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ABSTRACT

This report presents four papers on services provided to students with severe emotional and/or behavior disorders by the Georgia Psychoeducational Network (GPN). "An Annual Evaluation Report Based on School System Improvement Efforts" (Robert A. Gordon and Linda J. Dickson), reports on a program serving students (ages birth-21) in a regional, community-based approach that successfully implemented a school improvement plan with all other school system instructional components. "Staff Training Strategies for Implementing the Boys Town Education Model in Georgia Psychoeducational Network Programs" (Linda J. Dickson), reports on a study that investigated the strategies used in training 154 staff in the implementation of this model in four GPN programs. "Implementation of the Boys Town Education Model in Four Georgia Psychoeducational Network Programs: Initial Impact on Student Social Skills and Adjustment" (Ronald W. Thompson and others), evaluated the implementation of the Boys Town Education Model with 189 students with severe emotional and/or behavior disorders and found that students made significant gains in social skills and school adjustment. "GPN Report Card-A Status Report" (Carol Pope), discusses the development of a report card to evaluate educational outcomes for students with severe emotional and/or behavior disorders. (Each paper includes references.) (CR)

GPN RESEARCH REPORT

GPN Research Report
7, 1998

The GPN RESEARCH REPORT is published by a consortium of the Georgia Psychoeducational Network, the Georgia Department of Education, and The University of Georgia to serve the needs of those who educate severely emotionally disturbed/behaviorally disordered students in Georgia. The emphasis is on both quantitative and qualitative research in all areas of operation of the Programs.

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GPN Research Report
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An Annual Evaluation Report Based on School System Improvement Efforts*

Robert A. Gordon and Linda J. Dickson
South Metro Psychoeducational Program

The South Metro Psychoeducational Program, serving students with severe emotional/behavioral disorders (birth-21 years) in a regional, community based approach, implemented a school improvement plan with all other school system instructional components. Results indicated statistically significant improvements in the percent of students moving to fewer segments of specialized services, in the percent of students ages 6+ years who showed gains in reading for the school year, and in the percent of students ages 16+ years who demonstrated an adult functional reading level at the 6th year grade level. Both elementary and adolescent students demonstrated statistically significant gains on the Walker-McConnell Scale of Social Competence and School Adjustment compared to a comparison group in another school system. Discussion of results and recommendations for future school improvement efforts are provided.

The need to improve schools has been a clarion call from multiple audiences. Particular emphases on improving American education increased dramatically after Sputnik was launched. Formal federal actions to encourage and stimulate school improvement have included the National Defense Education Act (1965) to increase student achievement in science and mathematics; the National Assessment of Education Programs (NAEP) (1968) to document student achievement and give direction for continued school improvement efforts followed by the National Assessment Governing Board (1987) (as reported by Jones, 1996); the Nation at Risk (1983) which focused on the imperatives for educational reform; the national goals of America 2000: Education of America Act (1990) which provided direction in preparing for school, school completion, student achievement and citizenship, and parental participation, and public school management by private businesses (GAO, 1996). Similar state efforts have included "blueprints" for improvement by the Year 2000, the Kentucky Education Reform Act (Taylor, 1996), shared decision making (Weiss & Cambone, 1994), charter schools (Garcia & Garcia, 1996), and the Quality Basic Education Act in Georgia (1985 as amended). While there have been some who have predicted doom for our public education system, there are also those who have concluded that academic

achievement is not declining in our schools and that there have been improvements in student achievement (Berliner & Biddle, 1996; Slavin, 1996).

Regardless of the reader's point of view, each school in each state across the country can improve its educating students to the maximum of their abilities. Some have suggested that in order to be effective, schools must define the problem and collaborate with others in the creation of effective policies rather than the creation of rhetoric (Garcia & Garcia, 1996; Good, 1996; Taylor, 1996); that true reform must be created at the local level involving input from all of the stakeholders including parents, parent groups, and school councils (Johnson-Howard, 1991; Shannon, 1994); and that adopting proven practices involving teachers using effective instructional methods is the only way that student achievement can be maximized (Slavin, 1996; Wang, Haertel, & Walberg, 1993). Regardless of the type of school improvement implemented, the particular school improvement strategies carry with them an expectation for enhanced educational productivity (Smylie, Lazarus, & Brownlee-Conyers, 1996).

Consistent with state blueprints for progress (Georgia Blueprint for the Year 2000, 1995), local school systems and local schools have developed individualized designs for school improvement.The Clayton County Public Schools' Blueprint for Progress (1996) reflected the development of seven related strategic objectives and strategies (collaboration, communication, curriculum and instruction, facilities and operations, fiscal management, staff development, and human resources) based on their mission and belief statements. Ten indicators of progress were specified based on this blueprint including improvement on curriculum-based assessments, state assessments, and nationally standardized tests. Each school in the Clayton County Public Schools, including those with programs which serve students with disabilities, developed its individualized School Improvement Plan containing goals, objectives, activities/strategies, person(s) responsible, time lines, benchmarks, and evaluation--all consistent with the parameters of the Blueprint for Progress (1996).

The South Metro Psychoeducational Program (Program) serves students with severe emotional disturbance/behavioral disorders (SE/BD) ages birth-21 years. Consistent with the recommendation from the National Association of School Boards' report Winners All (1992) to include all programs/schools as one, the Program (for which the Clayton County Schools is the fiscal agent) developed a school improvement plan for school year 1996-1997. Based on the seven strategic objectives and strategies, the Program School Improvement Plan (SIP) focused on three areas--presence and participation, academic and functional literacy, and personal and social adjustment.

Purposes/Hypotheses

This study had three purposes: 1) to document students' educational status for all the dependent variables contained in the School Improvement Plan in FY 1996-1997 (see Figure 1); 2) to compare these results to those in FY 1995-1996 to determine educational change; and 3) to compare the students' behavioral results on the Walker McConnell Scale to a comparison group of students from another psychoeducational program in Georgia to provide an external comparison consistent with the Plan. The School Improvement Plan focused on changes in dependent variables specified in a framework of domain, behavior, dependent variable, and measurement criteria (see Figure 1).

The research hypothesis related to the latter two purposes for each dependent variable was that there would be statistically significant improvement (relative increase, relative decrease) comparing the 1996-1997 student data to the 1996-1995 student data (Phase I) and that there would be a statistically significant positive difference between the Program student pretest/posttest data as contrasted to the comparison group student pretest/posttest data from the other psychoeducational program on the Walker-McConnell Scale for both elementary and adolescent students (Phase II). The generalizations for the study were limited to SE/BD students served in the Program.

Methods

Design

For Phase I, the research/program evaluation design was a posttest only design (Campbell & Stanley, 1963) for each of the two fiscal years with multiple dependent measures for the educational objectives and outcomes. The baseline data were collected from the 1995-1996 school year and the current data were collected in the 1996-1997 school year. The sample of students was stratified by chronological age of the students as of September 1, 1996. Descriptive and inferential statistics were used to analyze these data. For Phase II, the design was a pretest/posttest control (comparison) group design (Campbell & Stanley, 1963) using the Walker-McConnell Scale (Elementary and Adolescent) subtest and total scores as the dependent variables and the other psychoeducational program students as the comparison/control group.

Figure 1: Overview of Independent Variables and Measurement Criteria

Domain	Behavior	Dependent Variable	Measurement Criteria
PHASE I			
A. **Presence and Participates**	1. **Participates**	a. % of students ages B-14 who move to fewer segments	Students 14 years of age or under and currently served in classes who move from full day to half-day classes or increase their segments in regular education settings. One segment is a minimum of 50 minutes and there are a maximum of six segments per day according to state law (Quality Basic Education Act, 1985 and as amended). There are both special education and regular education segments.
		b. % of students ages 15+ who move to fewer segments	Students who are 15 years of age or older and meet the criteria specified in A.1.a. above.
	2. **Completes**	a. % of 12th grade students who receive a completion document for a Psychoeducational Program or regular school	Students who are being served in classes in the 12th grade and receive a regular education diploma, a special education diploma, or a certificate of completion.
		b. % of students ages 16+ who drop out	Students 16 years of age or older who have quit school, are not continuing their education in any form, and are not incarcerated or hospitalized.
B. **Academic and Functional Literacy**	**Demonstrates Competencies in Reading Skills**	% of students 6+ who show gain in reading for the school year	Students *(excluding students with autism)* 6 years of age or older enrolled in classes who have both the pretest and the posttest in reading (either the Brigance Diagnostic Inventories or the PIAT-R and demonstrate increases in reading scores on either of these measures.
		% of students ages 16+ who demonstrate adult functional reading level at 6th grade level	Students *(excluding students with autism)* 16 years of age or older who have obtained a score on either the reading pretest or posttest at a 6th grade level or higher

Figure 1: Overview of Independent Variables and Measurement Criteria (Continued)

Domain	Behavior	Dependent Variable	Measurement Criteria
C. **Personal and Social Adjustment**	**Copes Effectively with Personal Challenges, Frustrations**	% of students placed in residential setting during year per IEP	Students who were served in classes who have had an IEP developed which places them in residential related services (e.g., 24 hour care in a psychiatric hospital not including diagnostic evaluations or observation)
PHASE II			
	Students Increase %ile Rank Score in Social Behaviors	**Elementary Version (Walker-MConnell Scale)** Teacher-Preferred Behavior Peer-Preferred Behavior School Adjustment Total Score	Elementary students' posttest score compared to pretest score on theWalker-McConnell Scale (student as own control) for each of the three subtests and total score **and** comparisons to comparison/control group.
		Adolescent Version (Walker-McConnell Scale) Self Control Peer Relations School Adjustment Empathy Total Score	Adolescent students' posttest score compared to pretest score on the Walker-McConnell Scale (student as own control) for each of the three subtests and total score **and** comparisons to comparison/control group.

Sample

The sample was comprised of students who are educationally diagnosed with SE/BD or autism consistent with the requirements of the Individuals with Disabilities Education Act (as amended in 1997) and state and federal rules and regulations. For Phase I, the students in the sampled attended the South Metro Psychoeducational Program for either one or both of the years of study. Because of the characteristics of the students, the sample sizes vary for different dependent variables. For Phase II, the students in the sample had complete descriptive and pre-test/post-test data on the Walker-McConnell Scale (Elementary or Adolescent) during FY 1996-1997. The students in the comparison/control group met similar criteria. Table 1 contains the descriptive data for the Phase I sample. Table 2 contains the descriptive data for the Phase II samples.

School Improvement Efforts

There were three means of focusing resources to implement the school improvement plan. The first was the use of a new educational model--the Boys Town Educational Model. The second was shared governance including the refinement of a mission statement, the development of a leadership team with specification of responsibilities, and the refocusing of efforts to impact academic achievement as a central theme. The third was a refocusing of instructional efforts for student academic achievement.

New Educational Model. During 1995-1996 the South Metro Psychoeducational Program, previously using a combination of more traditional educational treatment approaches, transitioned into the use of the Boys Town Educational Model (BTEM) (Dowd, et al., 1993). The BTEM was the exclusive model used with students in FY 1996-1997. The BTEM is firmly grounded in the principles of applied behavior analysis and social learning theory. It provides a structure and a plan for working with students in the classroom settings. It focuses on teaching in an effective, positive manner so that students learn how to interact appropriately with others and subsequently achieve academic success.

The flexibility that is needed to teach SE/BD students considering their problems and different situations is contained in the four BTEM components--Social Skills Curriculum, Teaching Interaction, Motivation Systems, and Administrative Intervention. Each teacher has his/her own teaching style and the BTEM can be used with each teacher. The combined use of these components provides a technology to educate students--from those in the most restrictive setting to those in the less restrictive setting.

Table 1
Demographic Descriptors of South Metro Psychoeducational Program
for 1995-1996 (95-96) and 1996-1997 (96-97)

	Male						Female					
	Caucasian		African-Am		Other		Caucasian		African-Am		Other	
Grade	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97	95-96	96-97
Pre-K	4	2	14	4	1	0	1	3	3	0	0	0
K	0	1	7	4	0	0	0	0	1	2	0	0
1st	3	2	8	6	0	0	0	0	1	0	0	0
2nd	3	1	11	6	0	0	0	0	2	3	0	0
3rd	5	2	13	11	1	0	2	0	2	2	0	0
4th	3	2	17	9	0	0	2	1	2	3	0	0
5th	4	6	19	9	1	0	1	0	1	0	0	0
6th	9	6	22	18	2	2	2	2	1	3	0	0
7th	12	13	14	26	3	3	2	3	3	4	0	0
8th	9	16	14	22	3	0	2	8	7	5	0	0
9th	16	23	16	22	1	8	3	3	7	7	0	0
10th	11	13	11	5	1	1	1	4	5	3	0	0
11th	6	9	2	11	0	2	0	2	3	4	0	1
12th	2	7	5	4	0	0	1	1	0	4	0	0
Totals	87	103	173	167	13	16	17	25	38	40	0	1

The foundations of the BTEM include identifying prosocial behaviors, using proven instructional strategies to teach those behaviors, providing incentives for learning and using positive behaviors, and implementing consistent and nonpunitive discipline procedures with each student. These foundations provide for the creation of a school and classroom atmosphere in which each student has the opportunity to reach his/her full potential. The BTEM provides ways to empower students to change and control their own behavior in their own way, which ultimately leads to less disruption and more learning in the classroom.

The following sixteen skills are the core of the BTEM behavioral/social curriculum: Following instructions, accepting criticism or a consequence, accepting "no" for an answer, disagreeing appropriately, giving criticism, greeting others, getting the teacher's attention, making a request, resisting peer pressure, making an apology, engaging in a conversation, giving compliments, accepting compliments, volunteering, reporting other youth's behavior, and introducing yourself. The use of the BTEM addressed two of the three areas for school improvement--Domain A and Domain C (see Figure 1)

Table 2
Descriptive Information--South Metro Students and Control Group--1996-1997

Variables			Elementary South Metro n=26	Elementary Control n=21	Adolescent South Metro n=40	Adolescent Control n=35
Sex	Male		88%	95%	78%	97%
	Female		12%	5%	22%	3%
Race	African-American		54%	29%	63%	23%
	Caucasian		46%	71%	35%	77%
	Other		0%	0%	2%	0%
Age (In Months)		Range	107-163	108-150	130-210	120-210
		Mean	128.12	129.81	170.85	167.14
		S.D.	12.42	12.93	20.97	17.09
GPN Months in Treatment		Range	0-36	1-77	0-70	0-72
		Mean	9.50	28.38	15.70	19.26
		S.D.	10.61	24.51	17.33	16.63
Months in Boys Town Model		Range	4-8	N/A	4-10	N/A
		Mean	5.27	N/A	5.70	N/A
		S.D.	1.04	N/A	1.64	N/A
# Days Attended Classes in 1996-1997		Range	4-115	32-124	18-113	27-121
		Mean	99.46	100.45	86.20	95.80
		S.D.	23.11	24.63	18.10	22.99

The implementation of the BTEM demanded that the instructional staff become more specific with their feedback to students. BTEM teaches that staff should lower tolerances for inappropriate behaviors so that generalization of appropriate behaviors occurs more easily based on societal norms. With the combination of low tolerances and specific, observable descriptions of behavior seen and of behaviors expected, communication in the classrooms with the students and among the staff is improved.

Another key aspect of the BTEM is a token economy which is based on the principles of reinforcement and response cost. Behavioral principles are reviewed with the staff so that they may link the BTEM teaching strategies with research based procedures for teaching new skills. Concepts of shaping, modeling, extinction, reinforcement, and punishment are revised with the staff during intensive and continuing training throughout the year. The power of the motivation system is built on its concept as a level system--moving from the acquisition stage of the daily Points Level through the fluency-building stage of the Progress Level to the proficiency stage of the Merit Level.

Teaching Interactions are taught so that staff will respond to each behavior as necessary for each individual student. Preventive teaching is done for new skills and to reinforce skills which are not used frequently. Effective Praise is a four step interaction which reinforces the correct use of a skill. A Complete Teaching Interaction is a corrective procedure which points out the inappropriate response and also teaches the correct response for that situation. Ongoing Teaching Interaction provides the staff with a set of four tools to use when a student is noncompliant and does not respond to initial correction. Finally, an Office Referral uses an interventionist to help the student regain instructional control.

The BTEM is as powerful as the reinforcers used consistently for each student. Considerable time is spent on developing the reinforcer menus and varying them to keep the students motivated. The effectiveness of the BTEM is continually enhanced through the Consultation component which is implemented throughout the year with support from certified Boys Town Trainers for each staff member.

Shared Governance. Another aspect of the school improvement effort has been the development and refinement of a shared governance program incorporating representatives from the instructional, clinical, secretarial, custodial, and cafeteria staff who comprised a nine-person Leadership Team. This team has a Constitution and functions to advise the Administrative staff on building issues and curricular issues. This approach has resulted in improved communication and focus for instruction throughout the Program and has enhanced the problem solving capabilities of the Team.

Refocused Instructional Efforts. The academic instructional treatment addressed Domain B and incorporated several different approaches. Instruction in reading focused on the Char-L Intensive Phonics (1993) for all SE/BD students to supplement instruction in the areas of reading, spelling, and writing which may occur as part of the regular curriculum. The Quality Core Curriculum (1995) objectives, as well as texts provided by Clayton County Board of Education, the Fulton County Board of Education, and the Atlanta Public Schools were used for academic instruction. These efforts refocused instruction at the individual classroom.

Summary. Combining these three school improvement efforts facilitated an emphasis on classroom improvement activities in terms of classroom management, metacognitive and cognitive approaches, student teacher social interactions, social and behavioral emphases, motivation and affective dimensions, the quantity of instruction, and developing a school culture within a positive classroom climate emphasizing classroom instruction--consistent with the knowledge base for school learning developed by Wang, Haertel, and Walberg (1993).

Analyses

For Phase I, the descriptive analyses consisted of the proportion (and number) of students meeting the measurement criterion of the total number of students in that subgroup. A test of proportionality (Ferguson, 1956) was used to test the significance of the differences between the proportions for FY 1995-1996 and FY 1996-1997. For Phase II, the descriptive analyses consisted of the ranges, means, and standard deviations for both the Elementary and Adolescent versions of the Walker-McConnell Scale. Two analyses were conducted to determine the significance of the differences between the various groups for each of the relative subtests and total scores. The dependent t-test was used to determine the significance of the differences between the pretest and the posttest using the student as his/her own control. The second was an analysis of covariance using the pretest as a covariate and comparing the posttest from the comparison group and BTEM students.

Results

Phase I

The summary data analyses for Phase I are contained in Table 3. The data are presented by domain by dependent variable by FY of data with the corresponding z-score for the test of proportionality. For Domain A (Presence and Participates) , there were significant differences in the proportions for the two fiscal years for percent of students who moved to fewer segments in Participates--one for the B-14 age group and one for the 15+ age group--z-score=1.73 (significant beyond the .10 level) and z=3.38 (significant beyond the .01 level). Thus there was a significant increase (ranging from double to almost triple) in the proportion of students moved to receive fewer segments of special education across the two fiscal years. For the the percent of 12th grade students who received a completion document (Completes), no test could be performed because in both bases there was no variance to analyze; however, all of the students who were in the 12th grade in both years received completion documents--a standard which cannot be improved upon--and thus a ceiling effect was evidenced. For the second variable in Completes School, there was a reduction in the proportion of students who dropped out but the difference was not statistically significant.

For Domain B (Academic and Functional Literacy) there were significant differences for both the variables concerning Demonstrates Competence in Reading Skills. There was a statistically significant difference in the percent of students ages 6+ who showed a gain in

Table 3
Summary of Descriptive and Inferential Data Analyses--Phase I

Domain	Dependent Variable	Baseline FY 1995-1996 % (Sample Size)	Current FY 1996-1997 % (Sample Size)	Z-Score
A: Presence and Participation	***Participates***			
	1. % of students ages B-14 who have moved to fewer segments	4.93% (10/203)	9.62% (15/156)	1.73*
	2. % of students ages 15+ who have moved to fewer segments	7.97% (11/138)	23.53% (24/102)	3.38***
	Completes School			
	1. % of 12th grade students who receive a completion document from Psychoeducational Program or regular school	100% (8/8)	100% (12/12)	NA
	2. % of students ages 16+ who drop out	19.57% (27/138)	14.71% (15/102)	.98
B: Academic and Functional Literacy	***Demonstrates Competence in Reading Skills***			
	1. % of students ages 6+ who show gain in reading for school year	76.19% (112/147)	91.30% (126/138)	3.44***
	2. % of students ages 16+ who demonstrate adult functional reading level at 6th grade level	18.26% (21/115)	37.93% (33/87)	3.13***
C: Personal and Social Adjustment	1. % of students requiring psychiatric hospitalization other than for diagnostic evaluations during year	0% (0/358)	0% (0/268)	NA
	2. # of students placed in residential setting during year by IEP	0 (0/358)	0 (0/268)	NA

Test of Proportionality, z(.01) = 2.58***, z (.05) = 1.96**, z(.10) = 1.65*, NA=No analysis because of zero variance (i.e., proportion for FY 1995-1996 = proportion for FY 1996-1997)

reading for the school year. This proportion increased to over 90% in FY 1996-1997 and was significant beyond the .01 level. For the percent of students ages 16+ who demonstrated adult functional reading levels at the 6th grade level, the proportion increased by double and was also statistically significant beyond the .01 level. Thus students made significant progress in reading achievement across the program.

For Domain C (Personal and Social Adjustment) the two variables studied in Phase I could not be statistically analyzed because there was no variance. For the first variable, there were no students who required psychiatric hospitalization other than for diagnostic evaluations during either fiscal year. For the second variable, there were no students who were placed in residential settings per the IEP for either fiscal year. While there was no variance to analyze, the standard of no students requiring residential services cannot be improved upon.

Phase II

The summary data for Phase II are contained in Table 4. The dependent t-tests using each student as his/her own control revealed six statistically significant differences for the nine variables. For the Elementary group (n=26), there were statistically significant differences for all subtest scores and for the total score: Teacher-Preferred (t=3.49, p.01), Peer Preferred (t=6.16, p.001), School Adjustment (t=3.30, p.01), and Total Score (t=3.61, p.01). Thus, the Elementary group of 26 students made statistically significant gains in Personal and Social Adjustment as measured by the Walker-McConnell Scale over a four month period using the Boys Town Educational Model. For the Adolescent group, gains were achieved in the four subtests and the total score. The Peer Relations and the Total Score results indicated statistically significant growth for this group of 40 Adolescent students using the Boys Town Educational Model.

The descriptive and inferential data for the comparison/control group from another psychoeducational program are also contained in Table 4 for informational purposes. A review of these results reveals an inconsistent pattern of growth over the testing period and indicates no statistically significant differences for either the Elementary or Adolescent groups using the Walker-McConnell Scale.

Two analyses of covariance, using the pretest as the covariate, the posttest as the dependent variable, and the comparison/control group from the other psychoeducational program vs. the group served by the BTEM at the Ash Street Program as the main effect, were conducted--one for the Elementary Group and one for the Adolescent Group (See Table 5). For the Elementary group, there was a significant difference between the comparison/control and the BTEM groups ($F(1,45) = 4.93$, p.03). For the Adolescent

Table 4
Summary of Descriptive and Inferential Analyses--Phase II
Walker-McConnell Scale of Social Competence and School Adjustment Pretest vs. Posttest Comparisons for FY 1996-1997
Dependent t-tests Using Percentile Rank

	Pretest		Posttest		t-value
	Mean	SD	Mean	SD	
Elementary Version					
(n=26)					
Teacher-Preferred	39.00	11.12	48.92	11.97	3.49**
Peer Preferred	45.62	15.77	58.15	13.02	6.16***
School Adjustment	28.27	7.68	34.23	8.37	3.30**
Total Score	116.58	29.67	140.38	31.02	3.61**
Adolescent Version					
(n=40)					
Self Control	29.65	9.09	32.50	11.70	1.70
Peer Relations	47.72	11.72	52.90	9.98	2.88**
School Adjustment	40.43	10.08	42.43	13.28	1.15
Empathy	16.90	6.47	17.43	7.46	.41
Total Score	142.18	31.70	155.00	38.06	2.68*
Control Group from another Psychoeducational Program					
Elementary Version					
(n-21)					
Teacher-Preferred	43.19	17.21	42.04	12.69	0.43
Peer Preferred	51.24	19.10	53.19	13.83	0.65
School Adjustment	29.04	10.72	30.05	9.15	0.61
Total Score	122.95	41.61	126.43	34.46	0.51
Adolescent Version					
(n=67)					
Self Control	30.29	10.40	28.68	11.21	0.96
Peer Relations	47.54	11.22	43.94	15.22	1.71
School Adjustment	41.45	10.94	39.69	13.73	0.87
Empathy	15.03	5.13	14.63	6.25	0.44
Total Score	141.91	34.78	135.3	44.26	1.01

*p.05; **p.01; ***p.001

Table 5
Analysis of Covariance for Walker-McConnell Scale-Elementary
Covariate = Pretest
Main Effect: BTEM vs. Comparison/Control

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig
Covariate(Pretest)	13680.723	1	13680.72	18.144	.000
Main Effects	3715.32	1	3715.32	4.93	.032
BTEM	3715.32	1	3715.32	4.93	.032
Explained	17396.04	2	8698.02	11.54	.000
Residual	33930.44	45	754.01		
Total	51326.48	47	1092.05		

Raw Regression Coefficient for Pretest: .487

Adolescent

Source of Variation	Sum of Squares	DF	Mean Square	F	Sig
Covariate(Pretest)	45409.54	1	45409.54	39.85	.000
Main Effects(BTEM)	7933.20	1	7933.20	6.69	.01
Explained	53342.74	2	26671.37	23.40	.000
Residual	83190.46	45	1139.60		
Total	136533.20	47	1820.44		

Raw Regression Coefficient for Pretest: .487

Group, there was a statistically significant difference between the comparison/control and the BTEM groups ($F(1,73) = 7933.20$; p.01). Thus, the results indicated that all students--both Elementary and Adolescent--made significantly greater progress being served in the BTEM versus the comparison/control group using more traditional models.

Discussion

The combination of school improvement efforts--BTEM, shared governance, and focused instruction--resulted in statistically and practically significant results in multiple areas. For Phase I analyses focusing on benchmark student achievement variables, significant results were found for seven of the eight variables (four were statistically significant, the other three were maintained either at appropriate ceiling or zero levels). Changes for all eight of these variables were in the appropriate direction; changes for all eight variables were incremental in nature, that is they increased/decreased in partial amounts rather than an "all or none" change sequence. This pattern of changes in the appropriate directions suggests that a foundation has been established which not only resulted in significant increases in student achievement but also will foster continuing changes in these benchmark variables. Further, it may be possible to generalize these results to other critical areas, e.g., student achievement in mathematics might be considered as another target area.

Concerning the Phase II analyses, the results suggest both statistical and practical significance for most of the areas measured for both elementary and adolescent students. The results indicate that more significant growth may be anticipated from elementary students (who made gains across multiple subtests and totals) than adolescent students perhaps because younger students have behavior patterns which are less established than those of adolescents. Nevertheless, these datasuggest that the BTEM is an effective model for improving student achievement of both elementary and adolescent students in the personal and social adjustment domain.

These student achievement results, based on the combination of school improvement efforts, are consistent with the research of Wang, Haertel, and Walberg (1993) concerning the implementation of the most effective school improvement activities, e.g., instructional strategies, to impact on student achievement. The use of the shared governance approach as an integral part of school improvement efforts suggests that it will continue to facilitate school improvement efforts. Including this Program serving students with disabilities as an integral part of the Clayton County School System School Improvement Planning demonstrates that special education programs can be incorporated as vibrant contributors to the student achievement in all areas. These results provide a foundation to consider refining this process and the foci for continued student achievement in 1997-1998.

Summary

The South Metro Psychoeducational Program, which serves students with severe emotional/behavioral disorders from birth through age 21 years in a regional, community based approach, developed a school improvement plan based on its fiscal agent school system's Blueprint for Progress consistent with actions by all other schools in the system. The plan included specific indicators in three domains--presence and participates, academic and functional literacy, and personal and social adjustment. Integral parts of the school improvement plan was the incorporation of the Boys Town Educational Model (BTEM) and leadership emphases targeting the increase of student achievement. Comparisons were made on the specific indicators for the 1995-1996 and 1996-1997 school years for elementary and adolescent students served in one or both of these years. Statistical analyses included the test of proportionality, dependent t-tests, and analyses of covariance. Results indicated statistically significant improvements in the percents of students B-14 years and 15+ years moving to few segments of specialized services,, in the percent of students ages 6+ years who showed gains in reading for the school year, and in the percent of students ages 16+ years who demonstrated an adult functional reading level at the 6th year grade level. Additionally, the percent of 12th grade students who received a completion document was maintained at 100% for both years and the percent of students requiring psychiatric hospitalization for any reason was maintained at 0% for both years. Also, both elementary and adolescent students demonstrated statistically significant gains on the Walker-McConnell Scale of Social Competence and School Adjustment in six of the nine subtests and total test scores. Statistical comparisons to students not served with the BTEM (control group) revealed that students served in this Program with the BTEM made statistically significant gains as compared to the control group. Discussion of results and recommendations for future school improvement efforts provide for improving efforts for 1997-1998..

Notes

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Staff Training Strategies for Implementing the Boys Town Education Model in Georgia Psychoeducational Network Programs

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This study investigated the strategies used training 154 staff (both certificated and noncertificated) in the implementation of the Boys Town Educational Model in 51 classes in four Georgia Psychoeducational Network Programs in 1996-1997, the pilot year. Descriptive analyses for twelve questions, including the identification of practices that were effective and ineffective, along with discussions and implications for continued training efforts in 1997-1998.

Since the Georgia Psychoeducational Network (GPN) began with the prototype program funded in 1970, various educational treatment models have been used within the individual programs to provide a structure for the delivery of instruction and for addressing the behaviors of students with severe emotional/behavioral disorders. The GPN consists of 24 state funded, community-based, non-residential, locally operated units which serve multi-county geographic areas linking services with local school systems, area community mental health programs, and regional mental health facilities (Stansberry, 1989). The GPN provides psychoeducational services to severely emotionally/behaviorally disordered students and their families in every school system in the state (Swan, Wood, & Jordan, 1991).

Dr. Mary M. Wood introduced the Developmental Therapy Model at the Rutland Center in Athens, Georgia in 1969.(Swan *et al.*, 1991). The Developmental Therapy Model, which emphasized the areas of behavior, socialization, communication, and academics as the components of a curriculum guide for teachers of students with severe emotional problems, was taught in small classes for a portion of the day and the students were placed for the remainder of the day in regular classrooms, day care facilities, or other structured programs where they could be around more typical role models and try out their new skill steps.

As Georgia and federal education laws changed, so did special education programs within each school district in Georgia. The special education programs in local districts delivered services to a moderately disabled population and demanded that the services for

students with severe emotional/behavioral disorders change in order to serve even more severely disabled students. If the psychoeducational programs were to remain an extension of the school district's special education program in behavior disorders and the last step before residential placement in the cascade of services, the programs had to be able to deal effectively with behaviors with which other professionals' interventions had not been successful. The psychoeducational programs had to consider self-contained placements as an option on the continuum of services, thus requiring modification(s) of the Developmental Therapy Model and/or changes in other models.

Stansberry's (1989) study "Training Needs of Fully Certified BD Teachers in the Georgia Psychoeducational Network" identified training needs in the areas of social skills/affective education, strategies for dealing with job related stress, better understanding of and involvement with emotionally disturbed students, and classroom structure. The Training Needs Questionnaire was developed and used with staff from the 24 psychoeducational programs to assess staff development needs. School age and adolescent teachers reported common training needs while preschool teachers identified needs which were somewhat different than the other groups. Curricula for social skill development and vocational programming were consistently seen as high priority needs identified by teachers. Other training needs were found to be the areas of motivating/rewarding students and individual counseling sessions.

During 1995, four Directors of Psychoeducational Programs were introduced to the Boys Town Educational Model (BTEM). The Boys Town Education Model (Dowd, Tobias, Connolly, Criste, & Nelson, 1993) is rooted in the principles of applied behavioral analysis and social learning theory. It provides a structure and a plan for working with students in a classroom setting, even those students who are disruptive and at-risk. BTEM's focus is on teaching in an effective, positive manner so that students learn how to interact appropriately with others, and subsequently to find academic success. In the four components--the Social Skills Curriculum, Teaching Interactions, Motivation System, and Administrative Intervention--is the flexibility that is needed in different situations when dealing with students who have social/behavioral problems. The model uses best teaching practices and focuses on instruction and reinforcement of the skills for individual success. The foundation of BTEM involves identifying prosocial behaviors, using proven instructional strategies to teach those behaviors, providing incentives for learning and using positive behaviors, and implementing consistent and nonpunitive discipline procedures. It provides the ability to empower students to change and control their behaviors which ultimately leads to less disruption and more learning in the classroom. There are 16 critical social skills which are task analyzed and taught step-by-step to each student. Other social skills are also taught as determined by student needs. These educational strategies have been used at Boys Town in Nebraska since 1979 and have been proven to enhance student success.

Whelan and Simpson (1996) of the University of Kansas have suggested that personnel who work with children and youth with severe emotional/behavioral challenges must to be skilled in implementing research-based practices to assure an appropriate education for these students. Administrative and program staff of South Metro Psychoeducational Program, Cobb-Douglas Psychoeducational Program, Alpine Psychoeducational Program, and Southwest Georgia Psychoeducational Program believe that accountability is critical for quality programming and that the Boys Town Education Model provides a research-based model tested and used over the past 15 years. Why reinvent the wheel to develop a model for the psychoeducational programs when an effective model is working with a population of students identified with emotional/behavior disorders in Nebraska?

Staff Development

In September, 1995, 10 educational leaders from Georgia attended a five day Specialized Classroom Management Workshop conducted by the National Education Training Center staff of Father Flanagan's Boys Home in Nebraska. Following the training, these staff members committed to completing the requirements to become certified trainers in the Boys Town Education Model so that the model could be effectively replicated in these four GPN programs. The four Directors of the programs involved received funding under three Georgia Special Education Incentive Grants to secure funding for training in Specialized Classroom Management, Consultation, Administrative Intervention, Common Sense Parenting, and Family Preservation. All of these training areas are specific programs used at Boys Town. Each training session was conducted in Georgia with the Training Team from Boys Town and included intensive interaction and training for the ten professionals working toward Training of Trainers certification. Training was held in Georgia in December, January, February, March, April, May, June, and August, 1996. Following the August Trainers' Institute, nine trainers were certified to conduct training in the Boys Town Education Model for staff in their programs and school districts. The tenth trainer was hired by Cobb-Douglas Psychoeducational Program from the Boys Town staff. Collaboration with Boys Town in Nebraska is ongoing.

Method

To evaluate the impact of the Boys Town Educational Model training and implementation from the trainers' perspective, questionnaires were sent to each trainer asking for their perceptions and experiences with BTEM in their programs after using the model for at least 90 school days (1/2 an academic year). All questionnaires (10/10=100%) were returned. The overwhelming response from the four programs represented was a positive one with trainers unanimously stating that they would commit the time for training

again if necessary due to the perceived effectiveness of the model. Each item on the questionnaire was analyzed and the results presented below.

Results

The responses to each item are presented individually. A brief discussion follows the presentation of the results.

Item #1

This item focused on the number of staff members who had been trained in Specialized Classroom Management and were still working with the model at the time of the responses to the questionnaire. A total of 154 personnel (see Table 1) had been trained at the four Programs ranging from 20 to 52 across the four programs. The large majority of those trained were teachers followed by paraprofessionals, administrators, and social workers.

Table 1
Summary of Responses to Item #1
Item #1: Please list the number of staff members by job category who have been trained in Specialized Classroom Management and who are working with your program to date.

	Alpine	Cobb/Douglas	South Metro	SWGa	Totals
Teachers	14	23	20	14	71
Paraprofessionals	0	18	3	15	36
Administrators	4	4	9	2	19
Social Workers	1	4	3	5	13
Psychologists	1	1	0	1	3
Other*	0	2	5	6	13
Totals	20	52	40	42	154

*Speech/Language Therapists, Art Therapists, Interventionists, Middle School Personnel, Behavioral Intervention Specialist/Behavior Specialist, Custodian, Secretary, Director

Item #2

The second item focused on the number of classrooms operating using the required components of the Boys Town Educational Model--Social Skills Curriculum, Teaching Interactions, Motivation Systems, and Administrative Interventions. Respondents indicated that a total of 51 classrooms were using the required model components--37 school-age (B-14 years) and 14 high school (15-18 years) classes. The number of classes across the programs ranged from a high of 17 (South Metro) to a low of 6 (Alpine) (see Table 2).

Table 2
Summary of Responses to Item #2
Item #2: Please list the number of classrooms operating in your Program which are using the following components of the Boys Town Educational Model: Social Skills Curriculum, Teaching Interactions, Motivation Systems, and Administrative Intervention.

	Alpine	Cobb/Douglas	South Metro	SWGa	Totals
School-Age (B-14 Years)	3	11	12	11	37
High School (15-18+ Years)	3	4	5	2	14
Totals	6	15	17	13	51

Item #3

Item #3 focused on the approach to training of staff used by each of the Programs. Cobb/Douglas used two approaches--training all staff at the Cobb site and training certified personnel and paraprofessionals at the Douglas site. Southwest Georgia also focused on training all staff; the Alpine and South Metro Programs focused on training certified staff and then others, phasing in the training when possible for other staff. Certified staff include those members with professional teaching credentials from the Teacher Certification Division of the Georgia Professional Standards Commission including teachers, social workers, psychologists, speech/language therapists, and art therapists.

Item #4

The respondents indicated that the four Programs had used a variety of techniques to support the staff during the first year of the implementation of the model (see Table 3). Among the highest rated techniques were extensive implementation planning, leadership teams, partners in education, consultation procedures, and skill enhancement through retraining, study groups, weekly discussion groups, and cooperative brain storming.

Table 3
Summary of Responses to Item #4
Item #4: Please rate three things you have done to support staff during this first year of implementation and rate the effectiveness. (Rating of 1-3 with 1 being high)

Rating	Support Techniques	
1	Extensive Implementation Planning (SWGa)	
	Leadership Team (Staff representatives advising administrators regarding curricular concerns) (South Metro)	
	Establishing Partners in Education (Businesses to help fund the Motivation System Rewards) (South Metro)	
2-3	Skill Enhancement:	Retraining (Cobb/Douglas)
		Study Groups (South Metro)
		Weekly Discussion Groups (Alpine)
		Cooperative Brainstorming (SWGA)
1-2-3	Consultation Procedures (All Four Programs)	
Other:	Offered continued staff development	
	Working with/modeling for staff during stressful times	
	One-on-one discussions	
	Individual meetings	
	Visual social skills planning	
	Reviewed de-escalation techniques	
	Hired a person for Interventions	

Item #5

Concerning feedback which was received from staff who had been trained and were using the model with students in a classroom setting, the following comments were listed:

Model is difficult to implement and requires more work than systems previously used; teachers are pleased with results in the classroom of core group of students; positive overall responses--some talk about stress levels; most staff are positive--two teachers do not think it works with their students; students are making progress--however, staff must play too many roles; more training sessions are needed so all staff in building are trained; Teaching Interactions take time--staff must balance teaching behavior and teaching academics; staff opinions vary from enthusiastic and supportive to non-compliant; four out of six teams like the model and desire proficiency--two elementary classes had successful systems in place before and do not see the same benefit with the change; feedback ranges from showing excitement to pessimism--model is difficult to implement and has increased the paperwork; feedback has been very positive--program is difficult to implement; and staff members express that office referral consequences are not severe enough. The array of feedback covers the range from enthusiastic to pessimistic.

Table 4
Summary of Responses to Item #6
Item #6: Describe three significant impacts that the BTEM has had on your program.

# of Trainers	Significant Impacts of BTEM on Program
4	Change in focus from managing inappropriate behavior to teaching skills for appropriate behaviors
4	Improved consistency throughout Program (data collection and teaching)
4	Increased professional expectations of staff and administrators--Accountability
3	Decrease in coercive intervention techniques
2	More mainstreaming occurring
2	Positive comments from parents and regular communication with parents
1	-Improved relationships through increased feedback
	-Speaking the same language (staff and students)
	-More success is seen in academics
	-Student progress is related to specific skills
	-The model rejuvenated a teaching team
	-The model organizes feedback to teachers
	-It provides clear guidelines for what constitutes an Office Referral
	-Students are success-oriented
	-Provides a structure and system that students prefer
	-Need for increased support staff
	-Extinction bursts during first six months of treatment

Item #6

The responses to the request to describe three significant impacts that the Boys Town Model has had on their Program emphasized a change in focus from managing inappropriate behaviors to teaching skills for appropriate behaviors and improved consistency throughout the Program (data collection and teaching) along with increased professional expectations of staff and administrators. Table 4 summarizes all the responses to this item.

Item #7

The following were listed by trainers describing the most significant difficulties experienced in implementing the BTEM: Staff taking "short cuts" and undermining the model (n=5 trainers), not enough staff for Administrative Interventions (n=5 trainers), lack of time for training (n=4 trainers), lack of commitment from some staff (n=3 trainers), no time for consultation (n=3 trainers), and maintaining morale due to increased responsibilities (n=2 trainers). Other responses included the expression of dealing with a core group of middle school age students without resorting to Time-Out and the extinction bursts which resulted in an increase of out-of-control behaviors. Trainers also indicated that giving support to staff without fostering dependence was a new challenge and the time it takes for consultation to be effective and staff to be supported is overwhelming. Money is limited to operate a point store and a different use of space is needed for program implementation. One trainer commented that changing mindsets of staff, parents, and students which say that negative points are bad has been a difficulty the program has had to address.

Item #8

For this item, trainers responded with suggestions for redesigning the BTEM training approach with their Program. Four responses were shared by multiple trainers: Have all staff trained in Specialized Classroom Management prior to implementation--consider use of Pilot Teams (n=4 trainers); would not do differently (n=2 trainers); more Ongoing Interaction training (n=2 trainers); more role-play time (n=2 trainers). Other responses from trainers included the following: Increased emphasis on problem-solving, increased focus on integration with speciality services, continued staff education, more generalization--IEP relationship to goals and objectives and to levels system, emphasis on anger control strategies, and focus on what to do with students with repeated Office Referrals without improvement.

Item #9

This item asked trainers if after having used the BTEM in their programs, they would commit the time if the training had to be conducted again. All respondents (10/10=100%) answered "yes".

Item #10

This item was designed to seek information concerning changes in staff, students, or parents which the trainers would attributed to the implementation of the BTEM. Three responses accounted for the majority of responses--More reports of skill generalization to home, school, and church than formerly heard (n=4 trainers), staff are more descriptive when discussing behaviors than prior to training (staff speak same professional language) (n=4 trainers), and student progress is traced to specific skills (n=3 trainers). Other responses included: Increased awareness of non-coercive techniques to de-escalate students, increased involvement of parents in teaching/reinforcing basic skills due to Common Sense Parenting, teachers spend less time behind desks, saved a teacher from burn-out, consistent student expectations, good student/staff/parent relationships, positive attitudes, and high stress levels in support staff working as Interventionists.

Item #11

This item sought information on how trainers were using data generated by the BTEM Point Sheets. Four uses accounted for the majority of responses: Measure success on IEP goals (n=6 trainers), consultation (n=6 trainers), evaluation of teachers (n=3 trainers), and use point sheets to look at target areas (n=2 trainers). Other responses included: Treatment planning, look for trends, positive/negative interaction ratio, look at skill mastery, feedback to parents, and evaluate the effectiveness of Office Referral process.

Item #12

This item concerning a projection of how many staff trainers thought would leave at the end of the year because of the implementation of the BTEM. Responses ranged from 0-2 (Alpine) to 1-5 (Cobb/Douglas) with the median being between 1 and 2 staff members.

Item #13

This item requested information on whether staff had already left the Program because of the implementation of BTEM. Responses ranged from a low of 0 (Alpine, SW Ga.) to 1-2 for Cobb/Douglas.

Summary/Discussion

The Boys Town Trainers in the Georgia Psychoeducational Network have trained 154 staff members of the four pilot programs during the first half of the academic year 1996-97. Future training programs are being planned in each of the four programs to continue staff training to reach the goal of fully training program staff in the model. Additionally, other psychoeducational programs have had staff trained in the model.

There are 51 classrooms using the Boys Town Education Model in the four pilot programs of the Georgia Psychoeducational Network. Training and implementation is occurring in satellite classes, in special education feeder classes in the associated districts, and in other psychoeducational programs.

The Cobb Psychoeducational Program and the Southwest Georgia Psychoeducational Program have trained all staff. The remaining programs in the pilot are continuing to train staff during phase in of the model. Comments from trainers reflecting staff feedback, difficulties in implementation, and redesigning the training approach included references to the desire to have all staff trained prior to implementation.

Feedback from the staff noted the difficulty of using the model due to its specificity and increased teaching time and paperwork. Each program addressed support of staff in a variety of ways, yet all the programs overwhelmingly rated "Consultation Procedures" as an important technique for staff support.

The trainers indicated that the adoption of the Boys Town Education Model has improved consistency throughout the programs in the area of teaching and in the area of data collection. The same language is spoken by staff, students, and parents in addressing social skills and learning. The crux of the model is the change from simply managing behaviors to the teaching of behavioral skills and the specific, identified steps of those skills. With the teaching and data collection comes accountability for the teaching and acquisition

of skills. As students acquire the skills and move through the level systems at a pace with which they feel comfortable, more mainstreaming occurs based on the student improvement.

The comprehensiveness of the model addresses intervention techniques which are non-coercive and consequently increases the professional expectations of all staff involved with the model at any job level. The impact on each of the four pilot programs has been positive in spite of difficulties perceived and the model has reinforced accountability and success-oriented programming in the psychoeducational programs involved.

Perceived difficulties during the first year of a major change in programming include staff taking "short cuts" with the interventions and reverting to management techniques which they have used in the past. Increased responsibilities and shortage of staff for new roles must be accommodated for as changes are made. Time for support and consultation seems also never to be enough as the model is implemented. Some trainers would adapt the schedule/scope of the training in order to address these difficulties if they had the year to do over again but other trainers would use the existing design of to train and implement the model in their programs.

Few staff are projected to leave the pilot programs due to the adoption of the Boys Town Education Model. If the trainers' are accurate in their predictions that no more than 15 staff will leave the pilot programs due to the implementation of Boys Town Education Model out of the more than 154 staff trained, the percentage of those leaving would be 10%. According to Hamm (1996), the mean attrition rate for teachers in the psychoeducational network for the period 1986-1992 was 17.86% per year and the mean attrition rate for paraprofessionals was 18.31% per year. for the same time period. Therefore, the staff leaving the pilot programs is not seen as significantly variant from previous years.

Finally, the trainers were asked how they used the data generated by the model. The responses show that the measure of student success for IEP goals and objectives were obtained from the data collected. Staff support and evaluation was done through data collection. Additionally, programs reviewed trends, skill mastery, and did treatment planning through the use of data.

Recommendations for Future Study

The training process taught by the Boys Town National Training Team and used by the pilot programs in the Georgia Psychoeducational Network has proven to be successful. Further study needs include staff attitudes over time, attrition over a three year period, and student success as measured by increase in the number of mainstreamed segments. Analysis

of Office Referral data and analysis of positive to negative teacher interactions over time will be other areas of critical data on which program and staff evaluation and feedback can be based. The importance of training will only be as good as the support for staff members which is available on an ongoing basis. Future studies should bear this hypothesis out.

Decisions regarding additional program training and implementation should be based on results of student progress. Further studies to document student change in behavior and academics and to compare staff satisfaction with the model versus their satisfaction with other approaches to educational treatment will provide administrators and leadership teams information to use in model evaluation.

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Implementation of the Boys Town Education Model in Four Georgia Psychoeducational Network Programs: Initial Impact on Student Social Skills and Adjustment

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Father Flanagan's Boys' Home

This study evaluated the implementation of the Boys Town Educational Model (BTEM), a social skills training model, with severely emotionally disturbed/behaviorally disordered students served in the Georgia Psychoeducational Network. The treatment group (received BTEM) was composed of 189 students (61 elementary and 128 adolescent); the control group (did not received BTEM) was composed of 56 students (21 elementary and 35 adolescent). The dependent measure was the Walker-McConnell Scale of Social Competence and School Adjustment. Results indicated that students in the treatment group made significant gains in social skills and school adjustment while students in the control group did not. Discussion of the results are provided.

Approximately 15 years ago a seminal report (Knitzer, 1982) focused the nation's attention on the general lack of needed programs and services for children and adolescents with serious emotional/behavioral disorders (SED). An extensive study of programs an policies for SED children eight years later concluded that much still remained to be done to design effective programs for these children (Knitzer, Steinberg, & Fleisch, 1990). One of the main conclusions of these studies was that, in practice, the priority of many of the school curricula for SED children was behavior management with emphasis on maintaining classroom silence rather than teaching children appropriate ways of expressing their feelings and interacting with other children. One approach which does focus on teaching positive behaviors and has demonstrated some promise is social skills instruction (Gresham, 1981). Nevertheless, there is limited evidence of whether or not social skill instruction can be successfully implemented over time in special education programs, and if it can produce long term benefits for these children.

In this study the Boys town Educational Model (BTEM) was implemented in four regional programs in the Georgia Psychoeducational Network (GPN). The initial research question was to evaluate whether or not students experienced significant improvements in

social skills. Long-term research questions referred to whether or not students improved in their general adjustment in this special education setting, and if they could be successfully mainstreamed into general education programs.

Method

Design

Students enrolled in four regional, community-based GPN programs between July and March of the 96-97 school year served as the treatment group for this study. They were all enrolled in classrooms staffed by teachers trained in the BTEM. Students enrolled in satellite centers of one of these programs served as a control group. None of the control group children were enrolled in classrooms staffed by teachers trained in the BTEM. Students were divided into elementary (K-6) and adolescent (7-12) subgroups for the study based on the research of Hill Walker and his colleagues indicating that somewhat different social skills are observed at these two age levels (Walker & McConnell, 1995). Similar data were collected on all students.

Participants

There were 189 students in the treatment group. Sixty-one were elementary students and 128 were adolescents. These groups had a majority of males, and they were almost equally split between African American and Caucasian students. They had been enrolled in the GPN program from 0-146 months at the beginning of the study, and they attended anywhere from 2 to 160 days during the year. Descriptive statistics for the treatment group are provided in Table 1.

There were 56 students in the control group. Twenty-one were elementary students and 35 were adolescents. They were almost all males, and the majority were Caucasian. They had been enrolled in the GPN program from 0-77 months at the beginning of the study, and attended from 27 to 124 days during the year. Descriptive statistics for the control group are provided in Table 2.

Treatment and control students were similar in most respects except that treatment students were enrolled in self-contained special education programs and control students were enrolled in satellite programs. There were, however, two other obvious differences between the treatment and control groups according to the descriptive data. First, the control group had a much higher percentage of Caucasian students. Second, control elementary

Table 1
Descriptive Information--Overall Treatment Group

Variable	Elementary (n=61)			Adolescents (n=128)		
	Mean	SD	Range	Mean	SD	Range
Chronological Age in Months	127.59	13.80	95-163	172.02	21.94	128-257
Months Enrolled in GPN	10.87	11.54	0-44	18.08	19.63	0-146
Months in BTEM Treatment	5.59	0.96	3-8	6.43	1.91	4-14
Days Attending School	103.10	20.18	4-160	92.58	24.14	2-159
Gender						
Male		85%			81%	
Female		15%			19%	
Race						
African American		53%			40%	
Caucasian		46%			59%	
Other		1%			1%	

Table 2
Descriptive Information--Control Group

Variable	Elementary (n=21)			Adolescents (n=35)		
	Mean	SD	Range	Mean	SD	Range
Chronological Age in Months	129.81	12.93	108-150	167.14	17.09	120-210
Months Enrolled in GPN	28.38	24.51	1-77	19.26	16.63	0-72
Months Enrolled in BTEM Treatment	NA	NA	NA	NA	NA	NA
Days in School During 1996-1997	100.45	24.63	32-124	95.80	22.99	27-121
Gender						
Male		95%			97%	
Female		5%			3%	
Race						
African American		29%			23%	
Caucasian		71%			77%	
Other		0%			0%	

students had been enrolled in GPN programs almost three times as long as treatment elementary students.

Program

The GPN consists of 24 community-based day programs that are part of the public school continuum of services for children with severe emotional and behavior disorders and autism. Comprehensive special education services are provide din self-contained specialized schools and satellite programs located in general education settings. The goal is to maintain these students in the community as a cost-effective alternative to residential placement and to return these students to less restrictive settings in their local communities. Each class is staffed by a lead teacher and a paraprofessional. Other specialists, including school psychologists and social workers also provide support services. These support services include assessment of student and family needs, psychological and psychiatric consultation, parent training, and counseling. In addition, there is an emphasis on coordination with other agencies which provide services to the students and their families. Of the four programs involved in the study, two were located in a major metropolitan area, and the other two were in smaller communities.

Boys Town staff provided training to administrators and instructional staff in these four GPN programs during the 95-96 school year, and all had begun implementation of the BTEM at the start of the study. The BTEM is a systematic school-based intervention which includes a Detailed approach to classroom behavior management and social skills training (Dowd, Tobias, Connolly, Criste, & Nelson, 1993). The BTEM is an adaptation of the Boys Town Family Home program (Coughlin & Shanahan, 1986) and the Teaching Family Model of group home treatment (Phillips, Phillips, Fixsen, & Wolf, 1973) to the school setting. A longitudinal study of the Boys Town Family Home program indicated long-term educational effects for at-risk children and adolescents in residential care (Thompson *et al.*, 1995). The BTEM includes a social skills curriculum, a structured approach to classroom management focusing on increasing positive behaviors, an office referral intervention component and specialized classroom management for the special education setting. BTEM evaluation studies have indicated positive effects for general education elementary students (Furst *et al.*, 1995), but the model has not yet been systematically evaluated in special education settings.

Initial training was provide din the form of two workshops, a five-day Specialized Classroom Management workshop and a three-day Administrative Intervention workshop for building administrators. Following this training Boys Town staff provided consultation to classroom teachers to assist with implementation of the model in GPN programs. Finally, a team of 10 GPN staff were trained to become trainers and consultants in their own programs.

Measures

The dependent measure in this study is the Walker-McConnell Scale of Social Competence and School Adjustment (Walker & McConnell, 1995, 1995a). The Walker-McConnell was designed to measure social competence. The authors define two primary domains in this construct: adaptive behavior and interpersonal social competence. They define adaptive behavior as general adjustment, and interpersonal social competence as the skills required to maintain successful social relationships. Both these domains include teacher-related and peer-related expectations. All items are positive stated. Classroom teachers who have observed children in the classroom over time rate their students on each item. Each item is a description of a relevant social behavior and it is rated on a five-point scale as occurring from never to frequently. The elementary version consists of 43 items divided into three subscales: Teacher-Preferred Social Behavior, Peer-Preferred Social Behavior, and School Adjustment. These subscales are also combined into a Total Score. The adolescent version includes 63 items divided into four subscales: Self-Control, Peer Relations, School Adjustment, and Empathy. These subscales are also combined into a Total Score. Extensive research has been completed establishing these scales and the reliability and validity of the scale itself (Walker & McConnell, 1995, 1995a).

Results

An Analysis of Covariance (ANCOVA) using Walker-McConnell total scores was used to test for overall BTEM treatment effects. Separate analyses were completed for elementary students and adolescents because there are different forms of the Walker-McConnell for these two age groups. These analyses are reported in Table 3. The source of variation of primary interest is Group. This is a test of the different between post test means of the treatment and control groups, accounting for any differences between pre test means. There was not a significant treatment effect for elementary students, but there was for adolescents ($p < .05$). These results support the conclusion of treatment effects for adolescents but not for elementary students.

Means and standard deviations of subtest and total scores for treatment and control groups are provided in Tables 4 and 5. Pairwise comparisons were also made using two-tailed dependent t-tests. Examination of these data indicates that both elementary students and adolescents in the treatment group made significant gains on the Walker-McConnell. On the total score elementary students were, on average, at the 16th percentile at pre test and the 22nd percentile at post test. Treatment group adolescents were, on average, at the 27th percentile at pre test and the 33rd percentile at post test. Elementary treatment students made gains on Teacher-Preferred, Peer-Preferred, and School

Table 3
Analysis of Covariance--Overall Treatment Group

Source	SS	DF	MS	F
Elementary (n=82)				
WMTOTPRE	24133.66	1	24133.66	32.64**
Group	681.98	1	681.98	0.92
Adolescents (n=163)				
WMTOTPRE	82975.85	1	82975.85	69.56**
Group	7568.28	1	7568.28	6.35*

Note: WMTOTPRE=pretest Walker-McConnell Total Score. Group=treatment vs. control.
*p.05; **p.01

Table 4
Walker-McConnell Pre-Post Comparison--Overall Treatment Group

	Pretest Mean	SD	Posttest Mean	SD	t
Elementary Version (n=61)					
Teacher-Preferred	41.95	12.12	47.32	11.23	-3.26**
Peer-Preferred	51.31	15.33	55.31	13.13	-2.23*
School-Adjustment	30.64	8.12	33.20	7.97	-2.43*
Total Score	125.74	30.85	134.46	30.37	-2.14*
Adolescent Version (n=128)					
Self Control	31.38	9.35	33.17	11.96	-1.88
Peer Relations	48.76	13.52	51.47	12.58	-2.20*
School Adjustment	43.73	11.83	44.63	13.07	-0.88
Empathy	18.14	7.25	17.38	7.05	1.03
Total Score	147.85	34.04	155.80	39.40	-2.50*

*p.05, **p.01

Table 5
Walker-McConnell Pre-Post Comparison--Control Group

	Pretest Mean	SD	Posttest Mean	SD	t
Elementary Version (n=21)					
Teacher-Preferred	43.19	17.21	42.04	12.69	0.43
Peer-Preferred	51.24	19.20	53.19	13.83	-0.65
School Adjustment	29.04	10.72	30.05	9.15	-0.61
Total Score	122.95	41.61	126.43	34.46	-0.51
Adolescent Version (n=35)					
Self Control	30.29	10.40	28.68	11.21	0.96
Peer Relations	47.54	11.22	43.94	15.22	1.71
School Adjustment	41.51	10.94	39.69	13.73	0.87
Empathy	15.03	5.13	14.63	6.25	0.44
Total Score	141.91	34.78	135.31	44.26	1.01

*p.05, **p.01

Adjustment (all) subscales, while adolescents made significant gains on only the Peer Relations subscale.

Control group students, however, made no statistically significant changes on the Walker-McConnell. On the total score control group elementary students were, on average, at the 14th percentile at pre test and the 16th percentile at post test. Adolescents were at the 24th percentile at pre test and the 19th percentile at post test.

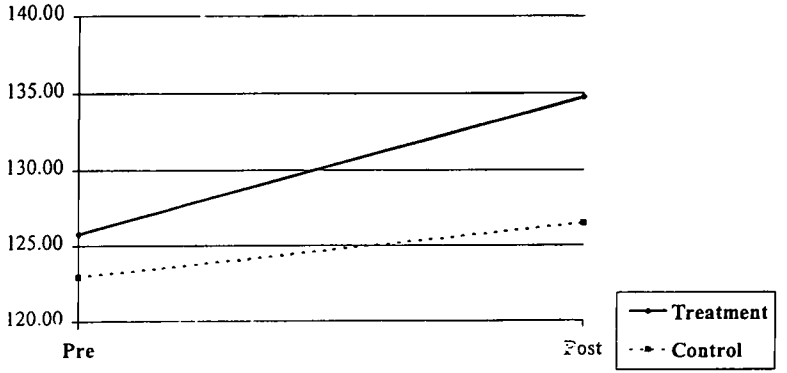
Discussion

The initial results reported in this study indicate that students enrolled in GPN classrooms using the Boys Town Educational Model made significant gains in social skills and school adjustment as measured on a standardized instrument. Students enrolled in satellite control classrooms not using the model, however, made no such gains. These findings provide preliminary evidence of the effects of the BTEM on students' social skills and school adjustment during the first year of implementation.

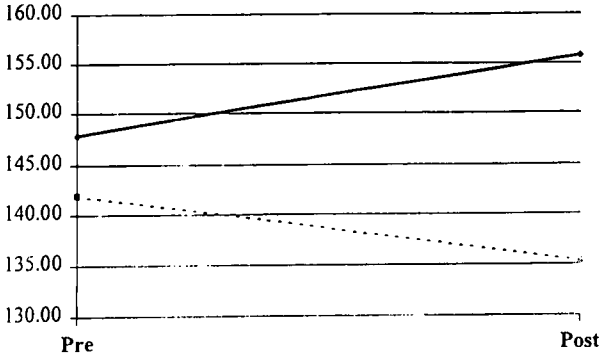
The means and standard deviations seem to contradict the ANCOVA results, however. Elementary students made the most consistent gains, and yet treatment effects were found only with adolescents. When trying to interpret this type of analysis, it is often helpful to graph pre-post means for treatment and control groups. These are provided in Figure 1. These graphs clearly indicate that elementary treatment group students improved, but

Figure 1: Walker McConnell Pre-Post Comparison - Overall

Elementary



Adolescents



elementary control group students also improved slightly (even though this was not statistically significant). When the control group improves even slightly, it makes it difficult to get a significant treatment effect in this type of analysis. Perhaps this is why the treatment effect for elementary students is not significant. With adolescents, on the other hand, the treatment group improved and the control group deteriorated slightly (again not statistically significant). This pattern optimizes the opportunity to find a significant treatment effect in the ANCOVA. Perhaps this is why the treatment effect was found with adolescents, even though the gains across subscales were not as consistent as with elementary students.

These age effects suggest patterns that may or may not be supported by future research. Elementary students in the treatment group made more consistent gains than adolescents. Perhaps elementary students are better candidates for social skills instruction because poor social skills have not been practiced as long or their effects have not had as great a deleterious effect on students' self competence. In the control group, on the other hand, elementary students appeared to improve slightly, and adolescents appeared to deteriorate slightly without the treatment program. This may indicate that elementary students again are more easily taught social skills, even without a specific social skills program. Adolescents, however, may continue to deteriorate in social skills in special education placement without specific treatment in that area.

Several caveats must be considered in the interpretation of these data. First, assessment of social skills was limited to one dependent measure. Assessment of social skills has been hotly debated in the literature. Methods have included teacher ratings, sociometric techniques, and direct observation. The Walker-McConnell is based on teacher ratings. Walker and McConnell (1995, 1995a) provide a compelling argument for this approach, but clearly assessment of social skills does not have an established methodology at this time. Second, treatment group data were collected in four different programs, and the descriptive and outcome data looked somewhat different in each program. The results reported represent overall averages, and thus are somewhat difficult to generalize to all settings. Third, there were some distinct differences in the treatment and control groups which could help account for these results. Probably the most systematic bias was that the treatment group students were placed in self-contained programs and the control group was limited to satellite programs. Fourth, the quality of implementation of the BTEM differed from classroom to classroom and program to program. As with any innovation, some teachers were more accepting than others and some were able to implement the model and teach social skills more quickly than others. Also, GPN consultants/trainers were just learning how to help others implement the BTEM in their programs. Because this was the first full year of implementation of the BTEM, we hope to find more consistent student improvements in future years.

Despite these cautions, the results provide positive preliminary results with a substantial sample of students who have serious emotional/behavioral disorders. They lend

support to the hypothesis that social skills training can be implemented with and is beneficial to this population. Currently, efforts continue to insure implementation of the BTEM in all classrooms in the programs. The team of GPN consultants/trainers from each program have received additional training. They meet regularly to provide training to new teachers and work with current teachers on implementation issues. Data collection is ongoing. Follow-up assessment of social skills and school adjustment is being conducted again during the 97-98 school year. If students' social skills are improving, this should also affect other indicators of their school adjustment. Therefore, rates and reasons for referrals to the office for behavior problems are currently being monitored to identify changes over time. Finally, success of mainstreaming students back into general education classrooms is being tracked as the long-term goal of this project, specifically, and GPN programs, in general.

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GPN Report Card--A Status Report

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Coastal Georgia Comprehensive Academy
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Beginning in 1995, the Accountability Committee of the Georgia Psychoeducational Network initiated the development of educational outcomes for students with severely emotional disturbance/behavioral disorders. Adapting a format and some content from the National Center on Educational Outcomes, the Accountability Committee developed a statement of Educational Objectives and Outcomes (EOO) composed of eight data-based items in three domains--Presence and Participation, Academic and Functional Literacy, and Personal and Social Adjustment. Data from the pilot test in 1995-1996 and from the first full network use in 1996-1997 are presented. The GPN Report Card grows out of this effort incorporating each of the eight items in the EEO and providing additional items. Initial data will be gathered on the Report Care in 1998-1999 from all GPN programs.

The Accountability Committee of the Georgia Psychoeducational Network (GPN) was formed in the summer of 1995 at the request of the Coordinator of the GPN in the Division for Exceptional Students in the Georgia Department of Education. The purposes of this Committee were to address educational outcomes for students with severe emotional disturbance/behavioral disorders (SE/BD) and to increase the GPN Program's accountability for outcomes. Based on three years of prior efforts, the Programs achieved a consensus of direction on the effort. The members of the Accountability Committee included Dr. Bess Allen (Rutland Psychoeducational Program), Mr. David Fallin (Flint Area Psychoeducational Program), Ms. Judi Kelley (Cedarwood Psychoeducational Program), Ms. Elizabeth LeClair (Middle Georgia Psychoeducational Program), Ms. Susan McKenzie (Georgia Department of Education), Ms. Martha Patton (Northwest Psychoeducational Program), Ms. Carol Pope (Committee Chair) (Coastal Georgia Comprehensive Academy), Dr. Mike Powell (Cobb-Douglas Psychoeducational Program), Dr. Ken Wallin (Coastal Academy), and Mr. Homer Wells (Woodall Psychoeducational Program).

The first meeting was held in September 1995. The Committee utilized the Self Study Guide to the Development of Educational Outcomes and indicators from the National Center

on Educational Outcomes (NCEO) (Ysseldyke & Thurlow,1993). The NCEO model uses a step-by-step process to create a system of outcomes and indicators needed to develop and implement an outcomes-assessment program. There are four major steps: 1. Establish a solid foundation for the effort; 2. develop, adopt, or adapt a model; 3. establish a data collection and reporting system; and 4. install the system. Seven subsequent meetings were conducted throughout 1995, 1996, and 1997 in using this process to develop the Educational Outcomes and Objectives (EOO) which is composed of eight data-based items in three domains--Presence and Participation, Academic and Functional Literacy, and Personal and Social Adjustment.

EOO Field Test and GPN Data Collection

The nine directors who participated on the Committee field tested the format and data collection system in 1995-1996 resulting in some minor revisions to the initial format and procedures. Table 1 contains the EOO with the field test data and data from all 24 Programs which were gathered for the 1996-1997 school year.

Visual inspection of the data in Table 1 show consistency across both years with percent differences ranging from 1% to 3% across all eight items. In Domain A--Presence and Participation, the data from 1996-1997 for each of the four items were from 1% to 2% lower than the field test data. For Domain B--Academic and Functional Literacy, the percent differences for 1996-1997 were higher on one item and lower on the other. For Domain C, Personal and Social Adjustment, the data from 1996-1997 were lower on one item and the same on the second.

GPN Report Card

The Accountability Committee has expanded the original eight items from the EOO considering data required in other reports cards (e.g., Georgia Department of Education, 1996;) and projecting requirements under The Individuals with Disabilities Education Act Amendments of 1997. The second draft of the Report Card (see Figure 1) is composed of several major components. Student Data is composed of descriptive data on all students enrolled. The Educational Objectives and Outcomes includes the original Domain A--Participation and completion with items on attendance, students placed in less restrictive settings, dropout rate, graduate/postsecondary data, and graduates entering post-secondary experiences. Domain B--Academic and Functional Literacy includes items on reading, functional reading, mathematics, and assessment information (which is not required until the 1998-1999 school year). And Domain C--Personal and Social Adjustment is composed of four items concerning psychiatric hospitalization, placement in residential settings, reduction

Table 1
Educational Objectives and Outcomes (EOO)
Georgia Psychoeducational Program Network

	1995-1996 (n=9)	1996-1997 (n=24)
Domain A: Presence and Participation		
Participates		
% of students ages B-14 who move to fewer segments	18%	17%
% of students ages 15+ who move to fewer segments	23%	22%
Completes School		
% of 12th grade students who receive a completion document from Psychoeducational Program or regular school	66%	64%
% of students ages 16+who drop out	14%	13%
Domain B: Academic and Functional Literacy		
Demonstrates competence in reading skills		
% of students 6+ who show gain in reading for school year	54%	51%
% of students ages 16+ who demonstrate adult functional reading level at 6th grade level	43%	45%
Domain C: Personal and Social Adjustment		
Copes effective with personal challenges, frustrations, and stressors		
% of students requiring psychiatric hospitalization other than for diagnostic evaluations during year	5%	4%
# of students placed in residential setting during year per IEP	22	22

of inappropriate behaviors, and increases in appropriate behaviors. Initial data collection efforts using the GPN Report Card are projected for 1998-1999.

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FIGURE 1

GPN REPORT CARD--DRAFT #2

STUDENT DATA

ENROLLMENT BY RACE/ETHNICITY AND SEX								
TOTAL	BLACK	WHITE	HISPANIC	ASIAN	AMERICAN INDIAN	MULTI-RACIAL	MALE	FEMALE
#								
%								

ENROLLMENT IN SELECTED PROGRAMS		
PROGRAM (AGE RANGE)	TOTAL ENROLLMENT	% OF STUDENT POPULATION
INFANT/TODDLER (BIRTH-4)		
ELEMENTARY (5-10)		
MIDDLE (11-13)		
HIGH (14-18+)		

STUDENTS ELIGIBLE TO RECEIVE FREE/REDUCED LUNCHES	
NUMBER	PERCENT

EDUCATIONAL OBJECTIVES/OUTCOMES: DOMAIN A: PARTICIPATION AND COMPLETION

	ATTENDANCE		STUDENTS PLACE IN LESS RESTRICTIVE SETTINGS		DROPOUT RATE	
PROGRAM	TOTAL #	RATE	TOTAL #	%	TOTAL #	%
INFANT/TODDLER (B-4)					X	X
ELEMENTARY (5-10)					X	X
MIDDLE (11-13)					X	X
HIGH (14-18+)						

GRADUATE/POSTSECONDARY DATA: GRADUATES BY RACE/ETHNICITY AND SEX									
	TOTAL	BLACK	WHITE	HISPANIC	ASIAN	AMERICAN INDIAN	MULTI-RACIAL	MALE	FEMALE
DIPLOMAS									
SPED DIPLOMAS									
GED									
TOTAL									

GRADUATES ENTERING POSTSECONDARY EXPERIENCES		
EXPERIENCE	#	%
COLLEGES/TECHNICAL/ADULT SCHOOLS		
EMPLOYMENT		

EDUCATIONAL OBJECTIVES/OUTCOMES:
DOMAIN B: ACADEMIC AND FUNCTIONAL LITERACY*

*DOES NOT INCLUDE STUDENTS WITH AUTISM OR SEVERE INTELLECTUAL DISABILITIES (IQ<70)

STUDENTS AGES 6+ DEMONSTRATING GAINS IN:	READING		MATHEMATICS	
GAINS	#	%	#	%
< 1 MONTH				
1-3 MONTHS				
4-6 MONTHS				
7-9 MONTHS				
10-12 MONTHS				
> 12 MONTHS				

STUDENTS AGES 16+ DEMONSTRATING ADULT FUNCTIONAL READING LEVEL AT 6TH GRADE	
NUMBER	%

ASSESSMENT INFORMATION REQUIRED IN 1998-1999

NORM REFERENCED TESTS--ITBS		
READING COMPREHENSION	#	PERCENTILE
GRADE 3		
GRADE 5		
GRADE 8		
MATHEMATICS		
GRADE 3		
GRADE 5		
GRADE 8		

CRITERION REFERENCES TESTS		
SUBJECT/GRADE	#	SCALED SCORES
LANGUAGE ARTS:READING		
GRADE 3		
GRADE 5		
GRADE 8		
MATHEMATICS		
GRADE 3		
GRADE 5		
GRADE 8		
SCIENCE		
GRADE 3		
GRADE 5		
GRADE 8		
SOCIAL STUDIES		
GRADE 3		
GRADE 5		
GRADE 8		
HEALTH		
GRADE 3		
GRADE 5		
GRADE 8		

EDUCATIONAL OBJECTIVES/OUTCOMES:
DOMAIN B: ACADEMIC AND FUNCTIONAL LITERACY (CONTINUED)

PERFORMANCE ASSESSMENTS			
GRADE 5		**GRADE 8**	
DEVELOPMENTAL STAGES	%	CATEGORIES OF SCALE SCORES	% SCORING
STAGE 1: EMERGING WRITER		INADEQUATE <162	
STAGE 2: DEVELOPING WRITER		MINIMAL 162-209	
STAGE 3: FOCUSING WRITER		GOOD 210-247	
STAGE 4: EXPERIMENTAL WRITER		VERY GOOD > 247	
STAGE 5: EMERGING WRITER			
STAGE 6: EXTENDING WRITER			

GRADE 11 TESTS OF ACHIEVEMENT & PROFICIENCY (TAP)		
SUBJECT	**#**	**%ILE**
READING		
WRITTEN EXPRESSION		
MATHEMATICS		
SCIENCE		
SOCIAL STUDIES		

EDUCATIONAL OBJECTIVES/OUTCOMES:
DOMAIN C: PERSONAL AND SOCIAL ADJUSTMENT

STUDENTS REQUIRING PSYCHIATRIC HOSPITALIZATION OTHER THAN FOR DIAGNOSTIC EVALUATIONS		STUDENTS PLACED IN RESIDENTIAL SETTING PER IEP	
#	%	#	%

STUDENTS DEMONSTRATING A REDUCTION IN INAPPROPRIATE BEHAVIORS AS MEASURED BY PRE-POST TEST SCORES		STUDENTS DEMONSTRATING AN INCREASE IN APPROPRIATE BEHAVIORS AS MEASURED BY PRE-POST TEST SCORES	
#	%	#	%

GUIDELINES FOR AUTHORS

The GPN RESEARCH REPORT invites manuscripts concerned with any research aspect of program operations for severely emotionally disturbed/behaviorally disordered (E/BD) students in Georgia. In order to be considered for publication, manuscripts must report or interpret some aspect of data-based scientific finding or practical experience that leads to improved understanding of E/BD students or educational programs for these students.

AGREEMENTS: To be considered for review, a manuscript must meet the following prerequisites:
1. It is not being considered concurrently by another publisher.
2. The author assumes responsibility for publication clearance in the event that the manuscript was presented at a professional meeting of another organization or was developed by a project funded by an external funding agency.
3. The manuscript has not been published in substantial part in another journal or published work.

REQUIREMENTS: In preparing manuscripts for publication, authors must use the following guidelines:
1. Manuscripts should be well organized and concise. Historical data common to dissertations should be limited. The readers of the GPN RESEARCH REPORT use the studies and therefore research findings should be specific, concrete, and gleaned from the method and procedures. Implications for the practitioner should be discussed in light of the findings.
2. Manuscript length may vary according to the subject. However, those most acceptable to space available are between 8 and 15 double-spaced pages.
3. A brief abstract of 80-125 words should accompany the manuscript. It should be a clear and succinct statement of the treatment, method, and conclusions.
4. Complete author information should be given on a cover sheet: Full name, title or position, institution, city, state, and address with zip code. Grant numbers and funding information should be included when appropriate. The author's name should appear nowhere on the manuscript.
5. Avoid footnotes.
6. All material must be double spaced, including quotations and references. Wide margins should be left for editorial -work.
7. References are to follow the style described in the Publication Manual of the American Psychological Association (APA, 1200 17th Street, N.W., Washington, D.C. 20036)
8. Submit a master copy of the manuscript plus four additional copies to William W. Swan/Carvin L. Brown, Editors, GPN RESEARCH REPORT, Department of Educational Leadership, River's Crossing, the University of Georgia, 850 College Station Road, Athens, GA 30602.
9. Authors are responsible for the factual accuracy of their contributions. Manuscripts will be acknowledged upon receipt. Following preliminary examination by the editors, the manuscripts will be sent to associate editors/reviewers for review. Within approximately three months, the author(s) will be notified concerning disposition of the manuscript.

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