with the current living arrangements for discharged students. Of the 77 students in the sample 45 (58.4%) were living at home. This included 68.2 percent of girls living at home and 54.5 percent of boys living at home.

Fourteen students (18.2%) had returned to the hospital or were involved in other treatment facilities. Only five students were living in group homes and four of these were boys. Other living arrangements included foster homes (two students), with relatives (one student) training school (one student) and military school (one student). Eight of the students' living arrangements were unknown.

The return of the students to the family home would appear significant since many of these students have had numerous problems within the family home. The desire of parents to have their children return home and the limited number of facilities outside the home may have some bearing on this.

Table VII lists the sex and the sample of seventy-seven students with their living accommodations being within the home or outside the home. The chi square would show statistical evidence indicating a greater tendency for girls than boys to be living at home following discharge. Almost half of the boys were living outside the home, whereas only one-third of girls were living outside the home.

TABLE VII

Sex and chi square of students living or not living at home following discharge.

SEX	AT HOME	NOT AT HOME	TOTAL	FE
Girls	15 (.357)	7 (2.668)	22	12.857
Boys	30 (2.232)	25 (.200)	55	
TOTALS	45	32	77	

$X^2 = 5.457$  significant

Fe = expected frequency



One significant finding in Item Two of the questionnaire was the comparison of boys to girls in their return to the Cromwell Unit or other treatment facilities. Twenty percent of boys were in treatment facilities following their discharge whereas 13.6 percent of girls were returned to a treatment program. Table VIII lists the total sample of 77 students as divided by sex and whether they are or are not currently placed in treatment facilities. It is statistically significant that girls are not in a treatment facility following their discharge from the Cromwell Unit. Boys have a much better chance of requiring treatment following hospitalization.

TABLE VIII

Sex and chi square of students in other treatment facilities or not in other treatment facilities following discharge from the hospital.

SEX	OTHER TREATMENT	NO OTHER TREATMENT	TOTAL	FE
Girls	3	19	22	4.000
	(.250)	(52.250)		
Boys	11	44	55	45.000
	(43.022)	(.022)		
TOTALS	14	63	77	

$$\chi^2 = 95.544$$

The time following discharge in which students return to other treatment would also appear significant. Ten of the fourteen stu-

dents requiring further treatment were placed in treatment within one year of discharge. Only four of the fourteen were sent for treatment after twelve months. Table IX lists the sample of students obtaining post hospital treatment and whether the treatment was within less than one year of hospitalization ( $<12$ ) or greater than one year ( $>12$ ) after hospitalization. The statistical evidence would indicate that if hospitalization or treatment is necessary it will occur within twelve months of discharge. This is most significant for boys.

TABLE IX

Sex and chi square of students returning to treatment in less than 12 months ( $<12$ ) or greater than 12 months ( $>12$ ).

SEX	$< 12$	$> 12$	TOTAL	FE
Girls	2 (.010)	1 (.610)	3	2.143
Boys	8 (7.505)	3 (.007)	11	3.143
TOTALS	10	4	14	

$$X^2 = 8.132 \text{ significant}$$

Fe = expected frequency

Item III in the questionnaire deals with four aspects of student behavior in class including suspension or expulsion, academic functioning of the student, participation in extracurricular school

activities and the student's willingness to seek counseling.

Each of these were answered by a yes or no, with sixty-six responses made out of the total survey.

Out of the total sample of 66, eleven students (16.7%) had been suspended or expelled from school. All students expelled were boys. Approximately one fourth (23.3%) of the sampled boys were suspended or expelled after discharge from the hospital. A sex and chi square of children being suspended or expelled would indicate a far greater chance for boys than girls to be expelled from school following discharge. Table X lists the chi square with the suspensions or expulsions as the variable.

TABLE X

A sex and chi square for students who have and have not been suspended or expelled following discharge from the hospital.

SEX	SUSPENDED	NOT SUSPENDED	TOTAL	FE
Girls	0 (1.000)	18 (12.500)	18	3
Boys	11 (15.814)	37 (.214)	48	34.285
TOTALS	11	55	66	

$X^2 = 29.528$  significant

Fe = expected frequency

An additional chi square was used to make the comparisons of sex and the suspensions of expulsions before twelve months following discharge or after twelve months following discharge. This did not indicate any significance since six boys were suspended or expelled in less than twelve months and five students were suspended or expelled after twelve months.

Functioning at grade placement is critical to a student being able to be successful following discharge. The second question in item II permitted comparisons between girls and boys in their ability to function at grade placement following hospitalization.

In the total survey sixty-six responses were made to the grade level functioning of students. Of all students, 56.1 percent were functioning at grade level. However it should be noted that 83.3 percent of the girls were functioning at grade level and only 45.8% of the boys were functioning at grade level.

Table XI lists the sex and the chi square of the students who are working at grade level and those who are not working at grade level. The statistics would indicate that girls have a greater expectancy to work within grade level following discharge from the Cromwell Unit. Of all the items in the questionnaire, the grade level factor had the highest discrepancy between girls and boys according to percentage differences.

TABLE XI

Sex and chi square of students either functioning at grade level or not functioning at grade level following hospitalization.

SEX	AT GRADE LEVEL	NOT AT GRADE LEVEL	TOTAL	FE
Girls	15 (2.389)	3 (4.981)	18	10.090
Boys	22 (.039)	26 (1.143)	48	21.090
TOTALS	37	29	66	

$X^2 = 8.552$  significant

Fe = expected frequency

An additional question answered through the grade placement item is whether students continue to do well academically after discharge. Table XII lists the sex and chi squares of students who have been discharged from the hospital for less than 12 months ( 12) and those who have been discharged for greater than 12 months ( 12). The data would indicate significance in boys' ability to function at grade level immediately following discharge. Boys are most likely to do well academically within 12 months of hospitalization. There is little significance shown to indicate that girls will have greater academic achievement in less than a year or more than a year following discharge.

TABLE XII

Sex and chi square of students working at grade placement in less than 12 months (<12) or greater than 12 months (>12) following discharge.

SEX	<12	>12	TOTAL	FE
Girls	8 (.094)	7 (.412)	15	8.918
Boys	14 (2.896)	8 (.094)	22	8.918
TOTALS	22	15	37	

$X^2 = 3.496$  significant

Fe = expected frequency

The third question in Item III related to the student's participation in extracurricular activities. It has often been speculated that a certain number of students are able to survive within the public school system by being involved in extracurricular activities. This may be a factor for students who have been hospitalized within the Cromwell Unit and then return to the local public schools.

Of the total students in the survey (66), only sixteen were involved in some type of extracurricular activities when they returned to public school. About one-fourth (24.2%) participated in one or more extracurricular activity. There were 27.8 percent of the girls

participating and 23 percent of the boys participating in extracurricular activities.

There were a far greater number of students participating in extracurricular activities who were discharged less than a year (11) than those who had been discharged greater than a year (5). Table XIII lists the sex and chi square for students participating in extracurricular activities less than 12 months ( $\leq 12$ ), and greater than 12 months ( $> 12$ ) following hospitalization. The data would indicate that girls and boys tend to be involved in extracurricular activities in greater frequency in the first 12 months of hospitalization than they do in the period greater than 12 months following hospitalization.

TABLE XIII

Sex and chi square of discharged students participating in extracurricular activities who had been discharged for less than 12 months ( $\leq 12$ ) or greater than 12 months ( $> 12$ ).

SEX	$\leq 12$	$> 12$	TOTAL	FE
Girls	4 (.091)	1 (1.729)	5	3.438
Boys	7 (3.690)	4 (.091)	11	3.438
TOTALS	11	5	16	

<sup>2</sup>

$X^2 = 5.601$  significant

Fe = expected frequency

The final question in Item III is concerned with the student's ability to carry over counseling experiences obtained within the Cromwell Unit when they return to the local schools. The use of therapeutic counseling is an important facet within the Cromwell School and will help students adjust to home and school situations when they are discharged.

In the sample of sixty-five students, this survey revealed that 47.6 percent of students returning to the local schools had sought counseling at school. Girls had a higher rate of seeking counseling with 61.1 percent requesting counseling, whereas 42.6 percent of boys sought counseling.

Table XIV lists the sex and chi square of students who seek or do not seek counseling upon return to school. The number of girls seeking counseling is not significant in comparison to the boys who seek counseling.

TABLE XIV

Sex and chi square of students who seek or do not seek counseling upon return to public school programs.

SEX	SEEK COUNSELING	DO NOT SEEK COUNSELING	TOTAL	FE
Girls	11	7	18	8.584
	(.679)	(.292)		
Boys	20	27	47	24.584
	(.854)	(.237)		
TOTALS	31	34	65	

$X^2 = 2.062$  not significant

Fe = expected frequency



Additional statistical data was used to determine whether students consistently continue counseling over longer periods of time after they have returned to the local schools. Table XV lists the sex and chi square of students who had sought counseling within the first year after discharge compared to those who have been discharged longer than a year. There is significance in respect that boys will tend to seek counseling within the first year following discharge, but do not continue past one year. Girls would appear to be more consistent in obtaining and continuing counseling.

TABLE XV

Sex and chi square of students who seek counseling less than 12 months (<12) following discharge and those who seek counseling greater than 12 months (>12) following discharge.

SEX	<12	>12	TOTAL	FE <sub>e</sub>
Girls	6 (.082)	5 (.450)	11	6.742
Boys	13 (3.570)	7 (.071)	20	7.742
TOTALS	19	12	31	

$$X^2 = 4.173 \text{ significant}$$

Fe = expected frequency

Item IV of the questionnaire was used to rate the overall adjustment factors for students returning to the local schools. Mean scores were computed to indicate school personnel's ratings of students' adjustment to school. A likert scale of one through five was used as a rating scale with one indicating no problem and five being used to indicate a serious problem. Mean scores were computed to compare girls and boys, as well as, to compare those students discharged less than a year and those discharged greater than a year. A complete list of the mean scores may be found in the Appendix.

Question 1 regarding school attendance would appear to indicate that students have more attendance problems in the first year following discharge than those discharged longer than one year. The mean score in less than one year was 2.40 whereas the mean score after twelve months was 2.08. Additionally, girls tended to have more difficulty with overall attendance than boys. The overall mean score for girls was 2.41 and the boys score was 2.06.

Rating 2 of the adjustment factors dealt with the student's ability to complete assignments. Since academic success often parallels overall school success, this item would appear very significant in student success when returning to local schools. The mean scores in this rating would indicate that girls are academically more successful than boys and that students tend to be more successful academically the longer they attend the local schools. The mean score for all students was 3.20 for those discharged within a year and 2.57 for those discharged greater than one year. Girls obtained an overall mean of 2.42 and the boys had a mean score of

3.02. In both comparisons there was a spread of more than .60 which would appear to be significant.

Personal grooming habits of students was rated in Item 3. As in the previous item, students tended to be rated as better groomed the longer they attended public schools. Also, girls scored better ratings (2.11) than boys (2.15) in the total survey. More significant was the ratings received for those discharged in less than 12 months (2.25) compared to those discharged longer than 12 months (2.05).

Rating 4 rated the students' classroom aggressiveness within the public school. Girls are often perceived as being less aggressive than boys and this survey would substantiate this hypothesis. The girls rating (1.77) was .59 lower than the boys (2.36). In addition, the students tended to be more aggressive in the first twelve months following discharge (2.32) than those discharged longer than twelve months (2.11).

Relationship with peers was rated in Item 5. This item indicated that girls (2.11) have a tendency to demonstrate fewer peer problems than do boy (2.72). The .61 spread in ratings would appear significant in this rating. The rating of students exhibiting peer problems is higher for those students discharged longer then twelve months (2.65) than those discharged less than twelve months (2.43). This would indicate that children exhibit more peer problems after a longer amount of time in the local public school. Also, this is the only one of the ten items in which students received a higher rating the longer they had been returned to the local school.

The parental cooperation with local schools was rated by local school personnel in Item 6. As in previous ratings, the parents tended to be less cooperative within the first twelve months (2.38) than they did in subjects discharged longer than twelve months (2.23). Parents of girls (2.00) were rated as being more cooperative than parents of boys (2.40).

Rating 7 had the most positive scoring in all of the rating scales. The law violations within the community were not indicated as serious problems for girls (1.81) or boys (1.87). Students discharged in less than a year (1.93) showed a greater tendency to have law violations than those discharged longer than a year.

Ratings 8 and 9 produced the most negative scores or ratings of all ten items. Rating 8 indicates the difficulties that students have in their ability to accept correction. Boys (3.07) indicated more difficulty in this area than girls (2.81). Rating 9 shows that boys (3.18) also have more difficulty in being distractable than girls (3.08). In both items 8 and 9 there is an improvement in score which would indicate the diminishing of problems accepting correction and distractability the longer students are in the local school.

The last item refers to an overall rating of students in the local schools. Girls (2.28) produced a substantially lower rating than boys (3.00) which would indicate girls being more successful when they return to school.

The overall summary of Item IV on the questionnaire would indicate that most students make a satisfactory (3.00) or slightly better adjustment to school. The only item to be rated higher than 3.00 was the student's distractability. It would also appear that students tend to adjust better to local school programs the longer they attend the programs. In addition, girls tended to show greater overall adjustment to the local schools than boys.

## Chapter 4

### SUMMARY AND CONCLUSIONS

The overall purpose of this study was to determine the success of students upon their return to the community. Since school adjustment is a key factor in overall adjustment, the survey measured items that can be observed by school personnel. The data obtained through the survey can be used to indicate possible weakness in preparing students for their return to the community. Adjustments to the Cromwell Children's Unit program can be made to improve the student's ability to be successful when returning to local public schools.

The data collected indicates a variety of information that can be used to predict student outcome and measure student progress.

Item I would indicate that the greatest portion of students will be attending regular classes following discharge. Therefore, there is a need to establish and maintain a working relationship with local schools. Students will be returning to regular public school classrooms and preparations should be made to provide a smooth transition into the larger public school classrooms. Item I also reveals a need to work with the special education programs in local schools since about one-fourth of all students will be returning to a special education program at the time of discharge.

A concern for the Cromwell personnel is revealed in the drop-out rate for students returning to local public schools. About one-fourth of all students surveyed had dropped from school. Im-

provement in providing the most appropriate program for students when they return to the local schools may bring this percentage down. If the student needs were met in the local school, would the drop-out rate decrease?

Item II verifies a continued need to work closely with families during and after hospitalization. Since the greatest portion of students will be returning home, the parents should be an integral part of treatment.

Providing an appropriate educational program at the time of discharge would appear essential in studying the data in Item III. There is a need to provide a program that will meet the academic needs of the student since slightly more than half of the students are working at grade placement. There continues to be a need to assist students in being willing to seek counseling so that the suspension rate would be lower than 16.7 percent. Also, the poor involvement in extracurricular activities would warrant a need to utilize the discharged students in the entire school program.

Item IV presents data that would reveal a need to make immediate adjustment assistance for students returning to school. It would appear that students have the most difficulty within the first twelve months after hospitalization. The support needed by students in the first twelve months could possibly be improved in the establishment of more appropriate classroom placements at the time of discharge.

Additionally, the boys mean scores in Item IV would indicate that they encounter more difficulties when they return to the local

schools than do girls. This is especially true in the areas of school suspension, involvement in special education programs and the inability to achieve at grade placement. Special adjustments may be necessary for boys.



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APPENDIX

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Social Health

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The University of Oklahoma  
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The Oklahoma State  
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**APPENDIX**

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The University  
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PERSONAL CORRESPONDENCE

Eastern Nebrasks Community Office of Mental Health  
885 South 72nd Street  
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Galesburg Mental Health Center  
1801 North Seminary  
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Day Treatment Program of the Madden Mental Health Center  
1200 South 1st Avenue  
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The Children's Home and School Program for Children with Emotional  
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Rainbow Mental Health Center  
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Children and Adolescent Service  
Elgin Mental Health Center  
750 South State Street  
Elgin, Illinois 60120

Mental Health Institute  
Box 111  
Independence, Iowa 50644

Dear Colleague:

I am the principal of a school within a state Mental Health Institute. The students within the school program are hospitalized for emotional disabilities. In addition, I am currently enrolled at the University of Northern Iowa and completing a research project under Dr. Paul Brimm within the Department of Education.

The study being completed is a development of a follow-up for students who have been discharged from the hospital and returned to the community. The success of the educational unit of the hospital and the entire hospitalization is of great interest to personnel working with emotionally disabled students.

Your assistance is requested in sharing follow-up procedures that your program currently employs. I would appreciate receiving the follow-up forms your program uses as well as the general procedures used in follow-up. Enclosed you will find a self-addressed, stamped envelope for the convenient return of your follow-up.

If you are interested in the development of the follow-up study, I would gladly provide you with further information and the follow-up results. Please indicate your interest. Thank you very much for your assistance.

Sincerely,

John W. Carroll, Principal  
Cromwell Children's Unit School

## CROWMELL CHILDREN'S UNIT

## QUESTIONNAIRE

1. Has student ever been \_\_\_\_\_ enrolled in special education class  
 \_\_\_\_\_ enrolled in regular classroom  
 \_\_\_\_\_ transferred to another school  
 2. How student is currently living \_\_\_\_\_ at home \_\_\_\_\_ group home  
 \_\_\_\_\_ other treatment center  
 \_\_\_\_\_ independent living  
 RE: Has student ever been suspended or expelled? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 BIRTHDATE: How far advanced at grade placement? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Has this student participate in extracurricular activities? \_\_\_\_\_ YES \_\_\_\_\_ NO

Dear Educator:

In an effort to evaluate the effectiveness of the Cromwell Children's Unit, the enclosed questionnaire has been developed. This follow-up questionnaire has been designed to evaluate this student's performance in the local schools as an indicator of the student's response to hospitalization. The completion of the questionnaire will assist in better understanding the problems of students returning to the community and will provide a means for evaluating success of students in the Children's Unit.

It would be appreciated if the school principal, guidance counselor or teacher complete the form and return it as soon as possible. The enclosed self-addressed, stamped envelope is for your convenience.

The information gathered in this questionnaire will be kept confidential. The information will be used for research and program evaluation and will not be used for specific patient records. Additionally, a release of information has been signed and placed on file permitting the Children's Unit to obtain follow-up information.

Thank you for your cooperation.

Sincerely,

John W. Carroll, Principal  
Cromwell Children's Unit School

Enclosures (2)



FOLLOW-UP QUESTIONNAIRE

	CROMWELL SCHOOL	Crisis	Total		
<b>STUDENT</b>					
Regular Classes	26/55 - 47.2%	16/22 - 72.7%	41/77 - 53.2%		
Special Education	18/55 - 32.7%	5/22 - 22.7%	23/77 - 29.9%		
<b>I. This student has been</b>					
enrolled in regular classes	10/55 - 18.2%	8/22 - 36.4%	18/77 - 23.4%		
enrolled in special education classes					
dropped from school	10/55 - 18.2%		10/77 - 13.0%		
transferred to another school					
<b>II. This student is currently living</b>					
at home					
group home					
other treatment center	30/55 - 54.5%		45/77 - 58.4%		
independent living					
<b>III. Has this student been suspended or expelled?</b>		YES	NO		
Is this student functioning at grade placement?		YES	NO		
Does this student participate in extracurricular activities?		YES	NO		
Does this student seek counseling for problems at school?		YES	NO		
<b>IV. Please rate the student on following school adjustment factors:</b>					
		No Problem			Serious Problem
1. Attendance at school		1	2	3	4 5
2. Completion of assignments		1	2	3	4 5
3. Personal grooming habits		1	2	3	4 5
4. Aggressive classroom behavior		1	2	3	4 5
5. Peer relationship - arguing or fighting		1	2	3	4 5
6. Parental cooperation with school		1	2	3	4 5
7. Law violations in community		1	2	3	4 5
8. Ability to accept correction or criticism		1	2	3	4 5
9. Distractability		1	2	3	4 5
10. Overall adjustment to school		1	2	3	4 5

## QUESTIONNAIRE DATA ITEMS I, II, III

Questionnaire Item	Boys	%	Girls	%	Total
I. Regular Classes	26/55	47.2%	16/22	72.7%	41/77 - 53.2%
Special Education	18/55	32.7%	3/22	13.6%	21/77 - 27.2%
School Drop-Out	10/55	18.2%	8/22	36.4%	18/77 - 23.3%
School Transfers	10/55	18.2%	1/22	4.5%	11/77 - 14.2%
II. Living At Home	30/55	54.5%	15/22	68.2%	45/77 - 58.4%
Other Treatment facilities	11/55	20%	3/22	13.6%	14/77 - 18.2%
In Group Homes	4/55	7.3%	1/22	4.5%	5/77 - 6.5%
Foster Care	1/55	1.8%	1/22	4.5%	2/77 - 2.5%
With Relatives	1/55	1.8%	0/22	0%	1/77 - 1.3%
In Training School	0/55	0%	1/22	4.5%	1/77 - 1.3%
Military School	1/55	1.8%	0/22	0%	1/77 - 1.3%
III. School Suspension	11/48	23%	0/18	0%	11/66 - 16.7%
Work at Grade Level	22/48	45.8%	15/18	83.3%	37/66 - 56.1%
Participate in Extracurricular Activities	11/48	23%	5/18	27.8%	16/66 - 24.2%
Seek Counseling	20/47	42.6%	11/18	61.1%	31/65 - 47.6%

## ITEM II MEAN SCORES

ITEM	SEX	DISCHARGE 12 MONTHS	DISCHARGE 12 MONTHS	TOTAL
1.	Girls	2.66	2.27	2.41
	Boys	2.14	2.00	2.06
	Total	2.40	2.08	2.16
2.	Girls	2.75	2.18	2.42
	Boys	3.36	2.73	3.02
	Total	3.20	2.57	2.85
3.	Girls	2.28	2.00	2.11
	Boys	2.24	2.08	2.15
	Total	2.25	2.05	2.14
4.	Girls	1.71	1.82	1.77
	Boys	2.52	2.23	2.36
	Total	2.32	2.11	2.20
5.	Girls	2.14	2.09	2.11
	Boys	2.52	2.88	3.72
	Total	2.43	2.65	2.55
6.	Girls	2.16	1.90	2.00
	Boys	2.44	2.36	2.40
	Total	2.38	2.23	2.29
7.	Girls	2.00	1.70	1.81
	Boys	1.90	1.68	1.87
	Total	1.93	1.69	1.85
8.	Girls	2.28	2.73	2.55
	Boys	3.33	2.85	3.04
	Total	3.07	2.81	2.91
9.	Girls	2.71	2.36	2.50
	Boys	3.33	3.40	3.26
	Total	3.18	3.08	3.05
10.	Girls	2.28	2.27	2.28
	Boys	3.24	2.81	3.00
	Total	3.00	2.65	2.80