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An Analysis of Project REACH

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Introduction:

Emotional Behavioral Disorder (Here after to be referred to as EBD) is an all encompassing term with which much of our society problematically unfamiliar. Loosely defined, the term EBD refers to a condition where an individual's emotional or behavioral response to a stimulus is so divergent from that expected or accepted within ethnic or cultural norms as to hinder his academic, social and personal progress and success. Within EBD fall such mental disorders as Anxiety Disorder, Major Depressive Syndrome, Bipolar Disorder, Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Learning Disabilities, Conduct Disorder, Autism, Eating Disorders, Post Traumatic Stress Disorder and finally, Oppositional Defiant Disorder, among others. These conditions may be caused by biological factors, environmental conditions, or a combination of the two. Biological causes include genetic disposition, chemical imbalance or damage to the central nervous system including traumatic brain injury. Environmental conditions may include exposure to violence; extreme stress, including that generated at school, socially or elsewhere; or significant family change, including a new child or the loss of an important attachment figure (www.mentalhealth.samhsa.gov.org). Several of these environmental triggers have been found as being associated with low socioeconomic status, in fact, minority males are the most highly represented group within EBD students, comprising an estimated 80% of the population (Thomas & Virginia 1998). When one considers the link between minority and low socio economic status, along with the idea that males are generally found to be

more aggressive in nature than females, this statistic is not surprising. However it is problematic.

Research has indicated that low income inner city youth are exposed to more physical and psychosocial stress than their middle class peers. Physical stress includes substandard housing, noise, and overcrowding; while psychosocial stress includes an unstable family, early childhood separation, and exposure to community violence. As a result, these children show higher levels of both psychological and psychosocial distress as well as increased difficulty in developing and maintaining self regulating behavior. These traits were found to be enhanced among minorities. (English, 2002)

Though this is certainly not meant to imply that every student in Hartford has an EBD, it simply suggests that every child is at risk. Given that low socioeconomic and minority standing seem to be strong commonalities among diagnosed EBD youth, one must consider the student population of a city like Hartford where ***** % of the population exists at or under the national poverty level, and ****% of the population is considered minority. How is Hartford coping and serving the portion of its vulnerable student body that is in fact diagnosed as having an EBD?

The REACH program is Hartford's answer to educating its EBD students. Serving students from grades one through six, the ultimate goal of the program is to return students to mainstream education.

Research Question:

What is the REACH program and how is it designed to effectively meet the needs of qualifying students?

Significance:

The significance of this project lies in the shocking proportion of this little known population and the magnitude of change they can produce if, as a society, we are able to effectively address their needs. Children with EBD do not need to be the intimidating, anxiety producing student population they have become. However, due presumably to lack of awareness, our society does EBD students a disservice that operates in a domino effect, catalyzed by late identification and intervention.

Researchers have determined that children respond most optimally when multifaceted prevention programs are implemented before age six and that such programs must begin by eight years in order to be effective. The average age of intervention is ten years despite problematic tendencies exhibited in prior years. (Malmgren & Meisel 2004). Given this lag, EBD students find themselves behind both academically and socially. Academically, studies have indicated that second grade EBD students are already scoring one or more standard deviations below average in vocabulary, listening comprehension, spelling, social studies and science (as cited in Nelson 2004). Further, a study conducted by Nelson, looking at EBD students from kindergarten through high school found that 83% of participants scored below normal across academic areas on achievement tests. Of all disability groups, individuals with EBD have the highest drop

out rate at approximately 50% (Landrum et al 2003), are the least likely to graduate high school and perhaps consequently, the least likely to go on to secondary education (Nelson 2004). As a society we can not afford to lose such a significant portion of our future simply for lack of understanding. With proper educational environments these students can be engaged, however proper teacher training and support as well as multi faceted program design are crucial to the success of these students. However, is Hartford's program enough? Would these students be better reached in a private program? Although under state and federal law special education must be provided by the public school system, it is interesting to compare REACH's design to that of a private institution serving a similar purpose.

Methodology:

Through open-ended interview as well as significant amounts of research I was able to learn a significant amount regarding the needs of EBD students and how the REACH program was in fact designed to meet them. Further, in looking beyond REACH to a private institution, I was able to compare the two in terms of structure and student body. I applied to, and received the approval of the Institutional Review Board to conduct these interviews based on the following guideline questions:

- How is this program designed to serve students more effectively than a general classroom?
- What support structures are in place for teachers?
- How are children identified for the program?
- To what extent are parents involved in the program?

Thesis:

The REACH program in Hartford Public Schools is consistent in design with ideals set by modern research as being necessary to the effective education of EBD students. Further, although there are significant difference in class size, funding, and overall access to resources the design of REACH classrooms and those in a private institution appear parallel.

Findings and Supportive Evidence:

The Individuals with Disabilities Education Act (IDEA) was initially implemented in 1975 with landmark adjustments made in 1997. Prior to the law's implementation, children with disabilities were not attending neighborhood schools and were often denied appropriate educational services (www.edgov/offices). IDEA mandates that each state provide necessary services to disabled individuals ages three through twenty-one. One component of the law establishes the Early Intervention State Grant Program, which works with children from birth through two years of age, potentially harnessing developmental delays before they become Emotional and Behavioral Disorders (PACER Center, 2001). IDEA specifically accounts for children who are labeled "Seriously Emotionally Disturbed", the public school system's synonym for EBD. Even without formal diagnoses, students whose behavior is seen as severe to the point of requiring assistance must be given appropriate services and support through their public school. Under the IDEA, all public school districts are required to provide effective education to all students in the least restrictive environment possible; however

recent studies have suggested that general classrooms do not incorporate the strategies to which EBD students have proven most responsive. (Kauffman, 1995) Highly trained staff members are required to effectively reach these students as well as an extremely low teacher student ratio. General public school classrooms cannot guarantee these conditions and thus EBD students in these classrooms often perform poorly. (Kauffman 1995)

In light of such research, Hartford Public Schools special education includes the REACH program, which is a local program designed specifically to meet the needs of EBD students in grades one through six. REACH adheres to many of the guidelines researchers have set as imperative to an effective educational experience for EBD students. First, the program is available to students as early as the first grade, which is typically when a child is six years of age, the age recommended by researchers for intervention. Second, the program provides the multi faceted support that is vital to EBD student success including behavioral management and therapeutic components all in a small group setting. If students are identified and placed in a REACH classroom, the likelihood that they will be able to return successfully to general classrooms, as is the main goal of the program, is high.

The most crucial component of educating EBD students is identification. At this time, less than one percent of public school students are *diagnosed,* as EBD and these students are primarily educated in isolated settings conducive to their optimal development. (Kauffman, 1995) This finding is problematic in relation to current research studies which suggest that six to ten percent of children have been indicated suffer emotional or behavioral problems necessitating special attention; however, seventy percent of these students exist untreated in general classrooms. (Kauffman, 1995)

Students are identified as candidates for a REACH class based their individual education plan (IEP). Generally these children are identified and evaluated after failing to function effectively in a general classroom setting. At this time, they may be placed into a REACH classroom for a trial period after which a Planning and Placement Team (PPT) meeting will be held to determine whether the child will remain in the class, move to a cross categorical special education classroom, or return to mainstream education. If, as a result of the PPT, it is determined that a child requires a small group setting that implements a behavior modification system and involves a therapeutic component, specifically social work, his Individual Education Plan will be written as such and the student will be placed permanently in a REACH classroom.

Such a placement procedure is relatively standard across special education however there is certain vulnerability when dealing with identification of EBD students because EBD as a condition is so difficult to recognize and diagnose. All children experience negative emotions and go through behavioral phases that are undesirable, but how is a parent or teacher to know when the problem is severe? Dramatic behavioral shifts occur often through the course of a child's development however, when a child develops emotional or behavioral reactions that seem inappropriate and pervasive, it is likely a sign of trouble. (PACER Center, 2001) Sharon Brehm (1978) presents three general criteria that are suggestive of EBD. First, the duration of the negative behavior must be considered. Does is seem pervasive across situations with no sign of impending cessation? Secondly, the intensity of the behavior has generally become so severe as to be distressing to others. Finally, while children certainly develop at different rates, extreme deviation in behavior from what is considered normal is a sign of trouble.

Beyond identification of symptoms, a clinical diagnosis is also complicated when it comes to EBD. Because EBD exists on a continuum – that is symptoms range from mild to severe and individuals often suffer from more than one disorder, assessment made more difficult. The structure of DSM IV (Diagnostic and Statistical Manual of Mental Disorders), which is used in diagnosis, further complicates matters as several conditions encompassed by EBD possess overlapping symptoms. Interpretation of these symptoms is not always consistent across clinicians and therefore many cases of EBD may not be diagnosed as such (PACER Center, 2001). Certainly, when undiagnosed and therefore untreated, EBD symptoms make functioning in a general classroom similar to sinking in quick sand – students are lost both socially and academically due to behavioral problems beyond their control.

Once identified, EBD students require a multifaceted approach to education that is significantly different from that in mainstream classrooms. Programs that have been historically effective for educating EBD students provide structure and strategy that may not be replicable in a general classroom while also appealing to non-disabled students. Approaches to education must be multi dimensional, incorporating necessary therapies and skill development. (Kauffman, 1995) REACH classrooms provide students an all encompassing educational experience using three important modifications: rooms that feature smaller class size, employ a behavioral management component, and finally, provide a therapeutic facet.

In terms of classroom size, REACH classrooms generally carry no more than ten students. Because there is a full time teacher as well as a full time assistant in most classrooms, this maintains a relatively low teacher-student ratio which allows each

student increased amounts of individual attention. In addition, for certain students there are paraprofessionals who serve as that student's personal aid throughout the school day. With reduced class size, students are able to learn and practice execution of social skills in a small group setting. There is a strong emphasis on active learning of appropriate behaviors within REACH classrooms, a trait which is supported by recent research which suggests that EBD students have been found to benefit more from practice than from lecture. In coaching the replacement of problematic behavior with appropriate action, the student might first practice in what is considered a "safe" environment. (Kauffman 543) Such an environment is under high control of the educator and presumably ensures the student's success. Gradually the behavior is practiced in more realistic contexts when the teacher imposes difficulties or opposition which allows the student to coach themselves to successful execution of appropriate behavior. (Kauffman, 1995)

REACH classrooms rely on the Girls and Boys Town Behavior Modification Program as a form of structured behavioral management. This program was developed by the National Resource and Training Center at Boys Town (also referred to as Father Flanagan's Boys Home in Nebraska) as an extension of the Boys Town Family Home Program. Boys Town is a national site that now serves both male and female youth in sectors of "life improvement" (Gulley, Burke & Hensley 1). The system focuses on modification of classroom atmosphere through the promotion of positive interactions. Using a token economy, the system adheres to replacing punishment for inappropriate behavior with demonstration of the appropriate alternative. As a student's negative behavior escalates, rather than resort to physical restraint, the program suggests talking the child through methods of self control. In cases where this positive talk does not

produce desired behavior, consequences that promote appropriate behavior may be enlisted. Because this program encourages proactive classroom relations, it also positively affects inter student relationships which may in turn enhance overall classroom behavior as students learn and model self discipline and effective means of problem solving. (Gulley, Burke & Hensley 2003)

Implementation of and adherence to such a positive behavior management model reiterates the need for classrooms like REACH as general educators have been found to interact less effectively with EBD students than special educators. Researchers observed a lower tolerance for problematic behavior, increased rigidity in student-teacher interaction, and more reliance on punishment than was seen in observing special education teachers. (Kauffman, 1995)

Like the classroom, the therapeutic component of REACH education is multidimensional. The program enlists a 'comprehensive social work model' to promote self worth as well as positive growth and development in its students. Employed therapies include play therapy, social group work, family counseling, advocacy and case management with a particular focus on parent and family intervention.

The ideals behind the therapeutic portion of REACH reflect those of the "wraparound" method researched by Duckworth et al (2001). "Wraparound" referred to a family focused program implemented in a low income school (92% of students qualifying for free lunch) to aid both students and parents in handling the stressors of their circumstance as well as the exacerbating effect of the child's EBD. By including the parents on the behavioral support team, alongside school officials, university professionals, and mental health workers, they were given more control over their child's

experience both in and out of school. Further, parents met regularly with therapists who aided them in coping both with their own stress as well as that imposed by their child in order to promote appropriate coping styles. Researchers reported tremendous strides in both student behavior and parent-child relations as a result of this multi dimensional therapeutic approach, which raises the point of parental involvement in an EBD student's education.

REACH requires parental involvement, issues a parent contract that must be signed prior to a student's acceptance in the program and clearly states that one of the two reasons for a child's removal from the program would be confirmation by the PPT of a parent's continual lack of involvement. However, despite the fact that REACH works most effectively when there is a strong teacher – parent relationship, parental involvement seems similar to that in mainstream education – inconsistent. Some parents are highly involved, and those students are generally seen to make the most progress, most likely because that parent is enforcing similar behavior in the home as is required in school. Other parents are hard to find. This may be due to any number of reasons. Duckworth (2001) et al found that 92% of the parents in their research study were single parents. In that scenario parental involvement would simply be difficult to maintain while also maintaining employment and a household. Further, transportation issues may come into play where, because students may attend REACH classrooms across the city from where they live, it is difficult for parents to physically get to the school.

Taking circumstance into account requires that teachers in the REACH program show flexibility in terms of parental involvement. For example, one teacher contacts each parent bi weekly to discuss both behavioral and academic progress. In addition, as

the program guidelines dictate, student's behavior – both positive and negative- is charted daily. Beyond teacher or parent induced contact, REACH students receive report cards on a quarterly basis and have their IEP's updated accordingly.

REACH certainly provides the multi dimensional educational environment described by researchers, therefore being effective in design to educate Hartford's EBD students. But still the idea lingers – would these students be better served in a private setting? In effect, are private institutions better designed to meet the needs of these students?

Program design between REACH and the private school were very much parallel and in that respect, students would benefit equally in either environment. Both programs meet six hours a day five days a week and employs creative multifaceted educational strategies to optimally serve their students. However, school design was significantly different and it is that factor which will enhance a child's educational experience in the private sector.

First, the private school's student body consists of, at most, thirty-five students with children between the ages of five and twelve. Due to small student body population, class size is kept extremely small and in some situations there is a one to one teacher – student ratio. Secondly, because the entire school shares one focus, there is a higher level of teacher support than may be found in public schools. Such support is critical to teacher retention, as EBD instructors serve as role models, disciplinarians, counselors, social workers and attachment figures all at one time. Often in larger schools EBD teachers are isolated and in this separation become excluded from supportive co workers who special education teachers reported to be the best form of stress relief (Richardson 2003).

Further suggestive of teacher burn out in the public sector is the fact that the entire staff of the private school previously worked in public schools. Because there is a significant retention rate for teachers at the school, this is suggestive that even teachers who love teaching EBD students need the proper support system and until public schools are able to provide that, the most talented of teachers will continue to experience high levels of emotional exhaustion and ultimately will burn out. How then, could one adjust the REACH program to better serve its student body?

Implications for Future Research:

While one could propose residential programs and the like as mechanisms to shelter students from the, at times despicable, circumstances from which they come, that is unrealistic. Nor can all of Hartford's EBD students be placed in private institutions by law. Therefore, given the well developed stature of the REACH program, perhaps the focus should be shifted away from design and rather to teacher support. REACH currently has several young teachers whose energy and connectedness to their students is unmistakable and so a new question is posed: how can Hartford provide the necessary support system so as to retain these teachers over the long term?

It was interesting to note that each of the teachers in the private school had left public special education. This is obviously problematic, in that we can certainly not afford to be losing so many excellent public educators. Support mechanisms including daily group meetings among REACH teachers may be effective in terms of providing a safe area for teachers to vent the days stress. Further, REACH teachers may feel more supported if the program was concentrated into one or two elementary schools. With that, there would be more of a network of EBD teachers and would allow the program to

operate in a more cohesive manner. In any case, educator support should be an area of immediate focus as it is crucial to the success of both the REACH program and student body.

Final Thoughts:

Based on my research and cross sector comparison, as well as current research REACH is absolutely designed in a way to effectively meet the needs of EBD students. The problematic components that the program encounters in terms of success would not be a product of design but rather location. Being a public program within an economically challenged city provides the direst of circumstances in terms of EBD education.

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