

Program Evaluation and Replications of School-Based Mental Health Services and Family-Community Interventions with Chronically Disruptive Students

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Abstract

Although outcomes for alternative schools may be mixed, it is generally agreed that counseling, therapy, group work, case management, and family-community involvement have been credited in some effective programs. This study examined program evaluations from 1994-1999 for an alternative school for chronically disruptive students (599 students, ages 9-22) that was funded by a state grant to assure safer, drug-free public schools. School-based mental health services were mandated by the grant. Annual program evaluations and positive outcomes were necessary for continued funding by the state. Psycho-social (self-esteem, depression, locus of control, and life skills) and educational outcomes (grade point averages and attendance) were examined at entry and exit. In addition, 90- and 180-day follow-ups were conducted for educational outcomes. Although educational outcomes improved during assignment to the alternative school (greater than 70% passing), in the 90- and 180-day follow-ups student grade point averages improved but were not passing. Notably, student dropout for alternative students was an average of 8% 180 days after the assignment compared to the school district's 45% dropout rate. The focus of this study was to determine whether the alternative school was a viable family-community intervention for improving social functioning and educational achievement for chronically disruptive students, whether these interventions were effective in improving school safety, and whether the program missions were consistently accomplished during the five years of implementation and one year follow-up based on the program evaluations.

Key Words: school-based mental health services, program evaluation, chronically disruptive students, family-community interventions, replication studies

Introduction

School-based mental health services were first introduced in the early 1980s, coinciding with the development of school-based health centers. Just as the health centers allow students to receive medical care when needed, the mental health services permit students to receive clinical services as needed (Weist & Christodulu, 2000). The application of these programs took on new significance in the 1990s in alternative education when public awareness increased about the presence of violence, weapons, drugs, and alcohol at school. This forced many school districts to consider alternative forms of education for students deemed “chronically disruptive.”

As early as 1975, “chronically disruptive students” was a phrase invented by educators with the hope that interventions could be more exact or useful (Miller & D’Alonzo, 1975). At that time, the label, “chronically disruptive” was equated with delinquency, and schools focused on vocational training (Miller, 1975). Over the next three years, the term became synonymous with emotional disabilities (ED). Interventions were designed to raise the awareness of the importance of education for children and teacher training (Smith, 1979; Smith, 1978). Characteristics of “chronically disruptive students” included being rebellious, defying rules, and demonstrating poor academics. The harmful effects of suspension were discussed and appropriate educational interventions were recognized. In 1979, alternative educational programs were first mentioned as a viable educational setting. The alternative program offered a highly structured, closely supervised, and appropriately staffed educational method for schools having difficulty coping with disruptive students (Marien, 1980; Johnson, 1979; Smith, 1979).

In the early 1980s, the label “chronically disruptive students” continued to be equated to emotionally and behaviorally disturbed students (Birney, 1981). Even so, educators were beginning to understand that school disruption had many causes and students had varied needs. Therefore, an ecological or systems approach was necessary, and as a result, “chronically disruptive students” were seen as distinct from students with emotional problems (Bailey, 1983; Eyde & Fink, 1983; Fink & Kokaska, 1983). In 1994, educators refined their definition of “chronically disruptive students” to include school violence (safety risks) as a characteristic of students in need of off-campus, privately funded programs such as boot camp and residential schools. Community involvement was essential to the process of identifying and assessing the needs of these students, as

well as in locating and securing funding (Harrington-Lueker, 1994; Kellmayer, 1995; Pardini, 1995; Schroeder-Davis, 1995).

In the 1990s, the “Safe School Act” attempted to steer away from a crime-focused approach by creating welcoming, nurturing schools and hiring trained staff to provide assessment and appropriate social services to assist students and families in making sustaining changes in their lives (Dupper, 1995). Educators identified elementary schools as cost-effective, logical prevention and intervention points. Safer schools also became a priority in the 1990s, and “chronically disruptive students” were characterized as “disrespectful, confrontational, self-absorbed” and their misbehaviors were described as “classroom disruption, defiance toward adults, disregard of school rules and aggressive confrontations” (Abdul-Latif, 1998, p. 19). As a result, programs centered on functional assessments and skill development, particularly social and problem-solving, and a full continuum of services to improve social and academic functioning (Hill, 1998; Wilcox, Brigham, & Nicolai, 1998). Since then, efforts have become more vigilant in identifying “chronically disruptive students” and removing them to alternative schools where families are required to participate (Gotbaum, 2005; Stateline, 2000).

Responding to public pressure to remove “chronically disruptive students,” federal and state legislators made funds available like the CrossRoads Grant (also known as “Community and Schools” and “Cities and Schools”) to remove disruptive students from traditional schools and provide them with mental health services. It was believed that additional school-based mental health services may enable them to be successful in school, because there is evidence to suggest that these students’ misbehavior results from unmet physical, emotional, or social needs (Knitzer, Steinberg, & Fleish, 1991). However, these services were not always available in every community. Thus, public awareness, public pressure, and funding agencies influenced school districts to consider alternative schools as an appropriate setting to provide school-based mental health services to students who interfere with the learning of others.

Student Outcomes in Alternative Schools

In the prevention of school failure, researchers and educators have established the need for student outcomes in alternative programs, particularly for vulnerable students who are disenfranchised from the traditional school or at-risk for violence or low academic achievement (Lehr & Lange, 2003). Alternative schools or programs are typically used to describe a wide range of educational activities, such as magnet schools, Catholic schools, vocational education schools, and disciplinary programs. The function of alternative schools depends largely on community need and may be categorized in three ways:

the innovative school, the reform school, and the “beef’em up” and “send’em back” school (Fizzell & Raywid, 1997, p. 7). Thus, comparing alternative school outcomes may be as arbitrary as the missions of the programs and the needs of the communities.

Regrettably, for mandatory alternative programs, findings for student academic outcomes are varied and may be difficult to generalize due to the individualized program designs, which fit particular needs for specific communities. In the alternative programs with smaller classes and more teacher attention, students improve but may not improve enough academically to pass or may fail once they return to traditional schools (Lange & Sletten, 2002). There are virtually no such published studies replicating successful interventions beyond a two-year period of time (Aeby, Manning, Thyer, & Carpenter-Aeby, 1999; Carpenter-Aeby & Aeby, 2002). Further, there are few studies that incorporate psychosocial and educational outcomes for chronically disruptive students. Rather, studies identify specific populations and community needs such as school safety, delinquency, or low achievement and measure success accordingly (Cox, & Davidson, 1995; Smink, 1997). Even though the evaluation of outcomes for alternative school programs may be limited to program descriptions, it is generally agreed that school-based mental health services including counseling, therapy, group work, and case management have been credited in some effective programs (Franklin, 1992).

The focus of this study was to determine the success of two program outcomes: (1) whether the alternative school was a viable intervention for improving social functioning and educational achievement for chronically disruptive students; and (2) whether the three program missions established and supported by the community collaborative committee (to improve school dropout, to remove chronically disruptive students and students who possessed drugs or alcohol from traditional public school, and to provide social services to students assigned to the alternative school) were consistently accomplished during the five years of implementation based on the first program evaluation and the subsequent replications.

Theoretical Framework for Intervention

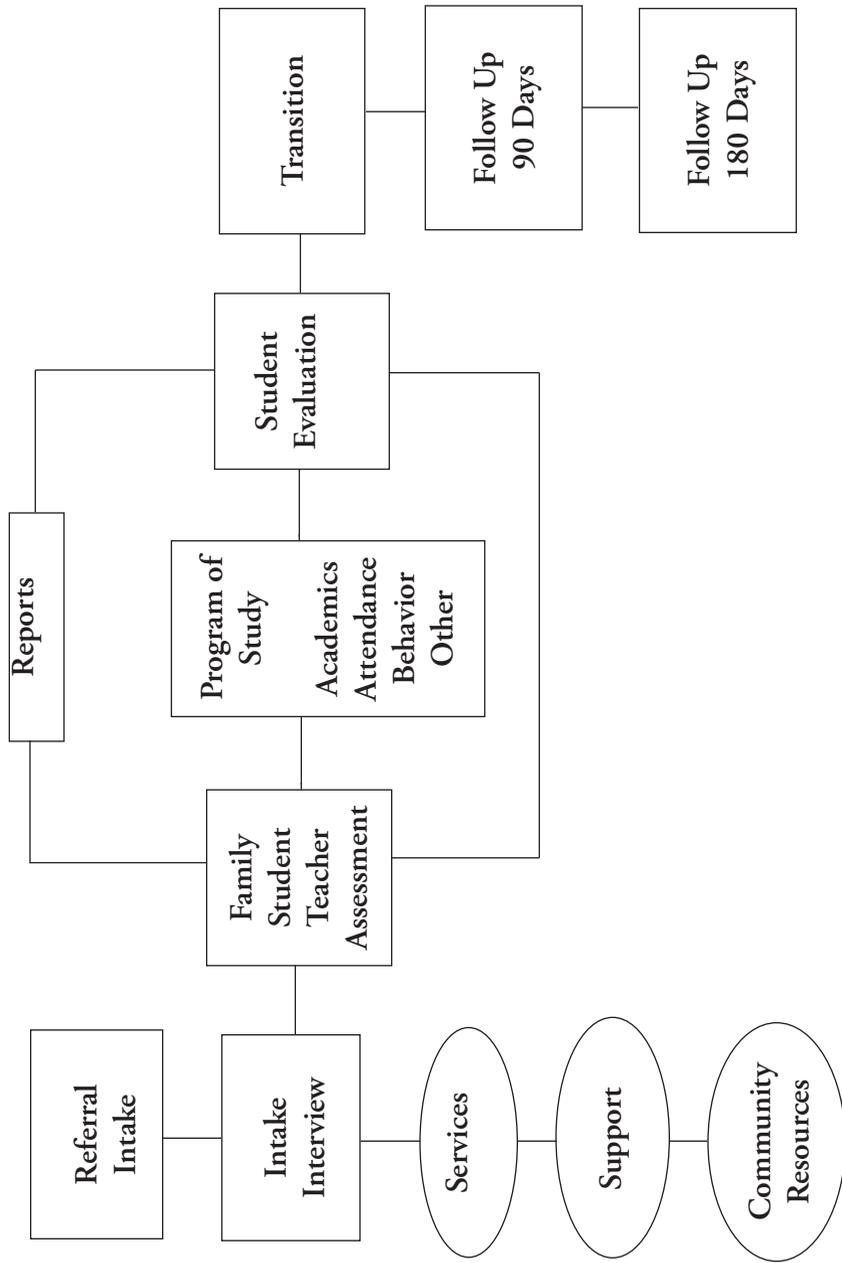
The Psychosocial Approach contributed to the development of the assessment and intervention development model used in the alternative school, the Family-School-Community Collaboration Model (FSCC; Figure 1). Admittedly, the Psychosocial Approach is eclectic in that it builds on other disciplines such as psychiatry, ego psychology, sociology, anthropology, and social work. Utilized separately in a school setting, one of those approaches can produce moderately successful results, but the synergy created among

the bodies of knowledge drives a powerful intervention that focuses on collaboration, character development, emotional stability, social interaction, and personal empowerment. In this study, the school-based social worker used the Psychosocial Approach as the overarching framework while employing specific cognitive-behavioral interventions to improve psychosocial functioning.

The Psychosocial Approach emphasized key assumptions in relationship building and assessment. Therefore, the social worker worked in conjunction with the client (in this case the student and his or her family) to create an intervention plan that can be partialized and prioritized (Macroockie & Jones, 1987). The Psychosocial Approach allowed families, school staff, and community agencies to work together to assess psychosocial needs, recognize client functioning, and develop an individual success plan (program of study) for each student (Goldstein, 1995, p. 1948).

Multiple systems are involved in developing the interventions to assure sustaining changes within each of the systems: individuals, family, school, and community (Adelman & Taylor, 1997; Fine & Carlson, 1992; Weiss & Edwards, 1992). In this case, the community, in the form of a multiple agency committee devoted solely to youth empowerment, was responsible for conducting the needs assessment, securing the funding, and supporting the program. Interventions, assessment, and ongoing evaluation were developed to contribute to the overall improvement of the client (student and family) and the effectiveness of the program. Further, school-based mental health services focused on acceptance and self-determination. In this regard, the delivery of school-based mental health services was similar to Comer's emphasis on positive mental health as opposed to mental illness, such as "being relatively happy personally, having good relationships with both adults and peers, being able to cope with anxiety and stress, and being able to exert self-control over affect in general and aggressive drives in particular" (Anson & Cook, 1991, p. 75). As with Comer's emphasis on fostering the development of social skills and nurturing mental health issues, a no-fault approach to problem solving was cultivated. The working atmosphere was one in which change was possible and encouraged, the rules were clear and consistently enforced, and staff and families were expected to work together to meet the student's needs which were collectively determined by the social worker, teachers, families, and student. Ideally, the school climate would reflect the program mission. By combining the use of the Comer Model and the Psychosocial Approach, the alternative school attempted to foster real social and educational changes for a marginalized population, chronically disruptive students.

Figure 1. Family-School-Community Collaboration Model (FSCC) for the Delivery of School-Based Mental Health Services in an Alternative School



Method

This study is a secondary analysis of data collected at a specific alternative school for “chronically disruptive students” in a southeastern university town. The alternative school was one of 90 alternative programs funded by the Cross-Roads Grant from 1994-2000. Funding was based on positive annual program evaluations. The alternative schools in the state were all different in design to meet specific community needs but similar in mission: to reduce school violence, to reduce school dropout, and to provide social services to transition students back to traditional school. All funded alternative schools were required to assess students, provide interventions to improve academic performance, create a due process, establish time-limited assignments, and implement transition and follow-up services. These guidelines were mandated because of the belief that all students should return to traditional school; therefore, the study methodology and design were limited to the requirements of the grant. As outcome measures, the authors chose to measure self-esteem (Rosenburg Self-Esteem Scale), depression (Birlson Self-Rating Scale); locus of control (Nowicki-Strickland Locus of Control); and life skills (The Life-Skills Development Scale-Adolescent form). The authors used a pre-post test, which is the most common design for program evaluations (Thyer, 2001, p. 202). There were six teachers and a special education teacher in addition to the social worker (senior author) and the health educator/family coordinator (second author). The total number of students examined during the school years (five years plus follow-up 180 school days later) 1994-2000 was 599 (1994-95 N=94; 1995-96 N=120; 1996-97 N=100; 1998-99 N=140; 1999-00 N=145).

Setting

The alternative school in this study was originally established in 1974 to create safer schools by simply removing disruptive students without any intervention. When the dropout rate for the school district reached 45% in 1992, an infusion of CrossRoads funding changed the mission of the alternative school from a warehouse to a school-based mental health center for students and families assigned there. Significantly, CrossRoads programs recognized the relationship between socio-emotional factors and academic achievement. With the CrossRoads funds in 1994, students assigned to the alternative school received both psychosocial and academic services, and these data were reported in this study. Individualized academic programs of study were established for each student in an effort to maintain students’ academic standing. The teachers at the alternative school followed the same curriculum as the home (or referring) school. Each student was allowed to work at his or her own pace

while assigned to the alternative school. Students were also required to develop a portfolio of their work while assigned to the alternative school (Carpenter-Aeby & Kurtz, 2000). This portfolio was designed to demonstrate the work completed during the assignment, signify family investment, and show student personal accomplishments. The program integrated shared educational accountability by involving families, schools, and community agencies.

From 1992-2000, the creation of the FSCC Model as the primary intervention evolved as a result of the annual program evaluations guiding changes in client (students, families, schools, and communities) needs and service-delivery shown in Figure 1. In 1992, a case study tested the feasibility of the model (Carpenter-Aeby, 1993). Following the case study, a pilot study was conducted during 1992-93 with middle school students only. In 1993, the CrossRoads grant emphasizing safety, dropout prevention, and school-based mental health services was accepted and subsequently implemented in 1994 with all students who completed the assignment at the alternative school. A process evaluation was conducted with the first 43 students to determine how to best deliver the school-based mental health services (Carpenter-Aeby, Salloum, & Aeby, 2001). The first program evaluation was completed in the 1994-95 school year with 90-day and 180-day follow-ups for educational outcomes in 1996. The grant mandated these data collection points for educational outcomes for two reasons, to examine transition back to the home school and to guide academic interventions and remediation at the home school.

Program evaluations were conducted annually to renew the CrossRoads grant and to report progress to the school board. In 2000, the grant ended, which ended school-based mental health services at the alternative school. Although a different group of students was assigned each year, the alternative school maintained the same staff and programming throughout the five-year tenure of the grant. The purpose of this study is to report the findings from the annual program evaluations.

A condition of CrossRoads funding was to produce positive outcomes and evidence of meeting the CrossRoads alternative school program mission. To accomplish this, descriptive statistics were used to determine the basic distributional characteristics of the students shown in Table 1. Because random assignment of student participants could not occur, it was necessary to determine whether there were differences in demographic characteristics. The results reflected frequency distributions, measures of central tendency (mean, median, and mode), and standard deviations. As part of the program evaluations regarding psychosocial and educational outcomes, two hypotheses were examined to determine whether the program missions were met:

PROGRAM EVALUATION REPLICATIONS

- Hypothesis One (H1): There will be a positive difference in psychosocial outcomes (measured by self-esteem, depression, locus of control, and life skills) for each annual program evaluation.
- Hypothesis Two (H2): There will be a positive difference in educational outcomes (measured by attendance, grades, follow-up, follow-up 2, and school status) for each annual evaluation.

Table 1. Demographic Characteristics of Chronically Disruptive Students by Frequency (F) and Percent (%) for Each School Year

Characteristic	1994-95 (N=94) F(%)	1995-96 (N=120) F (%)	1996-97 (N=100) F (%)	1997-98 (N=140) F (%)	1998-99 (N=145) F (%)
Gender					
Girls	19(20.2)	30(25.0)	42(42.0)	38(27.1)	30(20.7)
Boys	75(79.8)	90(75.0)	58(58.0)	102(72.9)	115(79.3)
Race					
African-Am	80(85.1)	108(90.0)	76(76.0)	110(78.6)	117(80.7)
Euro-Am	13(13.8)	10(8.3)	21(21.0)	23(16.4)	23(15.9)
Other	7(1.1)	2(1.7)	3(3.0)	7(5.0)	5(3.4)
Free Lunch					
Free lunch	86(91.5)	116(96.7)	79(79.0)	119(85)	128(88.3)
No free lunch	8(8.5)	4(3.3)	21(21.0)	21(15.0)	17(11.7)
Reason for Referral					
Fighting	20(21.3)	19(15.8)	18(18.0)	31(22.1)	40(27.6)
Weapons	16(17.0)	22(18.3)	18(18.0)	23(16.4)	28(19.3)
Drugs/Alcohol	17(18.1)	20(16.7)	24(24.0)	25(17.9)	23(15.9)
Length of Assignment					
<45 days	1(1.0)	0	24(24.0)	14(10.0)	11(7.6)
45 days	1(1.1)	0	49(49.0)	92(65.7)	108(74.5)
90 days	83(88.3)	104(86.7)	23(23.0)	30(21.4)	25(17.2)
180 days	9(9.6)	16(13.3)	4(4.0)	4(2.9)	1(.7)
Court Involvement					
Yes	41(43.6)	76(66.3)	25(25.0)	57(40.7)	48(33.1)
No	53(56.4)	44(36.7)	75(75.0)	83(59.3)	97(66.9)

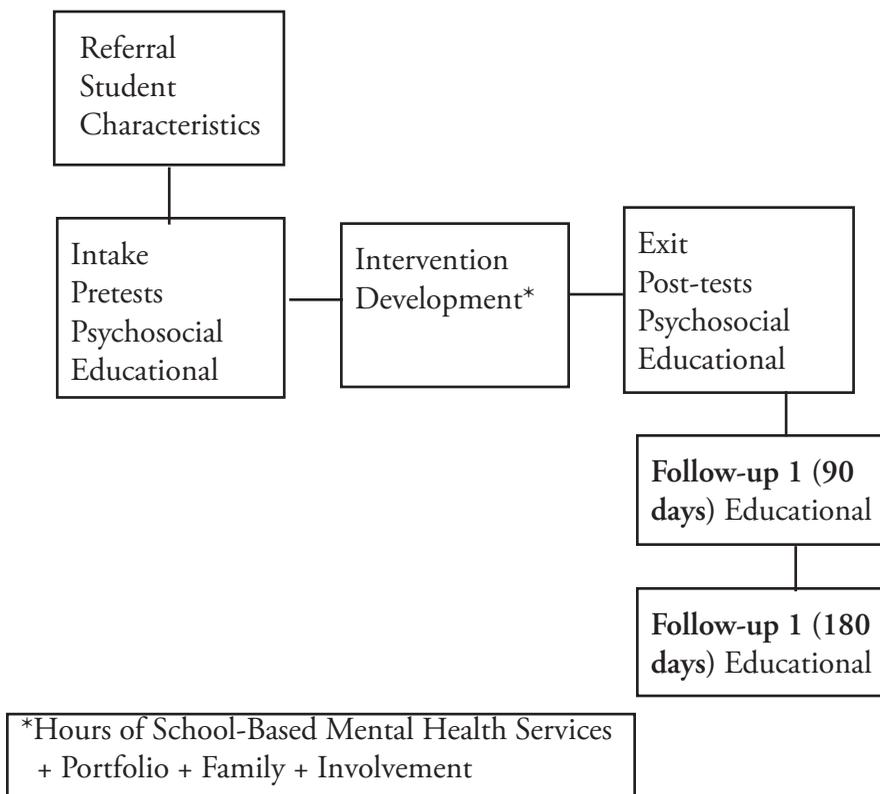
Intervention and Data Collection Procedures

As shown in the Research Map in Figure 2, data were collected at the intake interview, the exit interview, 90 days post-assignment, and 180 days post-assignment by year. Interventions were developed based on the psychosocial assessment conducted by the school social worker to determine individual student characteristics and needs. The assignment to the alternative school began with a referral letter and an intake interview with the school-based social worker. Next, the social worker conducted a family-student-teacher psychosocial assessment to help the family identify educational strengths and barriers. The social worker assisted the family with setting short-term goals of how those issues will be addressed during the assignment and long-term goals for transition to return to the regular school setting. The program of study assimilated the

requirements of the program into the student’s goals. The program requirements were simplifications of the student’s expected and prohibited behaviors outlined in the student code of conduct; every student was required to create a portfolio; every student was required to make an effort; every student was required to do his or her work or ask for help; every student was required to follow the rules; and every family was required to assist and advocate for the student. In addition, evaluation was closely related to ongoing assessment and intervention development.

Intervention reports documented what was done on an hourly basis to assist the student to meet his or her educational goals. They described the types and number of hours of social services that the student received. These were calculated weekly and monthly for each student and presented at student or case staffings. Such staffings gave the teachers an opportunity to readjust the goals when necessary and helped with information sharing among the staff. Teacher staffings were held daily, and staffings with other agencies were held as needed.

Figure 2. Research Map for Data Collection to Facilitate Program Evaluation



PROGRAM EVALUATION REPLICATIONS

These staffings provided daily feedback about student progress and necessary teacher support. Individual student or family plans were amended at family meetings. Each referral to the social worker would include a psychosocial assessment to determine the needs of the student and a plan to meet those needs. As such, the social worker brokered social services necessary to enhance academic success. The social worker provided 14 social work services, including individual counseling, group work, family counseling, and staffing on-site at the school. In addition, the social worker trained family members as advocates to network and broker social services and community resources as well as coordinate services. The social worker provided support services during the follow-up period.

Design

This study examined annual program evaluations during the 1994-1999 school years with 180-day post-assignment follow-up. Each school year represented a distinct group of students who were assigned to the alternative school by the disciplinary hearings officer following a due process hearing. Year One (1994-95) was implemented as the result of a CrossRoads Grant, and the replications of the program and annual program evaluations were required by the state. Students may have been assigned multiple times, perhaps twice in one year, depending on the violations of the code of conduct and the results from the disciplinary hearings. Exceptions were noted: special education students could be assigned for no more than 10 days per year; students who had bullied another student were assigned for 90 days in accordance with state law; and students who were caught with weapons were required to spend 180 days due to the need to maintain drug- and weapon-free schools to be eligible for federal funding. Thus, data were collected each year on the students who completed intake and exit interviews and a portfolio, and program evaluations were based on those students. The design for the psychosocial variables is represented using a pre-post-test design and a simple times series for the educational variables:

Year	Psychosocial Variables	Educational Variables
Program Evaluation		
1994-95 (N=94)	$O_1 X O_2$	$O_1 X O_2 O_3 O_4$
Replications		
1995-96 (N=120)	$O_1 X O_2$	$O_1 X O_2 O_3 O_4$
1996-97 (N=100)	$O_1 X O_2$	$O_1 X O_2 O_3 O_4$
1997-98 (N=140)	$O_1 X O_2$	$O_1 X O_2 O_3 O_4$
1998-99 (N=145)	$O_1 X O_2$	$O_1 X O_2 O_3 O_4$

Data Sources

This study used a purposive sample of students assigned to an alternative school for disciplinary reasons. To be eligible for the study, students had to complete the program requirements: attend intake and exit interviews, receive school-based mental health services, and complete a portfolio of schoolwork. Shown in Table 1, the purposive samples included students who completed their assignments during the following school years: 1994-95 (N=94); 1995-96 (N=120); 1996-97 (N=100); 1997-98 (N=140); and 1998-99 (N=145).

Participants included families and students. In effect, both were assigned to the alternative school and expected to participate in the program. Interestingly, during the five years of the program (1994-1999), there was 100% participation of the families, which meant that families were required to participate in the intake interviews, exit interviews, and all disciplinary decisions. Teachers assessed student behaviors every hour using a disciplinary sheet with 16 items based on the school district's code of conduct and safety issues, and they communicated with the school social worker and families. The most frequent violation was the dress code, which dictated that student wear a belt and keep their pants on their waist. This rule was implemented after several students were caught at public school with weapons beneath their pants. Students and families were familiarized with the procedure and signed a behavioral contract at the intake interview after the disciplinary practices were explained. If a student violated a rule, the family was called immediately to pick up the student and a family meeting was scheduled, usually for the next morning. Parents or guardians were notified immediately and worked together with the social worker and teachers to determine appropriate consequences. The heavy emphasis on family involvement was essential in the success of the students (Aeby, et al., 1999). Families participated in intake and exit interviews, family meetings, teacher conferences, and miscellaneous meetings (Individual Educational Plan meetings, community staffings, assessments, evaluations, transition meetings, phone conferences, and family therapy). The numbers of hours of participation by year are shown in Table 2.

The students who were assigned to the alternative school in this study shared several general characteristics. Each was enrolled in the public school system and was between the ages of 10 and 22 in grades 4 to 12. Each student had violated the school system's student code of conduct, thereby interfering with the learning process. Prior to assignment by the disciplinary hearing officer, each student was afforded a due process hearing as designated by school board policy. The records of students who completed their assignment during the 1994-1999 school years and participated in both pre- and post-tests for the psychosocial variables served as the data source.

PROGRAM EVALUATION REPLICATIONS

Descriptive statistics were used to examine student characteristics and social work interventions from 1994-99, illustrated in Tables 1 and 2. Although different students were assigned each year, there were similarities in the student characteristics. Students were assigned to the alternative school, typically for 90 days (44.2 %) and for fighting (21.3%). A typical student might have been male (73.1%), African American (81.6%), 15 years old (26.1%), in the ninth grade (39.7%), receiving free or reduced lunch (87.9%), was involved with the court system (41.2%), and received approximately 24.95 hours of social services during their assignments.

Table 2. Average Hours of School-Based Mental Health Services per Student

Service	1994-95 (N=94)	1995-96 (N=120)	1996-97 (N=100)	1997-98 (N=140)	1998-99 (N=145)
Intake Hours	1.0106	1.6754	1.1000	1.1007	1.0621
Group Hours	38.0270	2.3333	2.4600	2.6667	1.8649
Individual Counseling	3.5179	3.2456	3.3647	3.9663	2.8493
Family Meeting	1.7849	3.2018	2.3737	2.1778	2.1931
Teacher Conference	1.1176	.4649	1.3077	1.2667	1.0000
Miscellaneous Meeting	2.0286	.9035	2.2500	1.1538	1.0000
Staffing Hours	4.7755	1.3158	1.9474	2.3636	1.8600
Referral Hours	1.8889	.7281	3.9091	2.8636	1.7805
Assessment Hours	1.2418	2.8860	2.2900	2.0357	2.1034
Evaluation Hours	1.0222	2.6404	2.2929	1.9781	2.1172
Transition Meeting	1.3529	.1579	1.1667	1.0000	1.0000
Exit Interview	1.0000	1.0789	1.1910	1.0202	1.0276
Phone Conference	2.5556	8.0526	4.2258	2.5889	1.8788
Family Therapy	1.2609	2.2632	2.0000	2.2464	2.6483

Description of Instrumentation

Psychosocial constructs were chosen based on their routine usage in education and in mental health settings with disruptive or troubled children. The funding agent, Communities and Schools, provided the intake and exit instruments. In addition, four standardized measures of student psychosocial functioning were examined at intake and exit: the Rosenberg Self-Esteem Scale; the Depression Self-Rating Scale; the Nowicki-Strickland Locus of Control Scale; and the Life-Skills Development Scale-Adolescent Form.

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1979) is a 10-item scale designed to measure the self-esteem of high school students. Because it is written on a third-grade level, it is also appropriate for elementary and middle school children. The RSE has been used with a wide range of groups,

demonstrating its concurrent, known-groups, predictive, and construct validity (Corcoran & Fisher, 2000). A score of six or higher is considered high self-esteem (Royse, Thyer, Padgett, & Logan, 2001).

The Depression Self-Rating Scale (DSRS; Birlson, 1980, 1981) is an 18-item instrument specifically designed to measure depression in children between the ages of 7 and 13. The items on the scale are written in simple language and response choices are not complicated. The scale includes items dealing with mood, physiological and somatic complaints, and the cognitive aspects of depression. The DRS has good concurrent validity, known-groups validity, and presents very few false positive errors (classifying non-depressed children as depressed; Corcoran & Fisher, 2000). Any person's score exceeding 11 (clinical cut score) is considered to be demonstrating symptoms of depression (Birlson, 1981).

The Nowicki-Strickland Locus of Control Scale (NSLCS; Nowicki & Strickland, 1973) is a 40-item paper and pencil test consisting of simply worded yes or no questions designed to measure children's beliefs of whether reinforcement is a result of chance or fate (external) or their own behavior (internal). A number of studies have shown locus of control to be highly related to selected student behaviors and attitudes, including educational achievement. Although the NSLCS has been applied to a number of populations, it has been used primarily with white children and youth in the 3rd to 12th grade of varying socioeconomic backgrounds (Strickland, 1972). Nowicki and Barnes (1973) further validated the NSLCS with African American youth. The NSLCS has fair concurrent validity, correlating significantly with other measures of locus of control and various academic and nonacademic behaviors (Corcoran & Fisher, 2000). Generally, scores are considered to be either internal or external based on the age of the person, with the expectation that the older the person the more internal the locus of control. For the purposes of this study, students were said to have an internal locus of control at 17 and below, while those students scoring above 18 would be external.

The Life-Skills Development Scale-Adolescent Form is a 65-item measurement of "social competence" or global efficacy in adolescents from ages 13 to 18 years. Students younger than 13 were not given this assessment as it would have been inappropriate. It was designed to assess adolescents' perceptions of their own life-skills development in order to determine the need for developmental interventions (Darden, Ginter, & Gazda, 1996). The scale measures four aspects: social competence-interpersonal communications/human relations skills (IC-HRS), problem solving/decision-making skills (PS-DMS), physical fitness/health maintenance skills (PF-HMS), and identity development/purpose in life-skills (ID-PILS). This measurement creates

a fuller, richer portrait of the client that may guide intervention planning. In this study, the four subscales were scored and totaled in accordance with the method used in a previous study (Carpenter-Aeby & Aeby, 2002). The aforementioned study is important because it was the first to examine life-skills using a pretest-posttest design with an alternative school population. Prior to that study, the Life-Skills Scale was used in a limited way with white, middle class students. However, the theoretical foundation for the scale and the practical application in therapy suggested its value with the students assigned to an alternative school (Kadish, Glaser, Calhoun, & Ginter, 2001). Until 1996, although theoretically promising, no other published research existed using the life-skills instrument to detect differences before and after interventions at an alternative school utilizing school social work services.

Two measures of educational performance, grade point average (GPA) and attendance, were examined at intake, exit, and 90 days post assignment. GPAs were calculated on a 0 - 100% scale, with 100% being the highest possible grade. Attendance was calculated by the number of days attended because this was a mandatory, time-limited assignment set by the disciplinary hearing officer. Thus, the alternative school reported the number of days attended during the assignment. At 180 days, student status (in-school, out-of-school [drop-out], or graduated) was examined.

Procedure for Analyzing the Data

Each year student characteristics and school-based mental health services were analyzed using descriptive statistics. The program missions were evaluated using the questions provided by the funding organization. In addition to descriptive data, the pre-post-tests for the psychosocial outcomes were analyzed with paired-sample t-tests. The researchers chose a .05 significance level and used the Bonferroni correction for one-tailed directional hypotheses; thus, the significance level was calculated by dividing the level of significance by the number of tests (two) that were performed resulting in a .025 significance level. This was intended to reduce the possibility of the findings occurring by chance. The researchers also assumed a small effect size (.25) for the number of participants each year (see design). Thus, the power was .97 based on an average sample size of 120 participants per year (Lipsey, 1990, p. 92).

The educational outcomes (GPA and attendance) were compared at several time intervals: intake (pre-test), exit (post-test), 90 school days post-assignment, and 180 school days post-assignment, using paired sample t-tests (pre-assignment versus assignment, pre-assignment versus 90 days post-assignment, and pre-assignment versus 180 days post-assignment). All data were analyzed using SPSS 11.0 program for Windows.

Results

Student Characteristics

Shown in Table 1, participants were similar for all years with the exception of Year Three, 1996-97, when more girls, more Euro-American, and fewer students who qualified for the free lunch program were assigned (Carpenter-Aeby & Aeby, 2002). For the other four years, students were an average age of 15. Students were also similar in gender and reason for referral for those years. There were approximately 75% boys and 25% girls assigned to the alternative school for one of three violations of the student code of conduct: fighting, possession of drugs or alcohol, and possession of weapons. Likewise, students were 80% African-American and 13-15% Euro-American in Years One, Four, and Five. In Year Two, assignments of African-American students increased to 90%, while in Year Three they dropped to 76%. Court involvement (both Juvenile and Adult Court) ranged from 33.1% to 43.6% in Years One, Four, and Five, while it escalated to 63.3% in Year Two and dropped to 25% in Year Three. Students who qualified for free lunch status was consistent from 85%-96.7% in all years except Year Three, when only 79% of the students qualified for free lunch status.

School-Based Mental Health Services

Fourteen school-based mental health services were offered each year at the alternative school, as shown in Table 2. Each student received an average of 24.95 hours per assignment. These services were calculated from daily intervention reports and submitted on monthly reports. The average hours of school-based mental health services were based on the individual student's assignment. All students and families received at least: (1) one hour of intake services, teacher conferences, transition services, staffing, referrals, and miscellaneous meetings; (2) two hours of assessment, evaluation, group work, phone conferences, family meetings, and family therapy; and (3) three hours of individual counseling.

In Year One, students received an average of 38 hours of group work as compared to an average of 2 hours ($M=2.32$) for the other years, because teachers were allowed to send students out of their classes without a disciplinary report in Year One. By Year Two, disciplinary reports (hourly progress reports) were implemented with more consistency, and specific times for group work were established so that students did not miss their academic class time. Likewise, in Year Two, students were provided with almost 5 hours ($M=4.77$) of staffing services whereas other years averaged 1.71 hours. Every discipline report was treated as an educational opportunity to provide additional information as well as appropriate consequences. Year Two was unique because interventions

centered on family involvement. Thus, there were fewer teacher meetings and staffings because these were incorporated into family meetings. Teachers would document violations in the code of conduct hourly. When a violation occurred, families were called to pick up their students and schedule a family meeting to reenter their students. At the family meeting, teachers, the special education teacher, the health teacher, and the social worker amended the student's program of study to include goals to avoid future problems and to assign consequences for the rule infraction. Families and school officials worked together as partners to help each other in assisting the student to change his or her negative behaviors.

In Years Three, Four, and Five, family members continued to work with the social worker through family therapy, parenting groups, or telephone conferences to understand their options and to advocate for their children. At the same, families were struggling with enforcing school and home rules and meting out consequences. Changes in family organization, cohesion, and communication could be exhausting; therefore, families participated in support groups with each other at the school. Families also worked with the social worker to access social services in the community.

Table 3. Pre-Post-Test for Locus of Control

Year	M	SD	<i>t</i>	<i>p</i> [*]	<i>r</i>
1994-95 (N=61)					
Pre-Test	18.4754	4.34590			
Post-Test	16.9508	4.66343	2.589	.012	.481
1995-96 (N=102)					
Pre-Test	17.2941	4.97437			
Post-Test	15.3529	4.83110	3.759	.000	.434
1998-99 (N=145)					
Pre-Test	16.0897	4.70065			
Post-Test	15.1862	4.83619	2.713	.007	.647

**p* < .025

Psychosocial Outcomes

For H1 (There will be a positive difference in psychosocial outcomes measured by self-esteem, depression, locus of control, and life skills for each annual program evaluation), paired sample t-tests were conducted on pre-post-tests for self-esteem and revealed statistical significance for all years. Likewise, paired sample t-tests were conducted for depression and revealed statistical significance for Years Two and Three. It is important to note that none of the mean

scores for pre- and post-tests scores exceeded 11. This would indicate that students as a group were not depressed when they entered the alternative school or following their assignment. For those individuals who exceeded 11 on the depression scale, individual counseling and group work were initiated.

Locus of control was examined using paired sample t-tests, and statistical significance was revealed for Years One, Two, and Five, shown in Table 3. Year One was the only year that locus of control scores were external at the intake interview. The remaining years, pretests indicated that students had an internal locus of control and exited the program with an internal locus of control, even though statistical significance was not shown in Years Three and Four. Assessments for life-skills were not conducted the first two years. Life-skills were examined using paired sample t-tests, and statistical significance was revealed for the last four years; therefore, there is evidence to support positive changes in life skills (see Table 4).

Table 4. Pre-Post-Test for Life-Skills

Year	M	SD	<i>t</i>	<i>p</i> *	<i>r</i>
1996-97 (N=100)					
Pre-Test	193.1100	27.26521			
			2.275	.025	.766
Post-Test	197.4300	28.21929			
1997-98 (N=140)					
Pre-Test	191.0857	25.61235			
			2.516	.013	.654
Post-Test	195.5214	24.45712			
1998-99 (N=145)					
Pre-Test	185.8759	23.30739			
			3.802	.000	.477
Post-Test	193.3931	23.26159			

**p* < .025

Educational Outcomes

H2 (There will be a positive difference in the educational outcomes for each annual evaluation measured by attendance, grades, follow-up, follow-up 2, and school status) illustrated the distinction between statistical and practical significance. In keeping with the literature, paired sample t-tests for attendance and grades reveal statistical significance at the assignment at the alternative school. However, from a practical significance standpoint, students may have improved enough to support statistical significance, but this was not enough to yield practical significance, in this case, passing (70%). Table 5 indicates that over 80% of the students assigned to the alternative school were in school 180 days after completion of their assignments.

Table 5. Frequencies of Outcomes for School Status (In-School, Out-of-School, and Graduated) by Frequency (F) and Percent (%) for Each School Year

Characteristic	1994-95 (N=94) F(%)	1995-96 (N=120) F(%)	1996-97 (N=100) F(%)	1997-98 (N=140) F(%)	1998-99 (N=145) F(%)
In-School	86(91.5)	114(95.0)	85(85.0)	126(90.0)	120(82.8)
Out-of-School	7(7.4)	5(4.2)	2(2.0)	3(2.1)	15(10.3)
Graduated	1(1.1)		13(13.0)	11(7.9)	10(6.9)

*Hours of School-Based Mental Health Services + Portfolio + Family + Involvement.

Discussion

Regarding the Program Outcome One of the alternative school (to determine whether the alternative school was a viable intervention for improving social functioning and educational achievement for chronically disruptive students), it appeared that the alternative school was a viable family-community intervention for improving psychosocial functioning with chronically disruptive students and was able to assist in improving educational outcomes. However, many students were so far behind academically that even the strides they made at the alternative school could not help them maintain 70% once they returned to traditional school. Focusing on academic remediation for such students in a variety of settings (boys and girls clubs, churches, public library, juvenile court, home) and times (after school, Saturdays, summers) may help students improve and sustain improvements.

Concerning Program Outcome Two (to improve school dropout, to remove chronically disruptive students and students who possessed drugs or alcohol from traditional public school, and to provide social services to students assigned to the alternative school), there is support to suggest that the three program missions of the alternative school were accomplished. School dropout before the program was 45% dropout rate. For students at the alternative school one school year after completing the assignment, between 1-15% of the students had dropped out of school, depending on the year. While the authors did not directly correlate the change in dropout rates for students assigned to the alternative school, there is reason to believe that the assignment to the alternative school may have contributed to some students remaining in school. Moreover, at the conclusion of the grant, the school district created a number of new alternatives to the alternative school such as a night school, psycho-educational classes at the traditional school, a joint degree with a local technical school, and an asynchronous on-line learning center. Social workers and mental health workers were added to individual schools. Perhaps more appropriately, the alternative school assignments may have highlighted the range of needs for students as a result of the psychosocial assessments.

The school community was successful in removing “chronically disruptive students” or students who would jeopardize federal funding by possessing drugs or alcohol on campus and assigning them to the alternative school. Once those students were there, they received counseling and social services to address the underlying causes preventing them from being successful in school. Even though all program missions were accomplished, academic remediation remains a strong concern. Academic accountability remains a priority; however, it must be shared by the school community, not just the alternative school as a stand-alone resource. The alternative school ideally would be part of a transitional program to give students a second chance, academically and socially, rather than contributing to academic failure.

Specifically, the program implementing school-based mental health services improved psychosocial functioning the first year and the following five years. With the exception of Year Three (1996-97), participants from all years were similar. Even so, comparable psychosocial and educational findings were consistent across all years. School-based mental health services seemed to have had a constructive impact on students who were in danger of academic failure. The educational findings were varied. During the assignment to the alternative school with smaller classes, a shorter day, fewer students, and a 7:1 teacher-student ratio, the attendance improved and the grades were passing. While the means of attendance and grades were not sustained at traditional school, they were higher at 90- and 180-days post-assignment than when the students entered the alternative school. Year Three was unusual because of the extraordinary number of girls assigned to the alternative school. Two groups of cheerleaders from both high schools were assigned for violations in alcohol and drugs. In addition, four female gangs, two from each high school, were assigned for fighting.

Limitations

There was no comparison or control group or random assignment to demonstrate effectiveness. The methodology and design were limitations but unavoidable due to compliance with the funding sources. Because the grant had to be renewed annually, paired-sample t-tests were utilized to demonstrate changes in psychosocial and educational outcomes for a specific year. Follow-up data had to be collected during the next school year, even though program evaluations had to be submitted by each school year. The alternative school was considered a second chance for students; therefore each year, the school district assigned a different group of students. Some students repeated assignments to the alternative school; however, to the community collaborative committee and the school district, it was a different circumstance each time. Therefore,

threats to internal validity associated with maturation and passage of time, often present in pre-post-test designs, were a limitation in this study, as well. Multiple assignments may give students an advantage in that they are familiar with the assessments, and social desirability may be present, as well. While this was an issue for the researchers, it was not necessarily a consideration for the stakeholders (community members, school personnel, families, or students) or the social work/therapist. One teacher synthesized some staff responses, “We work with whomever they [the community collaborative committee and the school district] send us, whenever they send them.”

Another limitation may have been researcher bias. The researchers performed the interventions as well as collected and analyzed the data. Specific guidelines were implemented to collect and analyze data. Whenever possible, interns were trained and used to reinforce those guidelines. In addition, periodic external inspections were made to maintain consistency.

In summary, students seemed to improve their behaviors and their academics while at the alternative school. One year post-assignment, many students were still in school though not passing. Families became stronger advocates and were better able to take responsibility for reinforcing more acceptable school behavior for their students. Families often made follow-up appointments with the social worker at the alternative school for social or educational advice or to rehearse family meetings with the traditional school. The families felt comfortable with the partnerships and coalitions they made with the staff and social worker and practiced generalizing those relationships with the traditional schools.

Educational Significance

In the current educational climate, educators are challenged to balance safety issues with compulsory attendance. The results of this study support the need for the implementation of school-based mental health services for meeting the psychosocial and academic needs of chronically disruptive students placed in alternative educational settings. Families, teachers, and administrators believed that students in the traditional public schools were safer when “chronically disruptive” students were assigned to the alternative school. Many students and families who were assigned to the alternative school felt that the alternative school was safer for some students, as well. For example, one grandmother believed that “the rules were clearer and more dependable than at his old school, and I feel he is safer here than over there.”

This study lays the foundation for future studies to examine relationships among the variables. Further, there is strong evidence that the potential for school-based mental-health services in traditional schools, particularly

elementary schools for early intervention, may be a community investment by intervening earlier with students in need. When the grant funding ended in 1999, the school board agreed to continue funding for this alternative school. In addition, based on the outcomes of this study, the school board recognized that not all students could find success in a traditional public school, but some students could be successful in a variety of alternative settings. As a result, the school board funded a night school, a GED Program, a technical program, and an asynchronous learning center. Lastly, the school board formed a relationship with a local technical school to assist some students in completing their secondary education. Parents, in particular, were empowered to become informed advocates and partners for collaborative decision-making with the schools and community agencies. In this case, the annual program evaluations provided important information for families and community decision-makers regarding student support and funding, so that every student may have an opportunity to be a successful student and productive citizen. In the words of Dewey (1938), the purpose of education is to allow each individual to come into his [or her] personal power. The purpose of the alternative school education in this study was to allow families, schools, and communities to partner together to allow each student to continue his or her education long enough to come into his or her personal power with the hope of becoming a positive, responsible member of the community.

References

- Abdul-Latif, D. (1998). *Improving the social-adaptive behavior of chronically disruptive students in an elementary school setting*. Unpublished doctoral dissertation, Nova Southeastern University, Fort Lauderdale, Florida.
- Adelman, H., & Taylor, L. (1997). Addressing barriers to learning: Beyond school-linked services and full service schools. *American Journal of Orthopsychiatry*, 67, 408-421.
- Aeby, V., Manning, B., Thyer, B., & Carpenter-Aeby, T. (1999). Comparing outcomes of an alternative school program offered with and without intensive family involvement. *The School Community Journal*, 9(1), 17-32.
- Anson, A., & Cook, T. D. (1991). The Comer School Development Program. *Urban Education*, 26, 56-83.
- Baily, D. (1983). An alternative school: learning after hours. *NASSP Bulletin*, 67(465), 112-113.
- Birleson, P. (1980). Clinical evaluation of self-rating scale for depressive disorder in childhood (Depression Self-Rating Scale). *Journal of Child Psychology and Psychiatry and Applied Disorders*, 28(1), 48-60.
- Birleson, P. (1981). The validity of depression disorders in childhood and the development of a self-rating scale: A research report. *Journal of Child Psychology and Psychiatry*, 22, 73-88.
- Birney, D. (1981, August). *A model for the delivery of psychosocial services to rural schools*. Paper presented at the Annual Convention of American Psychiatric Association, Los Angeles.

PROGRAM EVALUATION REPLICATIONS

- Carpenter-Aeby, T. (1993). *A multisystemic intervention: The application of the family-school-community collaboration model in an alternative school*. Unpublished manuscript.
- Carpenter-Aeby, T., & Aeby, V. (2002). Family-school-community interventions for chronically disruptive students: An evaluation of outcomes in an alternative school. *The School Community Journal, 11*(2), 75-92.
- Carpenter-Aeby, T., & Kurtz, P. D. (2001). The portfolio as a strengths-based intervention to empower chronically disruptive students in an alternative school. *Children & Schools, 22*(4), 217-232.
- Carpenter-Aeby, T., Salloum, M., & Aeby, V. (2001). A process evaluation of school social work services in a disciplinary alternative educational program. *Children & Schools, 23*(3), 171-181.
- Corcoran, K., & Fischer, J. (2000). *Measures for clinical practice: Vol. I. Couples, families, and children*. New York: Free Press.
- Cox, S., & Davidson, W. (1995). A meta-analytic assessment of delinquency-related outcomes of alternative education programs. *Crime & Delinquency, 41*(2), 219-235.
- Darden, C. A., Gazda, G. M., & Ginter, E. J. (1996). Life-skills and mental health counseling. *Journal of Mental Health Counseling, 18*, 134-141.
- Dewey, J. (1938). *Education and experience*. New York: Macmillan.
- Dupper, D. (1995). Moving beyond a crime-focused perspective of school violence. *Social Work in Education, 17*(2), 71-73.
- Eyde, D., & Fink, A. (1983). Don't do that! And other counseling strategies for the chronically disruptive. *Counseling and Student Services*. Washington, DC: National Institute of Education. (ERIC Document Reproduction Service No. EDN00001).
- Fine, M., & Carlson, C. (1992). *The handbook of family-school intervention: A systems perspective*. Boston: Allyn & Bacon.
- Fink, A., & Kokaska, C. (1983). Career education for behaviorally disordered students. *Disabilities and Gifted Education* (EC151080). Washington, DC: National Institute of Education.
- Fizzell, R., & Raywid, M. (1997). If alternatives schools are the answer... What's the question? *Reaching Today's Youth: The Community Circle of Caring Journal, 1*(2), 7-9.
- Franklin, C. (1992). Alternative programs for at-risk youths. *Social Work in Education, 14*(4), 239-251.
- Goldstein, E. (1995). Psychosocial approach. In L. Beebe (Ed.), *Encyclopedia of social work* (pp. 1948-1954). Washington, DC: NASW Press.
- Gotbaum, E. (2005, January 14). Gotbaum says city is failing to remove violent students. *New York Times*, p. B2.
- Harrington-Lueker, D. (1994). Hanging on to hope. *American School Board Journal, 181*(12), 16-21.
- Hill, D. (1998). Reform school. *Teacher Magazine, 9*(8), 34-35, 38-41.
- Johnson, R. (1979). Can schools cope with the chronically disruptive student? *NASSP Bulletin, 63*(428), 10-15.
- Kadish, T., Glaser, B., Calhoun, G., & Ginter, E. (2001). Identifying the developmental strength of juvenile offenders: Four life-skills. *Journal of Addictions & Offender Counseling, 21*(2), 85-96.
- Kellmayer, J. (1995). Educating chronically disruptive and disaffected high school students. *NASSP Bulletin, 79*(567), 82-88.
- Knitzer, J., Steinberg, Z., & Fleisch, B. (1991). Schools, children's mental health and the advocacy challenge. *Clinical Child Psychology, 20*, 102-111.

- Lange, C., & Sletten, S. (2002). Alternative education: A brief history and research synthesis. *Disabilities and Gifted Education*. (ERIC Document Reproduction Service No. ED462809).
- Lehr, C., & Lange, C. (2003). Alternative school serving students with and without disabilities: What are the current issues and challenges? *Preventing School Failure*, 47(2), 59-66.
- Lipsey, M. W. (1990). *Design sensitivity: Statistical power for experimental research*. Newbury Park, CA: Sage.
- Macrochie, H., & Jones, H. L. (1987). Reducing dropout rates through home-school communication. *Education and Urban Society*, 19(2), 200-204.
- Marin, G. (1980). Coping with the chronic disruptive student. *Illinois School Research and Development*, 17(1) 35-3.
- Miller, S. (1975). *An integrated curriculum for chronic disruptive youth*. Illinois State Office of Education. (ERIC Document Reproduction Service No. ED147504).
- Miller, S., & D'Alonzo, B. (1975). *Vocational programming for chronically disruptive youth: In treatment of delinquency series*. Wilkes-Barre, PA: Educational Development Center.
- Nowicki, S., & Barnes, J. (1973). Effects of a structured camp experience on locus of control. *Journal of Genetic Psychology*, 122(2), 247-52.
- Nowicki, S., & Strickland, B. (1973). A locus of control scale for children. *Journal of Consulting and Clinical Psychology*, 40, 148-154.
- Pardini, P. (1995). Legislating parent involvement. *School Administrator*, 52(2), 28-30, 32-33.
- Programming for emotionally disturbed students in rural public school*. (1981) Proceeding from Rural Education and Small Schools Conference, Minneapolis, MN. (ERIC Document Reproduction Service No. ED239785).
- Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.
- Royse, D., Thyer, B., Padgett, D., & Logan, T. K. (2001). *Program evaluation: An introduction*. Belmont, CA: Brooks/Cole.
- Schroeder-Davis, S. (1995). The gifted learner is underserved. *Education Week*, 14(22), 30-32.
- Smink, J. (1997). All students can learn: Best practices for alternative schooling. *Reaching Today's Youth: The Community Circle of Caring Journal*, 1(2), 65-68.
- Smith C. (1978). Iowa perspective. *Disabilities and Gifted Education*. (ERIC Document Reproduction Service No. ED1764438).
- Smith C. (1979). Iowa perspective. *Disabilities and Gifted Education*, 5(1), 1-8.
- Stateline. (2000, Oct/Nov). Forcing parents to care. *State Legislatures*, 26(9), 2-14.
- Strickland, B. (1972, September). *Locus of control and competence in children*. Paper presented at the Annual Convention of the American Psychological Association, Honolulu, Hawaii. (ERIC Document Reproduction Service No. ED069409).
- Thyer, B. (2001). *The handbook of social work research methods*. Thousand Oaks, CA: Sage.
- Weiss, H. M., & Edwards, M. E. (1992). Family-school collaboration project: Systematic interventions for school improvement. In S. Christenson & J. Close Conoley (Eds.), *Home-school collaboration: Enhancing children's academic and social competence* (pp. 1-29). Colesville, MD: National Association for School Psychologists.
- Weist, M., & Christodulu, K. V. (2000). Expanded school mental health programs: Advancing reform and closing the gap between research and practice. *Journal of School Health*, 70 (5), 195-201.
- Wilcox, T., Brigham, F., & Nicolai, B. (1998). Increasing self-discipline with the ABC event frame. *NASSP Bulletin*, 82(596), 16-25.

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