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# Perceived Quality of Interpersonal Relations of Students in an Alternative Center

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PERCEIVED QUALITY OF INTERPERSONAL RELATIONS OF STUDENTS IN AN  
ALTERNATIVE CENTER

A Dissertation

Submitted to the School of Graduate Studies and Research

In Partial Fulfillment of the

Requirements for the Degree

Doctor of Education

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This study investigated the perceived quality of interpersonal relations (PIR) of students in an alternative center by using archival data from a questionnaire that had already been completed by the sample. Specifically, this researcher intended to determine if there was a difference between the PIR of students in an alternative school setting and that of typical students, as identified in the Clinical Assessment of Interpersonal Relations (CAIR) manual standardization sample.

No direct research methods were applied to participants in this study. The primary research method employed was examination of archival data. As a part of the intake process for the students at the proposed alternative school, students were administered the CAIR upon enrollment throughout the 2008-2009 school year.

Results of data analyses revealed significant differences between the overall PIR of students in an alternative center when compared to typical students using the .003 Bonferroni

corrected level. Specifically, students in an alternative center demonstrated poorer overall PIR than students in a typical setting regardless of IEP status, educational classification, and demographic variables. In general, although students in an alternative center all appear to be the same when consideration is given to PIR in comparison to typical students, they do look different when further analyzing specific subscales. The results of this study suggest the possibility that PIR is dependent upon to whom the students are relating.

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## Dedication

To Sean--- You are a real trooper. Thank you for believing in me.

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## **Chapter I: BEHAVIORAL PROBLEMS IN THE SCHOOLS**

An assistant principal and the special education department chairperson have just come to the school psychologist's office expressing the need for an urgent response. Sam, a student receiving special education services under the classification of Emotional Disturbance (ED), has just gotten into a brutal physical altercation with Billy, who has not been identified as having any special education needs. Due to the level of the disruption of the fight, the administrator has determined that both students will receive the consequence of an extended out of school suspension. Because Sam is a student with ED the administrator and department chair inquire about the school psychologist's availability for a manifestation determination meeting for Sam as soon as possible.

Prior to this incident, Sam was being considered for dismissal from special education services due to a notable and consistent improvement in behaviors over time. Although he is currently receiving services for ED, this fight was considered to be an isolated incident for Sam since he had been demonstrating appropriate behaviors, skillful coping, and improvement in peer relations within the last several months. The manifestation determination meeting concluded that the behavior was not a manifestation of Sam's disability. A school

board hearing with Sam and his family followed, which resulted in Sam's suspension to an alternative education program. Billy, who had previously been demonstrating a pattern of concerning behaviors, was also suspended to an alternative education program. No consideration was given for further assessments to screen for ED or formal services through the Individualized Education Program (IEP) team.

The above-mentioned situation, which is based on an actual occurrence, is representative of one of the many facets of a school psychologist's position. School psychologists are perceived as consultants who can assist with students' learning and behavior problems on a number of levels.

Behavior problems in schools present themselves in various forms. For example, physical and verbal aggression, theft, defiance, disruption of others, playing the class clown, engaging in off-task activities, tardiness, absenteeism, and tobacco use are all considered externalizing behavior problems within the school setting (Bibou-Nakou, Kiosseoglou, & Stogiannidou, 2000; Hann, 2001; Heaviside, Rowand, Williams, & Farris, 1998), some of which are evident even in college settings (Meyers, 2003; Seidman, 2005). Physical conflicts among students are one of the top three serious or moderate discipline problems reported by elementary and middle school principals (Heaviside et al., 1998).

Similarly, in elementary and middle schools violence against others is the second most common reason for suspension (Raffaele Mendez & Knoff, 2003).

The national attention given to bullying in recent years indicates that aggression toward others is a prevalent form of behavior violation in school settings. Although bullying is just one example of the prominent acts of aggression, it is considered more invasive than other forms of interpersonal aggression and violence that occur with school-age youth (Batsche & Porter, 2006) and is likely to have long term negative consequences (Crothers, 2001).

Students who are considered chronic disrupters or who engage in behaviors that compromise their own or others' safety seem to be increasing in many school districts (Boothe, Bradley, Flick, Keough, & Kirk, 1993; Gable, Bullock, Evans, 2006; Skiba & Peterson, 2000). School staff are addressing these types of problems repeatedly (Raffaele Mendez & Knoff, 2003). This repetitive cycle of discipline could possibly be prevented through appropriate screening and assessment for ED, leading to more effective classification of students' educational needs.

In schools, bullying and other behavior problems in which aggression is exhibited are met with stringent discipline policies. As of 1998, 79% of public schools had a zero-

tolerance policy for violence (Heaviside et al., 1998). Students are frequently recommended, assigned, or suspended to alternative centers, at least temporarily (Etscheidt, 2006). Even those who demonstrate a one-time offense are often suspended to alternative education programs (Kleiner, Porch, & Farris, 2002; Powell, 2003). Although an out-of-school suspension lasting at least five days is the most commonly reported consequence for aggressive acts such as fighting, 19% of all public schools report transferring students to alternative education programs for this type of behavioral infraction (Heaviside et al., 1998). In fact, alternative education programs or programs for disruptive students are perceived by over 60% of principals in public schools as a vehicle to reduce crime and violence at school to some extent (Neiman & DeVoe, 2009).

Typically, overt disciplinary violations that are often associated with social maladjustment (SM) are the sort of behaviors that result in such a placement. As Bracken (2006) indicated, children who have problems with interpersonal relations are at considerable risk for a great many other psychological and educational disorders. For the purpose of this paper, using the description of Bracken in the Clinical Assessment of Interpersonal Relations (CAIR, 2006), interpersonal relations will be referred to as how one gets

along with his or her mother, father, teachers, and female and male peers, as well as one's self-perception of those relationships.

As stated above, students who are identified as having behavior problems also have difficulty interacting with others, including their peers. In addition, Rubin (2007) noted that peer relationships are important due to the influence they exert on social development and learning. Students who demonstrate behavior problems are also likely to have problems excelling academically, as well as socially. Bracken (2006) pointed out that aside from being considered the most important predictor of overall social-emotional adjustment in children, adolescents, and adults, interpersonal relations also reliably predict adolescent and adult psychosocial adjustment.

In reviewing this research, it would appear that students with behavior problems also have a negative perception about the quality of their interpersonal relations. However, the relationship between perceived interpersonal relations and school behavior is not clear cut. Much of the research conducted on interpersonal relations has examined other people's perceptions of a student, providing little information about how the student feels about his or her own interpersonal relations (Bracken, 2006).

In one study that did examine students' perceptions of their own interpersonal relations, Louis (1996) found that adolescents with behavior disorders (behavior disorder is the term used for ED in Louisiana) perceived themselves to have lower quality relationships when compared to students with learning disabilities and non-referred peers.

Rubin (2007) also found that fourth and fifth graders' perceived interpersonal relations were partially associated with aggressive behavior and peer rejection. This may lend some support to the argument that aggressive behaviors are also linked to how students interact with others, and these behaviors often lead to suspension and/or placement in an alternative setting.

Zhang (1992) found that positive changes in interpersonal relations lead to an increase in academic achievement and that positive interpersonal relations lead to positive change in self-esteem and locus of control, as well as mental and physical health. These factors are likely to lessen the chances of a student experiencing behavior problems. Marte (2005) hypothesized that anger control and locus of control impact interpersonal factors, which in turn would impact the risk of problem behaviors. Similarly, Rubin, Hymel, Mills, and Rose-Krasnor (1991) presented a model that suggested that peer rejection is associated with an increased risk for

externalizing difficulties such as aggressive and oppositional behavior.

Rubin (2007) hypothesized that peer rejection is a result of the combination of a difficult temperament and the development of hostile and avoidant attachment relationships. These hostile and aggressive behaviors toward peers tend to increase with age. Conversely, friendships that are comprised of mutual attachment provide the basis for positive interpersonal relationships, which is supported by the findings of various studies (Bukowski, Hoza, & Boivin, 1993; Furman & Buhrmester, 1986; Sullivan, as cited in Nangle, Erdley, Newman, Mason, & Carpenter, 2003).

#### **Statement of the Problem**

Schools are frequently referring students to alternative education programs for disruptive behaviors (Lehr, Lanners, & Lange, 2003). Often, students who have either a long history of behavior difficulties or have demonstrated a significantly intense inappropriate behavior that compromises the safety of themselves or others are referred to an alternative center (Powell, 2003). Among other factors, zero-tolerance practices and increases in youth violence have contributed to an increase in the number of alternative education programs (Tobin & Sprague, 2000).

Furthermore, while there are some students in alternative education programs who have been identified for special education services, many of the students are general education students (Kleiner et al., 2002). Although a large number of these general education students are thought to have identified mental health issues that present in the form of disruptive behaviors, they are unlikely to receive a formal assessment of their emotional needs (Stanley, Canham, & Cureton, 2006) and are therefore ineligible for special education services (Van Acker, 2007). Due to the challenges in early identification of students with ED, requirements have been established by Individuals with Disabilities Education Act (IDEA) to screen students who are not yet considered eligible for services (Smith & Katsiyannis, 2004).

Over 50% of alternative education programs have only 0 to 3% of students receiving IEP services, which is likely due to the IDEA amendments that regulate school discipline methods for students with disabilities (Hartwig & Ruesch, 2000). Although it is common for school officials to hold the perception of being limited with discipline methods for students with disabilities (Smith & Katsiyannis, 2004), the manifestation determination provision under IDEA allows some students with ED to be suspended to alternative education programs due to disciplinary infractions (Hartwig & Ruesch,

2000). Under the 1997 IDEA conditions, schools are permitted to remove a student for carrying a weapon to a school building or school function or for knowingly possessing or using illegal drugs or selling or soliciting the sale of a controlled substance under the same circumstances (Etscheidt, 2006). There are also provisions under the 2004 reauthorization of IDEA that include policies that allow schools to remove a student from school for up to 45 school days if he or she has inflicted serious bodily injury upon another (Etscheidt, 2006).

While provisions have been made to address discipline options for students who ought to and who do receive special education services, the argument remains that even those students with behavior problems without ED have different mental health and educational needs than those who have ED. A national survey indicated that in comparison to students who do not receive special education services, students in special education for non-mental health related problems (e.g., learning disabilities) were four times more likely to experience serious emotional and behavioral difficulties but were equally likely as students not in special education to lack a recent mental health service contact (Pastor & Reuben, 2009). In addition to non-special education and non-ED students' mental health needs being unmet, overall, students

with emotional and behavioral difficulties with and without special education services continue to have unmet educational needs (Hayling, Cook, Gresham, State, & Kern, 2008).

Despite the differences in service needs (Miller, Williams, & McCoy, 2004), ED and non-ED students are often both found in alternative education programs (Escobar-Chaves, Tortolero, Markham, Kelder, & Kapadia, 2002) and therefore are treated similarly due to an overlap in behaviors. It is believed that both groups on some level have experienced difficulties with interpersonal relations, because it is an identified characteristic often associated with and used to describe their problems (Van Acker, 2007). The above-mentioned notion leads to the question of whether ED and non-ED students in alternative education programs demonstrate differences in essential mental health dimensions, such as interpersonal relations when compared to the general population as well as to each other.

### **Research Questions and Hypotheses**

This study will explore the following questions:

1. Is the perceived quality of interpersonal relations of students in an alternative center different than those of students who represent a normative sample of typical students (as identified in the CAIR manual standardization sample)?

It is hypothesized that students in an alternative education center will display significantly poorer perceived quality of interpersonal relations than students in a normative sample.

2. Is the perceived quality of interpersonal relations of non-IEP students in an alternative center different than those of students who represent a normative sample of typical students (as identified in the CAIR manual standardization sample)?

It is hypothesized that students in an alternative education center who do not have IEPs will display significantly poorer perceived quality of interpersonal relations than students in a normative sample.

3. Are students with IEPs in an alternative center different than students in a typical setting in their perceived interpersonal relations?

It is hypothesized that students who have IEPs in an alternative center will display significantly poorer perceived quality of interpersonal relations than students in a normative sample.

4. Is the perceived quality of interpersonal relations of IEP students in an alternative center different than non-IEP students in an alternative center?

It is hypothesized that there will be no difference between the perceived quality of interpersonal relations of students in an alternative center who have IEPs and those who do not have IEPs in an alternative center.

5. Are there differences in perceived quality of interpersonal relations based on identified educational classification (Learning Disability, Other Health Impairment, Emotional Disturbance) in an alternative setting when compared to non-IEP students in an alternative setting?

It is hypothesized that students in an alternative center who have IEPs for emotional disturbance will display poorer perceived quality of interpersonal relations than students in an alternative center who have IEPs for learning disability and other health impairment and students who do not have IEPs.

6. Are there differences in perceived quality of interpersonal relations with mother, father, male peers, female peers, and teachers of all students in an alternative center, IEP students in an alternative center, and non-IEP students in an alternative center when compared to students in a typical setting?

No hypothesis is offered at this time because there is no extensive research on these issues.

7. Are there differences in perceived quality of interpersonal relations of students within an alternative center based on demographic variables (sex, age, SES, race, IEP status, educational classification)?

No hypothesis is offered at this time because there is no extensive research on these issues.

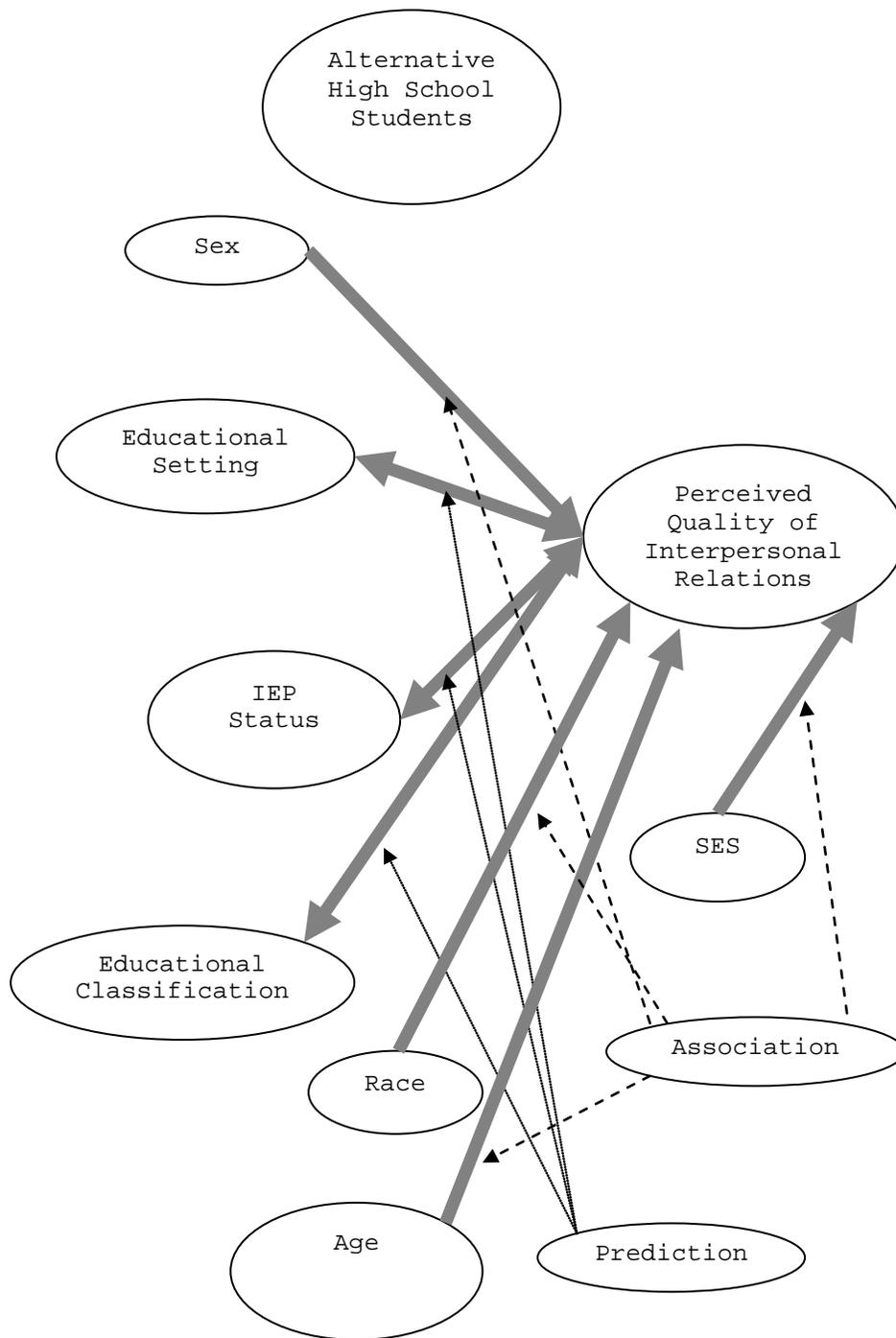


Figure 1. Research path diagram of the latent variables. IEP = Individualized Education Program. SES = Socioeconomic Status.

## **Problem Significance**

Correct diagnosis of students in alternative education programs is an essential part of ensuring effective behavior intervention planning and overall service delivery. While it has been acknowledged that the demand for student enrollment in alternative programs for at-risk students is relatively high (Kleiner et al., 2002), research concerning this population of students is currently lacking. Assessing the psychological construct of interpersonal relations of students in an alternative center is thought to aid in better understanding these students, the differences among them, and how they differ from typical students. It is anticipated that understanding and verifying this aspect of their profiles is the first step to lessening behavior problems by enhancing future programming to include prevention strategies that emphasize quality interpersonal relations.

## **Definitions**

### **Alternative School Students**

This term refers to students who have been suspended or administratively transferred to a temporary placement that addresses behavior problems.

### **Emotional Disturbance**

The 2004 reauthorization of IDEA provides the following information:

(4)(i) Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems.

(ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section. (CFR §300.8 (a)(4))

### **Perceived Interpersonal Relations**

This term refers to how students view the quality of their relationships with peers, teachers, and family members as rated by the CAIR.

## **Social Maladjustment**

Some of the common characteristics that support traditional views of this term are summarized as follows: Student meets Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria for conduct disorder (CD) or oppositional defiant disorder (ODD); student engages in antisocial and delinquent behavior; problem behavior is "willful;" individual is making a "choice" to do it; and student with SM does not have internalizing/emotional problems or mental health problem (Merrell & Walker, 2004).

### **Assumptions**

Students are expected to have and endorse realistic self-perceptions (Maras, Brosnan, Faulkner, Montgomery, & Vital, 2006) when completing the CAIR. It is also assumed that students will offer candid ratings and that they understand form items sufficiently enough to respond accurately.

### **Limitations**

There are some restrictions anticipated with regard to the generalizability of this study and the sample that will be used. The sample of participants will be chosen from a population of students in one county in a middle Atlantic state. The demographics of this county are varied but segmented. The population is one of varied socio-economic status, ethnic background, educational background, and

experience that may not represent the remainder of the school system from which the population is drawn. Many of the students are considered to be of low socio-economic status, while others come from lower middle class families. While the ethnic backgrounds of the students in this section of the county are varied, it is possible that the demographics regarding race in the alternative center are disproportional (Skiba & Rausch, 2006).

Another limitation is that only interpersonal relations are being assessed as opposed to various psychological constructs. While interpersonal relations is thought to be a contributing factor to behaviors that lead to placement in an alternative center, there are other constructs that play a major role in the behaviors of students whose educational progress are impacted by a multitude of issues.

### **Summary**

The presence of physical aggression and behavioral infractions in schools lead students with and without special education services to being suspended to alternative education programs. The purpose of this study is to investigate the perceived quality of interpersonal relations of students in an alternative center. Specifically, this researcher intends to determine if there is a difference between perceived quality of interpersonal relations of students in an alternative

school setting and typical students, as identified in the *CAIR* manual standardization sample. Additionally, differences between alternative school students identified with disabilities and those who are not will be examined.

## CHAPTER II

### LITERATURE REVIEW

Aggression and violence in youth are issues that have been in the forefront of the media in recent years. There has undoubtedly been rising concern about the nature and intensity of youth behaviors that could potentially lead to violence. In school systems across the country, practices linked to several initiatives to prevent and address behavior problems such as Positive Behavioral Interventions and Support (PBIS); sections of the No Child Left Behind Act (NCLB) related to school discipline; and zero-tolerance practices, such as suspension to Alternative Centers (Bear, 2008; Osher et al., 2008; Van Acker, 2007) have been pursued.

While youth aggression and violence have been seemingly highlighted more often, the belief that occurrences of violence in schools are increasing is not supported by data (Larson, 2008). However, schools continue to respond to student behaviors in extreme ways such as the extensive use of suspension (Gottfredson & Gottfredson, 2001). Students who are suspended, especially for chronic misconduct and severe aggression are often assigned to alternative education programs that are designed primarily for students with behavioral problems in order to ensure a safe school

environment within the general education population (Van Acker, 2007).

However, there have been arguments supporting qualification of special education services for those students who are sent to alternative education programs due to their behaviors (Kehle, Bray, Theodore, Zheng, & McCoach, 2004; Merrell & Walker, 2004) and the impact they have on their school progress. While there is a small percentage of students who are identified as having an educational disability in comparison to the large number of students who are in need of support (Bradley, Doolittle, & Bartolotta, 2008), students with emotional and behavioral problems continue to be under-identified for special education services (National Association of School Psychologists [NASP], 2005). Thus, despite an overlap in behaviors associated with the two categories, the discussion about the differential diagnosis of emotional disturbance (ED) and social maladjustment (SM) persists.

While there are several mitigating factors that are considered in the description of ED and the exclusion of SM, behaviors linked to interpersonal relations appear to be an underlying factor characterizing both conditions (Bradley et al., 2008; Lane, Carter, Pierson, & Glaeser, 2006; Theodore, Akin-Little, & Little, 2004). Therefore, while investigating

the interpersonal relations of students in an alternative center and how they might differ from students in a typical setting, it is essential to further explore the literature regarding students identified as having ED.

This chapter also examines current literature relevant to students in an alternative education program. Specifically, this chapter presents an overview of current youth aggression and violence statistics, features of alternative school programming and placement criteria, and a review of identification and programming practices for students with emotional disturbance (ED). Finally, the role of interpersonal relations in violence and aggression will be discussed, along with the Clinical Assessment of Interpersonal Relations (CAIR) and its role in assessing this construct.

### **Overview of Youth Aggression and Violence**

A developmental perspective ought to be considered when students are exhibiting behaviors that are regarded as out of the norm, such as serious aggression and violence. Understanding behaviors in light of a typical developmental progression allows for a realistic viewpoint. For example, aggressive behavior is commonplace in children as early as infancy (Tremblay, 2002; Tremblay et al., 2004). The majority of infants are likely to demonstrate some level of aggravation and anger. By the end of the first year, infants often object

or retaliate to situations that are upsetting to them, via crying or other nonverbal gestures. As children age, these basic responses evolve into reactions that are more likely to result in conflict (Caplan, Vespo, Penderson, & Hay, 1991; Tremblay, 2004). Behavioral manifestations of irritability and hostility toward adults and peers can be observed as early as the second and third years of life (Tremblay, 2002). Although aggression is at its peak during the second year of life (Tremblay, 2004), conflict between peers is to be expected in early childhood and is likely to be more moderate (Cote, Vaillancourt, LeBlanc, Naglin, & Tremblay, 2006) since social activities are less common at that point. Between the third and sixth years, when many children have an initial day-care or organized educational experience with peers, gender differences in levels of aggressions become apparent, with boys displaying higher levels of aggression (Tremblay, 2003). Lastly, in the early school years, more atypical forms of aggression such as cruelty to peers and animals may emerge in a fraction of children (APA, 1994).

In adolescence and early adulthood, a number of variations in the intensity and pattern of aggression take place. First, the impact of aggressive behaviors is amplified, which is partially due to greater access to and use of weapons (Berkowitz, 1994; Reiss & Roth, 1993). These

factors can raise the potential for injury and death, which dramatically intensifies the outcome of an act of aggression. Secondly, in a school setting, peer groups frequently engage in joint violence or peer pressure (e.g., pressuring more vulnerable children into activities they may typically approach reluctantly). A third change that occurs in adolescence that affects the intensity of aggression and violence relates to the increase in physical strength. As this occurs, a small number of adolescents are likely to strike a parent or teacher (Callahan & Rivara, 1992). In their study, Loeber and Hay (1997) discussed the tendency for adolescents to demonstrate aggression toward the opposite gender, versus earlier years when girls and boys typically socialize in groups that are separated by gender, and therefore aggress toward members of the same sex. Lastly, during the stage leading to early adulthood, it is possible and unfortunate that these youngsters will become parents, some of whom have the potential to demonstrate aggression and violence toward their children (Loeber & Hay).

### **Youth Violence**

Giving more attention to the intensity and variation of aggression, of note are the statistics available regarding youth violence according to the Centers for Disease Control and Prevention (CDC; 2008). Reportedly, 5,686 young people

ages 10-24 were murdered in 2005, which averages out to 16 each day. The CDC reported that homicide was the second leading cause of death for youth ages 10-24 years old. Among 10 to 24-year-olds, 87% (4,901) of homicide victims were male and 14% (785) were female. The CDC further reported that among homicide victims ages 10-24 years, 82% were killed with a firearm.

While many acts of violence lead to death for our youth, there is also a significant number of nonfatal injuries due to violence. The CDC (2008) reported that in 2006, more than 720,000 young people ages 10-24 were treated in emergency departments for injuries sustained from violence. One year prior, in a nationally-representative sample 3.6% of students in Grades 9-12 reported being in a physical fight one or more times in the previous 12 months that resulted in injuries which had to be treated by a doctor or nurse (CDC, 2008).

The CDC (2008) explored general violence-related behaviors as well. Out of a nationally-representative sample of adolescents in Grades 9-12 in the year 2007, the following was reported: In the 12 months prior to the survey, 35.5% of students reported being in a physical fight. On at least one of the 30 days preceding the survey, 18% reported carrying a gun, knife, or club. The percentage of students carrying a gun on one or more days within the 30 days preceding the

survey was 5.2, with males reportedly more likely than females to carry any of the above-mentioned weapons.

Specific reports about school violence presented by the CDC (2008) indicated that within the year prior to the survey, 12.4% of students reported partaking in a physical fight on school grounds. Regarding victimization on school property, approximately 27% of students reported having belongings intentionally damaged or stolen. Due to concerns about their safety in route to or at school, 5.5% were absent in the month preceding the survey, while 5.9% reported carrying a knife, gun, or club on school property within that timeline. Within the 12 months preceding the survey, 7.8% reported being wounded or threatened with a weapon on school property at least one time.

Taking school-associated violent deaths into consideration, 116 students were killed in 109 different incidents during the past seven years, which is an average of 16.5 student homicides per year (CDC, 2008). Between 1992 and 2006, rates of school-related homicides decreased, but remained moderately stable in more recent years. For males, students in inner city areas, and students in secondary schools, rates were significantly higher. Within that same timeframe, the majority of school-related homicides included injuries from gunshots, stabbing or cutting, and beating.

The CDC (2008) described youth violence as "harmful behaviors that can start early and continue into young adulthood. The young person can be a victim, an offender, or a witness to the violence" (Fact sheet, para. 1). A variety of behaviors are included in the youth violence category. While some actions (e.g., bullying, slapping, or hitting) have more of an emotional impact, others (e.g., robbery, assault, or rape) that can also trigger emotional suffering, tend to result in more intense physical damage.

Due to the high rate of youth violence requiring medical care and leading to injuries, death, decreased property values, a disruption of social services, and an increase in healthcare costs, it is considered a public health concern (CDC, 2008). The types of violence-related injuries for which young people seek medical care include, but are not limited to, bruises, cuts, broken bones, and gunshot wounds.

There are numerous factors that account for the development of aggression, violence, and other externalizing behavior problems. In other words, there is not one particular child characteristic, situation, or cause of violence and aggression surfacing (Seifert, 2009). However, some of the factors that intensify the risk of engaging in such behaviors include prior history of violence; drug, alcohol, or tobacco use; association with delinquent peers;

poor family functioning; and poverty in the community. Of note, there is no certainty that the presence of the abovementioned factors will lead to violent behaviors. The ability to cope with stress, which is considered a resiliency factor, ought to overpower the stressors/risk factors. Additional resiliency factors include good bonding with caregivers, family nurturing and appropriate discipline, positive activities and role models, and a positive bond with school and the community (Seifert).

The idea of reducing those risk factors that can be controlled or eliminated and increasing resiliency factors is perhaps the most feasible from a violence prevention perspective. It is believed that students who have more than five risk factors and less than six resiliency factors may engage in violence (Seifert, 2009). Thus, in order to prevent and/or address violent behaviors, an assessment of risk and resiliency factors is needed.

According to the U.S. Department of Justice (DOJ; 2009), the highest rate of violent crime is experienced by teens and young adults. In 2005, those who were in older age groups experienced lower rates of violent victimization than young people. In 2006, 87% of murder victims were age 18 or older and of all murder victims, 44% were 20-34 years old based on the FBI's Uniform Crime Reports (DOJ, 2008).

Data from the DOJ further indicated that the estimated number of violent crime offenses in 2007 was more than 1.4 million (1,408,337) offenses, which is a decrease of 0.7% over the 2006 estimate. When looking solely at aggravated assault, the two and 10-year trends show that the estimated number of aggravated assaults in 2007 declined less than 1% when compared with the offense estimates from 2006 and declined 12.4% from the 1998 estimate.

During 2007, there were an estimated 855,856 aggravated assaults across the nation. The FBI's Uniform Crime Reporting (UCR) program defined aggravated assault as "an unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury" (p. 1). The program further denoted that this kind of assault typically goes along with the use of a weapon or other means to cause death or severe bodily harm. Also included in this category is attempted aggravated assault, which is defined as the display of, or threat to use a gun, knife, or other weapon. The justification for using assault in the same crime category is the likely result of serious personal injury if the assault were completed.

### **Current Trends in U.S. School Aggression and Violence**

The U.S. Department of Education (USDE; 2007) suggested that ascertaining salient indicators of the current condition

of national school crime and safety regularly and updating and monitoring these indicators are the keys to creating more secure school settings. The *Indicators of School Crime and Safety* report (USDE, 2007) began with this purpose in order to generate a safe place for education to transpire.

Some of the key findings of the *Indicators of School Crime and Safety* (USDE, 2007) report indicate that there were an estimated 54.8 million students enrolled in pre-kindergarten through grade 12 in the 2005-06 school year. Among youth ages 5-18, there were 17 violent deaths on school property from July 1, 2005, through June 30, 2006 (14 homicides and three suicides) according to preliminary data. Among students ages 12-18, there were about 1.5 million victims of nonfatal crimes at school in 2005. Those crimes include 868,100 thefts and 628,200 violent crimes, such as simple assault and serious violent crime.

Despite the above-mentioned data, there is some evidence to suggest that student safety has improved. For instance, between 1992 and 2005, the victimization rate of students ages 12-18 at school declined from 3,409,200 to 1,496,300. Despite this decrease, violence, theft, drugs, and weapons continue to pose problems in schools. Specifically, 86% of public schools reported that at least one violent crime, theft, or other crime occurred at their school in the 2005-2006 school year.

In 2005, 28% of students ages 12-18 reported having been bullied at school during the previous six months. In the same year, 25% of students in Grades 9-12 reported that drugs were made available to them on school property and 8% of students reported being threatened or injured with a weapon.

According to the Indicators of School Crime and Safety: 2007 Executive Summary (2007), in which principals were asked to provide data about violent incidents, 86% of public schools indicated that one or more incidents had taken place at school during the 2005-2006 school year. Also in the 2005-2006 school year, at least one incident was reported to the police in 61% of schools. The occurrence of violent events at public schools varied by school level. As would be expected, a smaller percentage of primary schools (67%) than middle schools (94%) or high schools (95%) experienced a violent incident in 2005-06. However, when including crimes in colleges, there seems to be conflicting data regarding the prevalence of violence and crime in schools.

### **Schools' Security and Disciplinary Responses to Aggression and Violence**

Following the incidents of school violence highlighted by the media, schools have been challenged with demonstrating their efforts to address these situations. In the past several years, it has been seemingly more common for schools

to use security and surveillance methods (Gottfredson & Gottfredson, 2001). Additionally, a higher priority has been placed on crisis and emergency plans and practicing the drills necessary to prepare for such crisis situations (Brock, 2002; USDE, 2007).

There have also been evident changes in discipline methods. While suspension has historically been a common response to aggressive and violent behavior, more recently school administrators have focused on zero tolerance practices which are intended to impact the frequency and nature of suspensions. For example, there seems to be a large number of automatic suspensions and expulsions resulting from one-time offenses nationally (Gottfredson & Gottfredson, 2001). During the 2005-2006 school year 48% of public schools reported the use of one or more serious disciplinary actions including suspensions lasting at least five days, expulsions, and reassignment to alternative schools (USDE, 2007). Over 70% of those disciplinary actions were suspensions, leaving approximately 20% of the students being transferred to alternative schools and 5% of them expelled.

Unfortunately, students with emotional and behavioral disabilities disproportionately bear the burden of negative responses such as unwarranted referrals for behavioral offenses, suspension, and expulsion (Osher, Woodruff, & Simms,

2002; Skiba, Michael, Nardo, & Peterson, 2002). Despite the common use of reactionary consequences many educators argue that these approaches are inadequate (Larson, 2008). The following sections will explore both disciplinary actions (i.e., placement in an alternative educational setting) and the provision of IEP services (i.e., identification and diagnosis of students with ED), which are the two main ways in which school tend to respond to behavioral difficulties.

### **Alternative Schools**

Although alternative education programs are perceived by some as a dumping ground or holding cell for students who demonstrate extreme inappropriate behavior, this has not always been the case (Meyers, 1988; Tobin & Sprague, 2000). Gable, Bullock, and Evans (2006) outlined the emergence of alternative education programs by going back to the book entitled *Wayward Youth*, written in 1925. In their article, the authors concluded that all of the programs established to address challenging behaviors in school following the publication of the book signaled a substantial change in perspective regarding educating disturbed youth.

Societal situations related to students such as changes in the Individuals with Disabilities Act (IDEA; 1997, 2004), increased levels of youth violence and school failure, and knowledge of the developmental trajectories leading to

antisocial behavior have led to this drastic transformation over time. Fuller and Sabatino (1996) asserted that alternative schools were no longer to be viewed as dumping grounds from a governmental perspective.

While the incidents of school violence portrayed by the media seem to have inflated in recent years, there has also been a substantial change in the types of social and personal problems children face, which impact their behavior in school. Some of the problems children currently face include divorced parents, absence of educational support from home, high mobility and financial instability, absence of connectedness to the community, poor anger management, experience of parenthood as teenagers, and the premature death of loved ones. These are much more pronounced and common than they were in the 1960s and 1970s when the concept of alternative education programs was first developing (McGee, 2001).

Now, there is a shift in focus of alternative education to at-risk students (Powell, 2003). Alternative education programs are increasingly used to educate students who are suspended for partaking in any behavior considered aggressive (e.g., fighting, verbal assault; Powell, 2003). This shift was supported by federal legislation such as NCLB and the 2004 reauthorization of IDEA (Fitzsimmons Hughes et al., 2006).

Although there has been noteworthy controversy surrounding the meaning of "alternative" education since the 1970s, there are currently three commonly agreed upon types of alternative settings that were initially grouped by Raywid (1994). Raywid describes Type I alternative schools as schools of choice, which instead of addressing behavior problems, are similar to magnet schools and are typically highly favored. These programs are apt to focus on content and/or instruction using themes. Type II alternative programs are where students are typically sent or suspended to as a consequence due to aggressive or disruptive behavioral concerns. These programs place less emphasis on changing curriculum and instruction and more emphasis on changing behavior. Type III alternative schools are for learners who appear to need academic and/or social/emotional remediation. The belief is that students can return to conventional programs following successful treatment at Type III programs.

#### **Definitions of Alternative Education**

Although the above-mentioned types of alternative settings are widely accepted (Gable, Bullock, & 2006; Lange, 1998; Powell, 2003), a universally accepted definition of alternative education has yet to be established (Bullock, 2007). However, in 1994, the National Association of State

Boards of Education described the term alternative education to mean:

Nontraditional educational services, ranging from separate schools for students who have been expelled to unique classes offered in a general education school building. Although the phrase might refer to any type of program that differs from traditional public schooling, it is commonly used in reference to programs designed for youth with challenging behavior. (as cited in Tobin & Sprague, 2000, p. 4)

Bullock (2007) further highlighted that in 2002, the USDE offered a broad and practical definition of alternative schools. Specifically, alternative schools were defined by USDE as "a public [or private] elementary/secondary school that addresses needs of students that typically cannot be met in a regular school, provides nontraditional education, serves as an adjunct to a regular school, special education or vocational education" (p. 3).

Another definition, offered by Powell (2003) stated that: Alternative programs have been described as settings that are smaller than traditional classrooms, provide individual and small group experiences, integrate hands-on and real 'in situ' learning into the curriculum, and

focus on managing and maintaining behavioral control of students in order to improve behavior. (p. 68)

Finally, four themes emerged as a result of definitions documented by states across the country (Lehr et al., 2003). The following themes were offered based on characteristics of the student population various alternative settings were designed to serve:

Alternative education includes schools or programs in nontraditional settings separate from the general education classroom. Alternative schools/programs serve students who are at risk of school failure. Alternative schools/programs serve students who are disruptive or have behavior problems. Alternative schools/programs serve students who have been suspended or expelled. (Lehr et al., 2003, p. 9)

In a national study, Lehr et al.(2003) found that 25 states had laws and/or policies in place regarding the definition of alternative education programs, which described these programs as being nontraditional and occurring outside of the general education classroom. The authors also found that descriptions of alternative settings in 17 states addressed the population of students served. Those descriptions indicate that alternative schools are for students who are considered at risk of failure (generally

consisting of youth who struggle extensively in the traditional school setting), those who are pregnant or parenting, those at risk of dropping out, and those who have already dropped out. Policies for 11 states established alternative schools as settings that provide instruction for students who have behavior problems, which propose to separate out students who pose a threat as well as those who interfere with the learning of others. Lastly, there were several states that described alternative education as a setting for youth who had been expelled or suspended (Lehr et al., 2003).

According to a national report of alternative schools policy and legislation across the country (Lehr et al., 2003), enrollment criteria for 42 out of 48 states had laws or policies that addressed enrollment criteria. They summarized the criteria into the following four themes:

Students are admitted as a result of suspension or expulsion. Students must meet some form of at-risk criteria. Students have been disruptive in the general education environment. Students have been academically unsuccessful and would benefit from a nontraditional school setting. (pp. 7-8)

### **Prevalence and Enrollment in Alternative Education Programs**

Given the controversy about the specifics of what *alternative* means, as well as the broad definition of

alternative schools provided by USDE, keeping track of the number of alternative education programs in the country has been a challenge. As of 2001, it was estimated that more than 20,000 alternative programs and schools were functioning across the country (Barr & Parrett, 2001). Generally speaking, approximations about the number of alternative education programs differ considerably; the estimates ranged from 10,900 to 20,000 (Kleiner, Porch, & Farris, 2002; Lehr & Lange, 2003).

These alternative programs are estimated to serve over 600,000 students (Gable et al., 2006). When considering this number, it should be noted that estimates include charter schools, court schools, detention schools, magnet schools, day treatment and educational centers, residential schools, alternative learning centers, second chance schools, etc. As opposed to only referring to students who attend an alternative education program as a result of behavior problems, these approximations include a broader population of students such as those placed in Type I, II, and III alternative programs.

Along with the various types of alternative programs comes a diverse population of students who attend those schools. Students who attend alternative schools range from advanced to students who receive special education services.

They also include students who have a history with truancy, substance abuse, crime, etc. (Hughes-Hassell, 2008). It is thought that the number of referrals to alternative programs indicates that there is disparity between where students are functioning behaviorally and academically and what is expected of them in an educational setting (Bullock, 2006). Existing alternative programs maintain the goal of bridging the gap between expectation and performance by meeting the full range of these students' needs (Rix & Twining, 2007).

Minnesota, which is recognized for being a leader in the execution of alternative education programs giving students a second chance, had over 40,000 students enrolled in one of their alternative programs in the 1994-95 school year (Lange, 1998). Questions remain about whether the outcomes of these at-risk youth improve with the accessibility of such programs. More information is also needed about the outcomes of special education students who are also placed in alternative education programs (Kleiner et al., 2002), especially considering that there are findings that suggest that these schools are not appropriate for students with disabilities (Lange, 1998).

### **Overall Structure of Alternative Schools**

Although there are inconsistencies in the definition of alternative programs, the most ideal elements, as presented by

Lange and Sletten (2002), seem to be relatively stable. The elements outlined to be most important for successful alternative programs include: a climate that supports learning; the availability of one-on-one interaction between staff and students; a low teacher/student ratio and program size; opportunities for relevant experiences that are consistent with the students' future goals; a flexible structure that accommodates the student's academic and social-emotional needs; the opportunity for students to develop and exercise self-control in decision making; a caring environment that builds and fosters resilience; training and support for teachers in working with both typically functioning and special needs students; interagency linkages to ensure that a full-service continuum is available for students with special education needs; incorporation of research onto practice in areas such as evaluation, curriculum, teacher proficiencies, and integration of special education services; clearly identified enrollment criteria and program goals; research and evaluation of the impact of the program on the student population (Gregg, 1999; Guerin & Denti, 1999; Lange & Sletten, 2002).

Unfortunately, the reality of the overall structure of many alternative education programs is less than the ideal structure described above. General alternative education

programs typically are considered temporary placements, include small numbers, offer flexible scheduling and/or classes, utilize motivating activities and/or a reward system, and encourage student involvement in the planning of their educational programming and environment (Lehr, Moreau, Lange, & Lanners, 2004).

### **Outcomes for Alternative Education Students**

Van Acker (2007) found a lack of empirical research supporting or challenging the effectiveness or long-term outcomes of alternative education for students who demonstrate antisocial behavior. Of the research that does exist, Lehr et al. (2004) found that when key factors of the structural components of alternative education programs were implemented, they appear to result in a provisional decrease in aggressive and violent behaviors in school for at least some students. Specific outcomes indicated that alternative education programs have a small overall positive effect on school performance, attitudes toward school, and self-esteem, but little or no effect on delinquency (Lehr & Lange, 2003).

Lehr et al. (2004) conducted a national survey and found that 19 out of 36 states had a system in place for gathering data and recording outcomes for students attending alternative schools. Twenty-seven states responded when asked about the types of information collected about students in alternative

centers. Over half of the respondents gathered data on graduation rates, dropout rates, attendance, state-level test results, and rates of re-enrollment. Data collected on post-school outcomes were only collected in seven states.

Respondents from various states were also asked to specify the extent to which four outcome scenarios occurred for students enrolled in alternative schools in their states (Lehr et al., 2004). Findings revealed that 16 out of 25 states reported that many or most of the students returned to a traditional education setting after attending the alternative program. Ten out of 25 states reported that many or almost all students graduated from alternative schools. Four out of 25 states indicated that many or most students attended, exited, and then returned to alternative programs more than once. Lastly, none of the 25 states reported that many or most of their students dropped out of alternative school.

When considering the significant needs of these students and the questionable research outcomes, it is possible that many students who are placed in alternative education centers may in fact best be served under IDEA. Inherent in this argument is the need for more appropriate identification of students with ED.

## **Assessment and Programming for Students with Emotional Disturbance**

### **Referral for Emotional Disturbance Evaluations**

Aside from school security measures, discipline, and alternative education programs, schools also have a history of responding to aggression and violence by referring students to services that are consistent with IDEA legislation. It is a common practice for students to be referred for services following assessments to rule out ED, which impacts learning. It seems that it is more often the case that once assessed, students are identified as having ED and meet the requirements for an educational disability that requires specialized services.

The common practice of refer-assess-place leads to questions about the process for identifying students with ED. It has been noted that the definition of ED is ambiguous and there are several definitions that are accepted (Gresham, 2007). From a theoretical standpoint, there are many perspectives that are contending for approval. For example, diagnosis of ED can be approached differently depending on if it is viewed from a psychoanalytic, behavioral, psychoeducational, sociological or ecological perspective. Eaves (1982) concluded that practicing professionals of various theoretical perspectives needed to approach the

definition problem in a manner that aids educational decision-making.

### **Emotional Disturbance Assessment and Identification**

In addition to the variety of theoretical perspectives leading to identification of ED, there are a range of assessment sources as well as methods employed in the identification process, rather than a standard group of objective measures that is universally accepted. Much of the data used to determine an ED diagnosis are collected from sources other than the student. For example, perspectives of school staff and parent(s) gathered through interview and rating scales, as well as behavioral observations, clinical interviews and psychological testing conducted by the examiner hold a substantial amount of weight in determining the student's emotional condition.

According to the NASP (2005) position statement on students with emotional and behavioral disorders, some common identification factors include pattern of behaviors, significant amount of time, response to intervention, inconsistency, and impact on learning. However, NASP further suggests that the educational system fails to recognize those students as needing services and outside of the educational system, the essential mental health services are only provided to a small number of them.

Other current research on the identification of ED indicates that many children's needs are gone unmet which is attributable to the nebulous federal definition of ED (Gresham, 2005). With that in mind, Gresham (2005) presented a response to intervention (RTI) approach to identification of ED which is consistent with problem-solving and data-based decision making. Using his proposed approach, professionals are encouraged to implement intervention before determining a student eligible for services. This process moves us away from the common refer-test-place model that typically focuses on intervention after students are identified and placed in alternative settings or programs.

### **Emotional Disturbance and Social Maladjustment**

A perennial complication in identifying students with ED is the required rule-out of social maladjustment (SM). Within the field of school psychology, professionals have questioned why there has been a debate about the differentiation and classification of ED and SM for nearly 30 years (Hughes & Bray, 2004). In their article about the incidences of ED and SM increasing, Kehle et al. (2004) presented the shared characteristics of ED and SM but also discussed the characteristics that distinguish the two. They proposed that having one category of ED/SM would be the most ideal since both groups need professional help to do well educationally.

However, although often grouped together for educational purposes, it has been found that the two groups exhibit different learning styles and respond differently to intervention (Terrasi, Sennett, & Macklin, 1999).

Aside from the absence of a concrete definition for SM, part of the reason the controversy over the two categories continues is that many of the factors that are commonly used to distinguish ED and SM can be debated. Although it is often understood that students with SM behave in ways that are purposeful versus students with ED who are likely to be more impulsive, both groups can demonstrate inappropriate behaviors that are planned, purposeful, impulsive, and unintentionally inappropriate (Kehle et al., 2004).

Another characteristic that is often accepted as pertaining to ED but not SM is the difficulty initiating and maintaining friendships (Forness, 1992). Due to the impact their inappropriate behavior has on those around them, both groups are also likely to be rejected by peers and teachers (Kehle et al., 2004). The debate regarding the definition of ED given by IDEA and the exclusionary clause about SM focuses on three factors: special education classification, differential diagnosis of clinical or educational disorders, and use of the terms ED and SM (Hughes and Bray, 2004). However, the concluding consensus of the authors who

contributed to the special issue of *Psychology in the Schools* about ED and SM differentiation was that the focal point ought to be advocating for services for children who need them rather than debating about the ED and SM classification question (Hughes and Bray, 2004).

Skiba and Grizzle (1991) pointed out that there is no existent assessment tool or tactic that is technically adequate and able to specifically validate the distinction between SM and ED. The techniques that are commonly used are considered problematic since they have yet to be validated for the purpose of differentiating the two. As noted by Nelson (1992), "the key issue is not whether all troublesome children should be labeled ED, but rather, whether schools, and in the final analysis society would be better served if all children who represent aggressive, disruptive behavior, regardless of how they were labeled, received special attention and help early in their lives." (Conclusion section, para. 3).

In an effort to examine two assessment tools that are commonly used to differentiate between SM and ED, Costenbader and Buntaine (1999) found that the two groups do not exhibit separate, distinguishable behavioral conditions. Instead, what was found using the Differential Test of Conduct and Emotions as well as the Emotional Problems Behavior Scale was that students in both groups exhibited some internalizing

characteristic as well as externalizing behaviors. These findings present another argument for opposing the exclusionary clause.

Merrell and Walker (2004) argued that ED and SM can possibly be reliably differentiated; however the problem of comorbidity complicates this distinction. Although their study highlighted ways in which the two can be isolated from one another, Merrell and Walker made clear that their belief is that it should not be differentiated for purposes of special education services. The authors went further to dispute the belief that removing the exclusionary cause would lead to an overflow of students identified for services, thus increasing special education costs. Merrell and Walker cited studies that suggest that instead, fewer students would be identified and overrepresentation of ethnic minorities would be less likely as well.

Another perspective to differentiating ED from SM involves viewing behavior from a functional standpoint. In their literature review, Miller, Williams, and McCoy (2004) concluded that children with ED express the function of their behaviors differently than those with SM. It was noted that although the function of both groups' behaviors overlap, the way in which they manifest are different. One of the examples cited refers to cognitive distortion manifested in a child

with ED turning hostile thoughts inward as opposed to a child with SM projecting that negativity toward others. Although functions are the same, they require different intervention due to the behavior that results in each.

The debate over the separation of ED and SM has been apparent and ongoing for a substantial amount of time. Despite the ambiguity surrounding this controversy, one factor seems clear, which is that the common characteristics between students who exhibit symptoms of ED and SM imply that diagnosis is a matter of clinical judgment (Theodore et al., 2004).

#### **Emotional Disturbance and Conduct Disorder**

In addition to ruling out SM, identification is further complicated by the confusion between conduct disorder (CD) and SM. The terms CD and SM are often used interchangeably in school settings. However, the question remains about if and how the two terms may differ. In a heated intellectual debate, one author alluded to the obligation to refer to SM as meaning the same as CD until SM is officially defined (Slenkovich, 1992). One factor that has been established in the educational literature is that despite obvious ambiguity, both of them are excluded in the definition of ED and therefore ineligible for the provision of special education services.

Common characteristics that support traditional views of SM were summarized by Merrell and Walker (2004) as follows:

Student meets DSM [Diagnostic and Statistical Manual of Mental Disorders] criteria for CD [Conduct Disorder] or Oppositional Defiant Disorder; student engages in antisocial and delinquent behavior within the context of a deviant peer group; student maintains social status within deviant peer group by engaging in antisocial and delinquent behavior; problem behavior is "willful;" individual is making a "choice" to do it and could stop the problem behavior if they desired; problem behavior is purposive, goal-oriented, or instrumental; student engages in it to "get something" they want; student with SM does not have internalizing/emotional problems or mental health problem; student believes that behavioral rules should not apply to them, or that they should be able to self-select their own rules of conduct; students with SM are shrewd, callous, streetwise, and lack remorse. (p. 902)

While the debate about differentiation remains, professionals benefit from some sort of assistance with the best type of assessment to aid in this determination. There are instances that call for a meticulous evaluation of the

child's character pathology to distinguish ED from SM and CD for special education purposes (Gacono & Hughes, 2004).

Among many points included in their summary of the relationship between psychopathy and the DSM-IV diagnoses, Gacono and Hughes (2004) included the following point: "While most psychopaths meet criteria for CD or Antisocial Personality Disorder (ASPD), most individuals with CD or ASPD are not psychopaths" (p. 851). The authors further discuss the significance of psychopathy and examine techniques for collecting data about both personality traits and behaviors which presents a more difficult aspect of the construct. Apparently, Gacono and Hughes hope to support school psychologists in differentiating and matching services to needs using the psychopathy construct.

Although many interpret the ED definition as excluding CD, it is difficult to ignore the overlap in the definition that leaves room for comorbidity. Children who exhibit a pattern of aggressive and rule-breaking behavior that infringes upon fundamental social rules and/or the basic rights of others are referred to as having CD (Eddy, Whaley, & Chamberlain, 2004). However, when considering that one of the descriptors of ED as deemed by IDEA is "inability to build or maintain satisfactory interpersonal relationships with peers and teachers," [Code of Federal Regulations, Title 34, Section

300.7(c)(4)(i)] one would think that behaviors associated with CD could be symptomatic of ED, therefore qualifying students for services.

One of the other factors commonly associated with CD is an exaggerated self-esteem. However, one study indicated both low self-esteem and exaggerated self-esteem are associated with CD and sought to explain the discrepancy (Barry, Frick, & Killian, 2003). Their findings suggested that a combination of low self-esteem and high narcissism was associated with high level of conduct problems. Their findings further differentiated between narcissism and self-esteem. While narcissism is commonly associated with high self-esteem, it is actually more of a need to have others perceive them as superior, which is indicative of a weakened or low self-concept.

#### **Characteristics of Students with Emotional Disturbance**

In an article that offers a general outlook on youth who are identified and served under IDEA as ED, Wagner et al. (2005) pointed out that there are a myriad of factors that contribute to poor life outcomes. As will be discussed later in this chapter, although outcomes for students with ED are poor, it is more than just the ED diagnosis that leads to the poor outcomes. It appears that the environmental factors that

are commonly shared among students with ED also play a major role in their unfortunate developmental trends.

As a group, children with ED are believed to experience less school success than any other subgroup of students, including those with other disabilities (Landrum et al., 2003). This finding was also supported in a study that found that students with learning disabilities (LD) exhibited significantly higher levels of social competence and lower levels of behavioral problems when compared to students with ED (Lane, Carter, Pierson, & Glaeser, 2006). Unfortunately, the amount of empirical support has been traditionally low from a national perspective, making it difficult to explain and resolve the academic and social obstacles this population faces at school (Wagner et al., 2005).

As Cullinan, Osbourne, and Epstein (2004) mentioned in their article, research does exist that explains the behaviors of children and youth experiencing behavioral problems linked to mental illness, but there are limited links to the impact on education and school problems. The authors indicated that national research is particularly limited in regard to girls who carry the ED label. According to USDE (1998), girls make up 15% to 20% of students with ED. Overall, when considering the IDEA definition, girls with ED demonstrate significantly

more maladaptive behavior than girls without ED (Cullinan et al., 2004).

After looking at children with ED from a national perspective, Bradley, Henderson, and Monfore (2004) concluded that educators must commit to comprehensively addressing the full spectrum of needs, in order to support academic performance, social, emotional, behavioral, and academic achievement. This effort is aligned with the nationwide focus that has been on academic achievement which stemmed from the NCLB initiative (2001).

When trying to understand students with ED, consideration must be given to their perspective of themselves and the world around them. Students with ED have shown that they can reasonably assess their problems and attributes in the same manner as their non-disabled peers (Maras, Brosnan, Faulkner, Montgomery, & Vital, 2006). However, it often appears that managing those problems or resolving them efficiently is more of a challenge for these students, possibly due to difficulty regulating their emotions.

#### **Programs for Students with Emotional Disturbance**

Once students have been accurately identified, there is a need to provide appropriate services. From a national perspective, the push for more inclusive settings has seemingly dominated the thinking of many ED programs. It has

been indicated that a variety of academic and behavioral programs, services, and supports are needed for most students to succeed (Wagner et al., 2006). Some common examples are cited by Wagner et al. (2006), including a structured instructional setting, self-regulating learning strategies, opportunities for learning facilitated by peers, and teachers who use effective behavior management techniques.

Although inclusive settings have their advantages for students with ED, data indicate that in comparison to students who receive special education services for disabilities other than ED and for students without identified disabilities, there are significant programmatic differences (Wagner et al., 2006). Specifically, students with ED tend to go to bigger schools that have an elevated number of students who receive special education services when compared to schools across the nation; students with ED spend less time in general education classrooms than students with other disabilities and have teachers who perceive themselves as ill-equipped to work with them; students with ED are also only likely to receive accommodations in inclusion classes, versus academic support services that are needed to help them to achieve.

According to USDE (2005), there are 483,544 students ages 6-21 with an ED label nationwide. Fifty-two percent of ED students spend 40% of their school day in regular education

classrooms and 83% of ED students are educated in regular school buildings. Thirty percent are in self-contained programs within their regular education school buildings, spending more than 60% of their school day outside of regular education classes.

Although there are many inconsistencies regarding the definition and identification of ED, there seem to be common objectives when comparing a variety of ED programs. Some of those include working on the improvement and/or acquisition of coping skills, behavior management and social skills (Bullock & Gable, 2006). In addition to the controversy over definition, it is pointed out that teachers with appropriate training are needed for quality instruction and programming to meet the needs of emotionally and behaviorally disordered (E/BD) students.

Tobin and Sprague (2000) outlined effective components of alternative education programs that specifically target students who are at risk for violent behaviors. However, when looking at the characteristics of these programs, they appear to mirror typical components of ED programs (Wagner et al., 2006). The article went into detail about the value of low student-to-teacher ratio, highly structured classrooms, positive behavior management, the support of behavior intervention staff, counseling services, social skills

training, functional behavioral assessments, self-contained classes to minimize transition, effective academic instruction and encouragement of parent involvement as key aspects of successful alternative programs.

The overlap in fundamental components of effective alternative and ED programs is another factor that contributes to the difficulty in distinguishing between students with ED and students who are SM. When looking at the outcomes of students who are ED, the differential definition comes into play once again. Some dispute the idea of excluding those who are SM from special education services (Merrell and Walker, 2004) arguing that the outcome for students who are identified for special education services as ED are so appalling that excluding those who do not receive services only worsens the result. Instead, those authors speak to the importance of improving services to enhance the benefits of such students.

#### **Outcomes for Students with Emotional Disturbance**

The risk of dropping out of school for students with ED is higher than those in other disability categories (Levinson, 2008). It has been argued (Landrum, Tankersley, & Kaufman, 2003) that students with ED historically have poor outcomes in later school and in life, with attendance being one of the greatest obstacles to success. The importance of efficient identification procedures as well as quality interventions

implemented with integrity was additionally recognized as a primary resolution to the problem with the bleak future of students with emotional and behavioral problems.

Wagner et al. (2006) investigated the size of classes and schools, quality of intervention, and delivery of services in support of the need to improve educational and mental health services of students with emotional difficulties to lessen challenges such as poor psychosocial adjustment, poor relationships and poor school performance. They concluded that the following factors can intensify the level of educational risk for students with ED: being in schools that are larger than average, that have more students who receive special education services, and that are outside of the immediate neighborhood.

While the above-mentioned authors made reference to improving programs and services for students with ED in comprehensive settings, Zigmond (2006) investigated students with ED who were in separate public day schools. Although students were in more restrictive placements, which are thought to offer more intense services, the outcomes were consistent with findings of previous research which indicated poor transition into the real world. According to Wagner, Cameto, and Newman's 2003 report, (as cited in Bullock &

Gable, 2006), approximately 58% of students with ED are arrested within three to five years after high school.

Bradley, Doolittle, and Bartolotta (2008) cited several longitudinal studies that reveal dismal outcomes for ED students as well. Their research indicated that over 50% of students with ED who left school were considered drop-outs. Others who left were believed to move out of the area, return to their home school, or transfer to other schools. After graduating from high school, only approximately one fifth of students with ED continued on to postsecondary education (Wagner, Kutash, Duchnoski, Epstein, & Sumi, 2005). These researchers further revealed that once out of school, only about 30% of ED students secured employment.

Research on students with challenging behaviors that impact school and community success often refers to students with E/BD collectively. However, as pointed out throughout this chapter, only students with ED are recognized and serviced under IDEA. Therefore, it is imperative to take a closer look at students recognized as having an educational disability of ED, students who are not recognized as having an educational disability but experience behavior disorders such as CD, and then to compare the two, discussing them in order to make a differential diagnosis.

## **Common Characteristics of Students with Emotional and Behavioral Needs**

Current research indicates a pattern of behaviors that lead students to placement in an alternative setting, which are associated with chronic disruptive behavior, aggression, weapons, illegal substances (Kleiner et al., 2002). These behaviors are often evident in students who are identified as ED as well as students who are merely viewed as demonstrating behavior problems that are purposeful and within their control. As has been argued before, many students who are placed in alternative education centers may in fact best be served under IDEA. Whether or not students are identified for special education, all students typically receive similar interventions once they are placed in an alternative setting (Tobin & Sprague, 2000).

While much of the literature questions the general differentiation between ED and SM students and even speaks to the overlap in behaviors of some ED and SM students, what seems to be of further concern is whether there is a disparity between students who are ED and those who are not ED but are sent to an alternative setting. It would seem that a large number of the behaviors that are exhibited are those that are commonly associated with the traditional views of SM.

Upon close scrutiny of the behaviors that often result in alternative education program placement (Kleiner et al., 2004), they seem to be more aligned with the perception of controlled, goal-directed, consistent, and guilt-free behaviors often described as SM. However, when students with behavior disorders were compared to typical students using the Behavior Problem Checklist (Cullinan, Epstein, & Kauffman, 1984), problems of behavior disordered students came out to be well-matched with the federal definition of ED.

With regard to treatment, there is conflict about whether or not students with behavior disorders or who are SM respond differently to intervention than those who are identified as ED. Specifically, there has been an ongoing belief among professionals that intervention for children with ED are likely to be counterproductive for children with SM (Theodore et al., 2004). However, when considering that each child is different, regardless of disability or disorder classification, it can also be held that there are no ideal interventions for one group versus the other but that individualized plans should be considered for these students.

In their article, Theodore et al. (2004) outlined literature that supports the two groups being treated in different settings. However, that opinion is based on the assumption that there is an unambiguous difference between the

two groups, with ED children showing evidence of internalizing behaviors in addition to their externalizing behaviors and SM children's externalizing behaviors dominating other tendencies. This type of distinction is believed to be lacking in students who are placed at an alternative education program, which lends support to them being more similar than different. For both students who are identified as ED and those who are placed in an alternative education setting without an IDEA classification there is difficulty with the psychological construct of interpersonal relations, as will be discussed in the following section.

#### **Link between Interpersonal Relations and Violence/Aggression**

Poor interpersonal relations (IR) contribute to an increased likelihood of aggression (Bracken, 2006). Although problem behaviors encompass several different types of conduct, much of what has lasting and harmful effects involve aggression to some extent.

Some general cognitive antecedents to aggression and violence are low intelligence, reading problems, and attention problems (including hyperactivity; Loeber & Hay, 1997). In addition, several cognitive factors are more specific to aggression, including social cognitive deficiencies, mental scripts, attitudes favorable to aggression, rejection sensitivity, and inflated self-esteem.

Not only do poor IR contribute to negative outcomes, but the presence of good IR can be viewed as a coping or resiliency factor that prevents future violence and aggression (Seifert, 2009). In other words, children who have and use good IR among other resiliency factors are more likely to survive exposure to a potentially aggressive lifestyle that includes certain risk factors for violence.

One theory of violence (Seifert, 2009) asserts that there are various factors involved in an aggressive personality and that there is no single profile for violence. Violence is described as the interaction between an individual and his or her environment. Factors contributing to the person include physiological, developmental, social, and personality issues, while environment includes physical and social factors. There have been studies that discussed the existence of a violence gene (Begley, Underwood, & Carmichael, 2007; Williams, 1994), however if the environmental triggers are absent, the violence (switch) never gets turned on and put into action. Further, risk factors and resiliency factors play a major role in assessing violence. As stated previously, having more than five risk factors and less than six resiliency factors tends to result in violence. Out of five risk-factors linked empirically with the development of antisocial behavior (Van

Acker, 2007), three of them relate to IR with family, peers, and/or teachers.

Additionally, Coppus (2008) concluded that the literature suggests several key areas that are essential when considering the needs of students at risk for school drop out (which often include students who demonstrate behavior problems consisting of aggression). One of those areas includes relationships with teachers and peers, which is thought to be influential in students' decisions to remain in school. The presence of attentive relationships with adults and positive bonds with prosocial peers are advantageous to students (Osher et al., 2008). Attachment to school or absence of it is associated with positive and negative behavioral outcomes (McNeely & Falci, 2004; McNeely, Nonnemaker, & Blum, 2002), respectively.

In an article that presented alternative education programs as models for innovative change, it was noted that the connection among and between students and their teachers is one of three factors contributing to students' success while enrolled (Raywid, 1994). This practice of cultivating strong teacher-student IR is a substantial distinction from conventional settings. Poor IR are also indicated as a risk factor for future problems with aggression based on the suggestion that universal screening for interpersonal problems

should take place when children initially enroll in school (Tobin & Sprague, 2000).

There are environmental factors and life experiences that are within a person's control that lead to the demonstration of aggressive and/or violent behavior which typically also impact the quality of IR (Seifert, 2009). For example, if a child has good quality IR skills, which include effective communications, healthy connections with others, and trust, there is no need to use aggressive or violent behaviors even if it is in their genetic makeup to do so.

### **Interpersonal Relations in Theory and Research**

As Bracken (2006) indicated, children who have problems with IR are at considerable risk for a great many other psychological and educational disorders. Students who are identified as having behavior problems also have difficulty interacting with others, including their peers. In addition, Rubin (2007) noted that peer relationships are important due to the influence they exert on social development and learning. Students who demonstrate behavior problems are likely to have difficulty excelling academically, as well as socially. Bracken pointed out that aside from being considered the most important predictor of overall social-emotional adjustment in children, adolescents, and adults, IR

also reliably predict adolescent and adult psychosocial adjustment.

In one study that examined students' perceptions of their own IR, Louis (1996) found that adolescents with behavior disorders (behavior disorder is the term used for ED in Louisiana) perceived themselves to have lower quality relationships when compared to students with learning disabilities and non-referred peers. Rubin (2007) also found that fourth and fifth graders' perceived IR were partially associated with aggressive behavior and peer rejection. This may lend some support to the argument that aggressive behaviors are also linked to how students interact with others, and these behaviors often lead to suspension and/or placement in an alternative setting.

Zhang (1992) found that positive changes in IR lead to an increase in academic achievement and that positive IR lead to positive change in self-esteem and locus of control, as well as mental and physical health. These factors are likely to lessen the chances of a student experiencing behavior problems. Marte (2005) hypothesized that anger control and locus of control impact interpersonal factors, which in turn would impact the risk of problem behaviors. Similarly, Rubin, Hymel, Mills, and Rose-Krasnor (1991) presented a model that suggested that peer rejection is associated with an increased

risk for externalizing difficulties such as aggressive and oppositional behavior.

Rubin (2007) hypothesized that peer rejection is a result of the combination of a difficult temperament and the development of hostile and avoidant attachment relationships. These hostile and aggressive behaviors toward peers tend to increase with age. Conversely, friendships that are comprised of mutual attachment provide the basis for positive interpersonal relationships, which is supported by the findings of various studies (Bukowski, Hoza, & Boivin, 1993; Furman & Buhrmester, 1986; Sullivan, as cited in Nangle, Erdley, Newman, Mason, & Carpenter, 2003).

According to research findings (Murray-Harvey & Slee, 2007), when students perceive relationships with family, peers, and teachers as supportive, they are less likely to report somatic symptoms, feeling apathetic, depressed, or aggressive. On the contrary, when they see relationships as stressful, students report higher levels of these negative symptoms, feelings, and behaviors. Furthermore, fewer reports of victimization and bullying are associated with students' perception of relationships with family, peers, and teachers as supportive, while victimization and bullying are linked with stressful relationships

Parent-adolescent relationships continue to be significant throughout the teenage years although there is typically a diminished reliance on parents as the focus shifts to peers at this time (Santrock, 2003). Interestingly, for adolescents, peer selection and peer group influence may be considerably impacted by relationships with parents (Crawford, 2007).

The inter-relationship of social/emotional and academic outcomes most accurately characterizes the quality of a student's experience of school (Murray-Harvey & Slee, 2007). Those outcomes are significantly impacted by the value of relationships among students with peers and families as well as with teachers, who are thought to drastically impact the overall wellbeing of students. Teachers are considered essential sources of support for students, which lead students to also perceive teachers as causes of stress when that support is absent

### **Interpersonal Relations vs. Perceived Interpersonal Relations**

According to Bracken (2006) the definition of IR which relies on IDEA legislation, is "the unique and relatively stable behavioral pattern that exists or develops between two or more people as a result of individual and extra-individual influences" (p. 2). This definition calls attention to the interactive feature of relationships, integrates the

environmental influences on perceptions and relations, and identifies the discrepancies in interactions among individuals or groups of individuals who share common characteristics such as gender and/or age group.

Bracken (2006) highlighted additional aspects that play a role in relationships, which include (a) ease or difficulty of communication; (b) feelings and affective interactions; (c) feelings of acceptance or rejection; (d) sharing of values, knowledge, and opinions; (e) the absence or presence of conflict; (f) mutual or directional identification; and (g) the existence or absence of trust.

Although IR are capable of being defined with ease, the way in which individuals perceive IR can vary based on several factors. For example, different people view their social settings in unique ways. Depending on early experiences with others and intimacy, the way in which IR are perceived can vary greatly. Similarly, the level of comfort one has with relating with others can impact one's perception of IR. While one person perceives interacting with others as a comfort, another might view it as a stressor.

### **Clinical Assessment of Interpersonal Relations**

The Clinical Assessment of Interpersonal Relations (CAIR) assesses relationships with specific individuals in its five scales: Mother, Father, Male Peers, Female Peers, and

Teachers. The CAIR theoretical model of IR is defined by relationship characteristics such as companionship, emotional support, guidance, emotional comfort, reliance, trust, understanding, conflict, identification, respect, empathy, intimacy, affect, acceptance, and shared values.

Total test reliability estimates for the CAIR are above .90 and indicate examinee item responses are likely to be consistent within scales. Test-retest reliability of the CAIR is cited as being researched in a study over a two week period. The TRI stability coefficient was well over .90 at .98 and the coefficients for each of the five scales was over the .90 criterion as well. Validity of the CAIR was explored through contrasted group studies, discriminant analyses, and construct validation.

### **Summary**

The purpose of this chapter was to review the literature relevant to students in an alternative center. Specifically, an overview of aggression and violence in youth was presented as an introduction to school aggression and violence across the nation. Schools' response to such behaviors was explored from both a disciplinary and special education perspective. Furthermore, the differentiation of students with special education needs and students who are considered ineligible for special education services was discussed. Namely,

characteristics, programs, and outcomes of the two groups were presented and compared. This chapter also considered the link between aggression and IR as well as the distinction between PIR and IR. Lastly, assessment of IR was explored through a brief, introductory description of the CAIR.

In sum, IR seem to play a major role in the manifestation of aggressive behaviors, which often leads to alternative education placement and/or ED diagnosis. Gaining an understanding of an overview of aggression in youth, particularly in the school setting is essential in moving forward with effective assessment practices. Additionally, taking a closer look at the differential diagnosis of ED and SM as well as similarities and the distinction between and among students in alternative centers and general education settings, is a vital step toward effectively and boundlessly meeting the needs of such students in educational settings.

## CHAPTER III

### **METHOD**

This study investigated the perceived quality of interpersonal relations of students in an alternative center by using archival data from a questionnaire that had already been completed by the sample. Specifically, this researcher intended to determine if there was a difference between the perceived interpersonal relations (PIR) of students in an alternative school setting and that of typical students, as identified in the Clinical Assessment of Interpersonal Relations (CAIR) manual standardization sample. Subgroups of the sample were also compared with each other. This chapter provides a description of the sample, the design, the procedures, and the data analyses that were used in this study.

#### **Sample**

The original sample of participants consisted of 232 students in Grades 9-12, ranging in age from 14 through 19. Participants included 144 male and 88 female students. Specific demographic data including age, sex, socioeconomic status, ethnicity, and educational classifications were collected. Each student form was assigned a code in order to ensure confidentiality. The sample is comprised of students of varied socioeconomic statuses and cultural diversity.

Specifically, 52% are considered to be from families in poverty based on qualifying for free and reduced lunch. With regard to cultural diversity, 1% are identified as American Indian, 2% Asian/Pacific Islander, 39% African American, 53% Caucasian, 2% Hispanic, 1% Multiracial, and approximately 2% unknown.

The participants for this study are students who underwent an intake process in an alternative high school. This school has approximately 15 feeder schools (i.e., schools in the area that can suspend/send their students to this particular alternative center) in the central, northeast, and southeast areas of a suburban school district located on the east side of the county of Baltimore, Maryland. Participants will include both students with and without Individualized Education Programs (IEPs).

### **Design**

In this study, a static group comparison pre-experimental design was used to determine if there are any differences between the perceived quality of interpersonal relations of students in an alternative center and those of typical students, as identified by the standardization sample referred to in the manual of the CAIR. Additionally, several other secondary variables were examined through this data collection process. This included examining differences in subgroups

consisting of male students, female students, students with IEPs, and students without IEPs. Within the group of students who have IEPs, student data was categorized and coded according to the following educational classifications: specific learning disability (SLD), other health impairment (OHI), and emotional disturbance (ED). The relationship between questionnaire responses and variables taken into account is illustrated in Figure 2.

### **Measurement**

The main dependent variable in this study is the perceived quality of IR, as measured by student ratings on the Clinical Assessment of Interpersonal Relations (CAIR; Bracken, 2006). Additional dependent variables included specific areas of perceived quality of interpersonal relations. The CAIR was formerly called the Assessment of Interpersonal Relations (1993) and in 2006 was renamed and published by Psychological Assessment Resources, Inc.

The CAIR, which is founded on a multidimensional, context-dependent model of psychosocial adjustment, uses six dimensions (Social, Competence, Affect, Academic, Family, Physical) and three contexts (Social, Academic, and Family), that have been cited by educational and psychological literature to assess IR. The CAIR measures these more

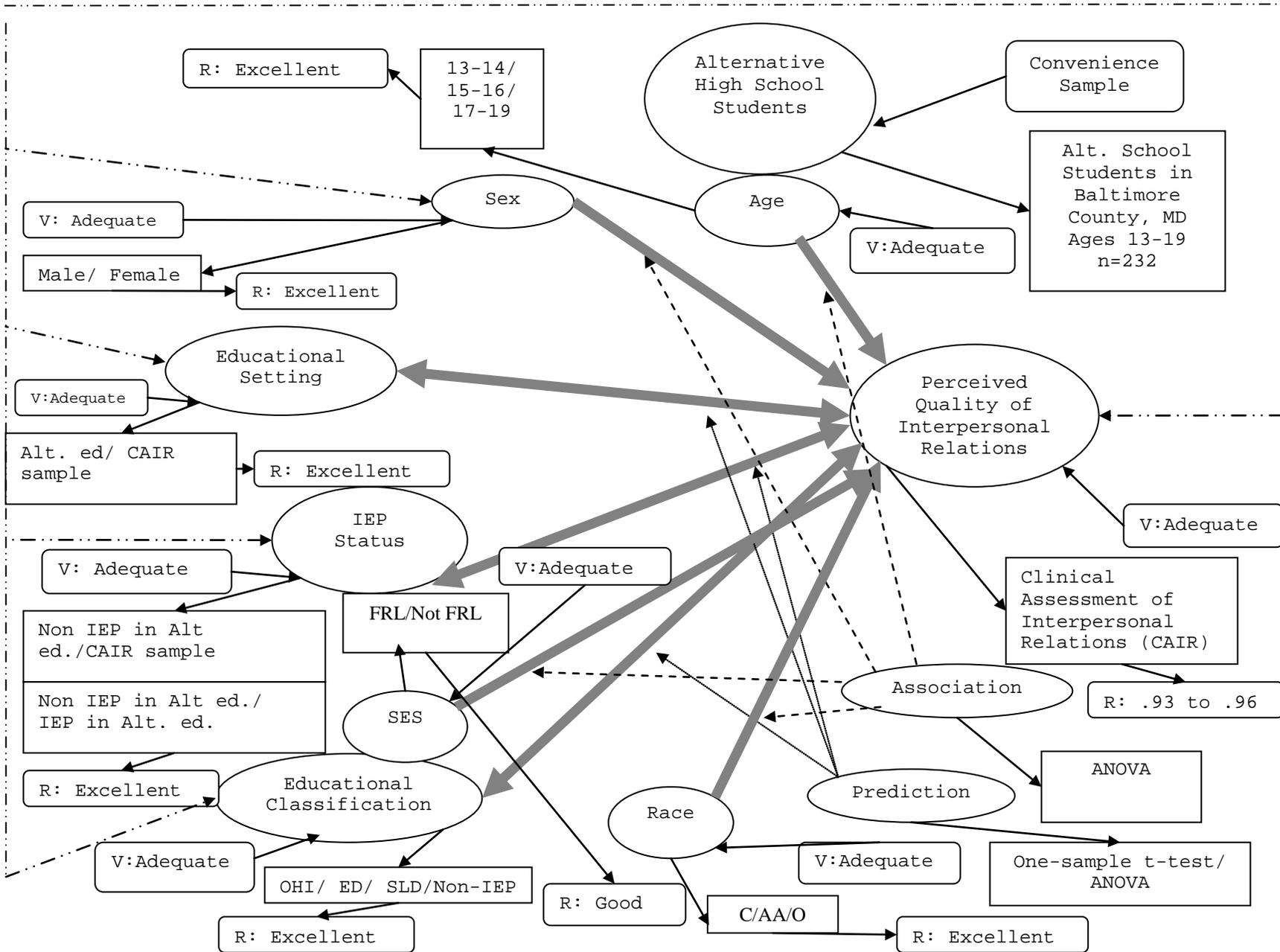


Figure 2. Research path diagram of the alternative school sample. SES = Socioeconomic status. FRL = Free and reduced lunch. IEP = Individualized Education Program. OHI = Other Health Impairment; ED = Emotional Disturbance; SLD = Specific Learning Disability. C = Caucasian; AA = African American; O = Other. R= Reliability. V= Validity. Reliability coefficients: .80 or higher = good; .90 or higher = excellent. ANOVA = Analysis of variance.

specific areas via the principal relationship types in its five scales, including perceived interactions with: Mother, Father, Male Peers, Female Peers, and Teachers. The assumption of the model of IR used by the CAIR is that there are no less than 15 recognized personality traits that contribute to the quality of relationships within each of the five distinct relationships, in addition to those five scales (Bracken, 2006). In addition, the CAIR offers a Total Relationship Index (TRI).

The CAIR provides information about how students rate their self-perceptions of IR. A 4-point Likert scale with the ratings of strongly agree, agree, disagree, and strongly disagree is used to determine how students feel about the quality of identified relationships (i.e., relationships with mother, father, male peers, female peers, and teachers). The 15 relationship qualities used as a basis for the CAIR items include: companionship, emotional support, guidance, emotional comfort, reliance, trust, understanding, conflict, identification, respect, empathy, intimacy, affect, acceptance, and shared values. The same 35 questions are contained on each of the five scales.

The CAIR was normed on a national sample of 2,501 students, both male and female, in grades five through 12 from various geographic regions, racial groups, and family

backgrounds. Students ranged in age from nine to 19 years old. Bracken (2006) speaks to the reliability of the CAIR in terms of the five scales, which can be utilized separately or as a group as a diagnostic indicator. The intention is for each scale to evidence reliability at a .80 criterion level and for the Total Relationship Index (TRI) score to reveal reliability at the .90 or higher level since it is expected to be used as a contributor to decision-making.

Total test reliability estimates range from .93 to .96. Additionally, each of the individual scales demonstrates internal consistency estimates well above .90, regardless of the student's age or sex. Test-retest reliability was researched and found to be between .94 and .97 for the five scales.

The independent variables in this study are sex (male and female students), IEP status (students with IEPs and students without IEPs), educational classification (students with SLD, students with OHI, and students with ED), and educational setting (typical students from the CAIR standardization sample and students in an alternative education setting). The differences in the perceived interpersonal relations between these groups, as rated on the CAIR, were examined. See Table 1.

Table 1

*Research Questions, Latent Variable, Observed Variable, Instrument/Source, Validity and Reliability*

Research Questions	Latent Variable	Observed Variables	Instrument/Source	Validity	Reliability
1. Is the PIR of students in an AC different than typical students?	PIR	TRI Score	CAIR	Adequate	Excellent
2. Is the PIR of non-IEP students in an AC different than typical students?	PIR	TRI Score	CAIR	Adequate	Excellent
3. Are students with IEPs in an AC different than typical students in their PIR?	PIR	TRI Score	CAIR	Adequate	Excellent
4. Is the PIR of IEP students in an AC different than non-IEP students in an AC?	PIR	TRI Score	CAIR	Adequate	Excellent
5. Are there differences in PIR based on identified educational classification (Learning Disability, Other Health Impairment, Emotional Disturbance) in an AC when compared to non-IEP students in an alternative setting?	PIR	TRI Score	CAIR	Adequate	Excellent
6. Are there differences in PIR with mother, father, male peers, female peers, and teachers of all students in an AC, IEP students in an AC, and non-IEP students in an AC when compared to students in a typical setting?	PIR	Subscale Scores	CAIR	Adequate	Excellent
7. Are there differences in PIR of students within an AC based on demographic variables (sex, age, SES, race, IEP status, educational classification)?	PIR	TRI Scores	CAIR and Variable	Adequate	Excellent

*Note.* PIR= Perceived Quality of Interpersonal Relations; AC= Alternative Center; TRI= Total Relationship Index; Excellent = .90 or higher.

## Procedure

Permission to use student data for this study was secured from the Baltimore County Public School System's Department of Research, Accountability, and Assessment. A formal research request was completed and submitted to the supervisor of this department. An approval letter was provided for this researcher, which included further requirements for full approval. The school system required that this researcher provide a copy of the approval from the Institutional Review Board, the dissertation (upon completion), and written permission from the principal of the school in question.

No direct research methods were applied to participants in this study. The primary research method employed was examination of archival data. As a part of the intake process for the students at the proposed alternative school, students were administered the CAIR upon enrollment throughout the 2008-2009 school year. The data were collected by a school staff member and shared with this researcher with no identifying information included. All students enrolled in the high school program completed this questionnaire upon intake, thus allowing for the collection of the archival data. Each CAIR form was assigned an identification number to allow for accurate coding of demographic information such as student sex, age, grade, special education eligibility, educational

classification, race, and home school. Any forms that were found to be invalid (e.g., incomplete, significant number of items skipped, students circle the same answer for each question, etc.) were excluded from analysis.

### **Data Analyses**

The Statistical Package for the Social Sciences (SPSS) software was used to analyze differences between the perceived interpersonal relations of alternative center students and students in the norm group of the CAIR standardization sample, differences between students with IEPs under the disability categories of LD, OHI, and ED, differences between relationships with mother, father, male peers, female peers, and teachers, and interactions between sex, age, SES, and race.

A one sample t-test was used to test the statistical significance of the difference between the means of the total relationship index as well as various subtest scores measuring perceived quality of IR of students in an alternative education center and the given mean of subtest scores of students who represent a normative sample of typical students as identified in the CAIR manual standardization sample (research question one). Questions one, two, and three are similar in that the sample was tested against a mean that was extracted from the data of the normative sample of the CAIR.

Question two, which compared non-IEP students in an alternative center to students who represent a normative sample of typical students was analyzed using a one sample t-test. Question three, which explored the differences between students with special education diagnoses in an alternative education center and typical students was analyzed using a one sample t-test as well.

A univariate analysis of variance (ANOVA) was used to determine if there are differences in CAIR scores between IEP and non-IEP students in an alternative education center (research question four). Specifically, this question explored the differences between the perceived quality of interpersonal relations of students in an alternative center who do and do not receive special education services.

An ANOVA was used to determine if there are differences between perceived quality of interpersonal relations of the three groups of educational classifications and non-IEP students (research question five). These groups included students with diagnoses of SLD, OHI, and ED as well as non-IEP students and compared their ratings on the CAIR. An ANOVA was also used to determine if there are differences in PIR with mother, father, male peers, female peers, and teachers of all students in an AC, IEP students in an AC, and non-IEP students

in an AC when compared to students in a typical setting (research question 6).

Finally, an ANOVA was used to examine differences in PIR of students within an alternative center based on demographic variables (sex, age, SES, race, IEP status, educational classification). As shown in Table 2, the analyses described above are summarized and include assumptions as well.

### **Summary**

In this chapter, a description of the design and methodology for this study was presented, which included the procedures for obtaining the data, instrumentation, and statistical methods for data analysis. This study examined the perceptions of 232 students from grades 9-12 in an alternative school regarding interpersonal relations with their mother, father, female peers, male peers, and teachers. The different groups of students in the alternative school students are considered the independent variables and the perceived quality of their IR is the dependent variable. One way t-tests and ANOVA were used to analyze the various means and scores of the CAIR. The analysis of the data, as well as an interpretation and discussion of findings will be reported and discussed in the next chapter. Chapter 5 will present a discussion of the implications of this research.

Table 2

*Research Questions, Hypotheses, Variables, Data Analyses, and Assumptions*

Research Questions	Hypotheses	Variables	Statistic	Assumptions	Assumptions Appropriateness
1. Is the PIR of students in an AC different than typical students?	It is hypothesized that students in an AC will display significantly poorer PIR than typical students.	PIR	One-sample t-test	Normal distribution of TRI scores	Visual inspection
2. Is the PIR of non-IEP students in an AC different than typical students?	It is hypothesized that students in an AC who do not have IEPs will display significantly poorer PIR than typical students.	PIR and IEP status	One-sample t-test	Normal distribution of TRI scores	Visual inspection
3. Are students with IEPs in an AC different than typical students in their PIR?	It is hypothesized that students who have IEPs in an AC will display significantly poorer PIR than typical students.	PIR and IEP status	One-sample t-test	Normal distribution of TRI scores	Visual inspection
4. Is the PIR of IEP students in an AC different than non-IEP students in an AC?	It is hypothesized that there will be no difference between the PIR of students in an AC who have IEPs and those who do not have IEPs in an AC.	PIR and IEP status	ANOVA	Normal distribution of TRI scores	Visual inspection
5. Are there differences in PIR based on identified educational classification (Learning Disability, Other Health Impairment, Emotional Disturbance) in an AC when compared to non-IEP students in an alternative setting?	It is hypothesized that students in an AC who have IEPs for emotional disturbance will display poorer PIR than students in an AC who have IEPs for learning disability and other health impairment and students who do not have IEPs.	PIR and educational classification	ANOVA	Normal distribution of TRI scores	Visual inspection

Table 2 continued

*Research Questions, Hypotheses, Variables, Data Analyses, and Assumptions*

Research Questions	Hypotheses	Variables	Statistic	Assumptions	Assumptions Appropriateness
6. Are there differences in PIR with mother, father, male peers, female peers, and teachers of all students in an AC, IEP students in an AC, and non-IEP students in an AC when compared to students in a typical setting?	No hypothesis is offered at this time because there is no extensive research on these issues.	PIR and Subscales	T-tests	Normal distribution of subscale scores	Visual inspection
7. Are there differences in PIR of students within an AC based on demographic variables (sex, age, SES, race, IEP status, educational classification)?	No hypothesis is offered at this time because there is no extensive research on these issues.	PIR and demographic variables	ANOVA	Normal distribution of subscale scores	Visual inspection

*Note.* PIR= Perceived Quality of Interpersonal Relations; AC= Alternative Center; TRI= Total Relationship Index

## CHAPTER IV

### RESULTS

The fundamental purpose of this study was to determine if there is a difference between perceived quality of interpersonal relations (PIR) of students in an alternative school setting and typical students, represented by the Clinical Assessment of Interpersonal Relations (CAIR) Manual standardization sample. Findings suggest that in general, students in an alternative center have poorer PIR than typical students.

#### **Complications in Data Collection and Analysis**

The sample was taken from a population of 232 students in an alternative center in grades 9 through 12, ranging in age from 13 through 19. However, there were forms that were considered invalid due to more than five omitted items on the CAIR subscales, missing subscales, and missing demographic information. Consequently, of the 232 forms originally examined, only 139 had sufficient information to be included in this study. See Table 3.

Table 3  
*Sample Size for Demographic Variables*

Age		NonIEP						ED						LD						OHI						Total						
		FRL			Not FRL			FRL			Not FRL			FRL			Not FRL			FRL			Not FRL									
		C	AA	O	C	AA	O	C	AA	O	C	AA	O	C	AA	O	C	AA	O	C	AA	O	C	AA	O							
Sex	Male	13-14	4	5	1	4	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	19
		15-16	6	7	2	16	7	2	3	3	0	0	1	0	0	2	0	2	0	0	2	0	0	2	0	2	0	0	2	0	0	55
		17-19	1	2	1	3	3	0	0	1	0	1	0	0	0	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	16
		Total	11	14	4	23	11	2	3	4	0	2	1	0	1	4	0	3	1	0	3	0	0	3	0	3	0	0	3	0	0	90
	Female	13-14	2	2	0	5	0	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
		15-16	7	6	0	9	3	2	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	28
	17-19	0	1	0	2	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	
	Total	9	9	0	16	4	2	0	0	0	0	0	0	0	2	3	0	1	0	0	0	0	0	0	0	0	0	0	0	0	46	

*Note.* FRL= Free and Reduced Lunch; ED= Emotional Disturbance; LD= Learning Disability; OHI= Other Health Impairment; C= Caucasian; AA= African American; O= Other. Total number of cases in some categories may differ from those reported in Table 4 because cases with missing values for one or more variables were omitted from the analysis. See text for further explanation.

There were also forms in which items were completed, age was indicated, and sex was indicated but other demographic variables were missing. Although considered valid for overall scoring to calculate the Total Relationship Index (TRI) score, numbers were lower when analyzed according to specific variables such as SES, IEP status, and race, thus the discrepancy in total values in Table 3 versus Table 4. SES was defined according to whether or not students received free and reduced lunch. Those who received free and reduced lunch were considered to be in poverty. IEP status refers to whether or not students had an IEP and if so, what disability code they carried.

The final sample included 92 (66.2%) males and 47 (33.8%) females. Although there were originally six different ethnic groups stipulated students were ultimately grouped into three categories for the final analyses due to the small numbers represented in each group outside of Caucasian and African American. For example, the racial groupings of Native American, Asian, Hispanic, and Multiracial or Other were comprised of only 10 students in total. Therefore, when analyzed, the race variable was divided as follows: Caucasian (56.3%), African American (37.8%), and Other (6%). Included

Table 4

*Total Values for Demographic Variables*

Variables	Frequency	Percent
Sex		
Male	92	66.2%
Female	47	33.8%
Total	139	100.0%
Age Group		
13-14	31	22.3%
15-16	87	62.6%
17-19	21	15.1%
Total	139	100.0%
Socioeconomic Status		
Regular Lunch	68	50.0%
Free/Reduced Lunch	68	50.0%
Total	136	100.0%
Disability Status		
No IEP	106	77.9%
LD	15	11.0%
ED	10	7.4%
OHI	5	3.7%
Total	136	100.0%
Race		
African American	51	37.8%
Caucasian	76	56.3%
Multiracial/Other	8	6%
Total	135	100.0%

*Note.* Total number of cases in some categories may differ from those reported in Table 3 because cases with missing values for one or more variables were omitted from the analysis. See text for further explanation.

in the 'Other' category were multiracial students, American Indian, Asian/Pacific Islander, and Hispanic.

There were 30 (22.1%) students who received IEP services and 106 (77.9%) students who did not. Socioeconomic status was determined by the participants' status of free and reduced lunch. Sixty-eight (50%) students received free and reduced lunch and were considered to be in poverty. Sixty-eight (50%) students did not qualify for free and reduced lunch.

### **Computer Programs**

The Statistical Package for the Social Sciences 17.0 (SPSS 17.0) was used to analyze data for this study.

### **Significance Level**

The initial plan for statistical significance level for research questions was .05. However, due to the number of analyses conducted, a Bonferroni analysis was used to minimize the chance of spurious significance levels, yielding an overall significance level of .003 (T. Nuttle, personal communication, October 11, 2010; Salkind, 2008). Specifically, the p-value of .05 was divided by the total number of tests (18), which resulted in the new level of .003.

### **Analysis**

#### **Research Question 1**

The first research question addressed PIR of students in an alternative center in comparison to students who represent a normative sample of typical students (as identified in the CAIR manual standardization sample) through the TRI score of

the CAIR. It was hypothesized that students in an alternative education center would display poorer PIR than students in a normative sample.

A visual review of the TRI raw scores indicated a normal distribution. In order to answer research questions one through three, weighted averages were used so that the norm population would match the study sample when comparing means. Specifically, the scores in the CAIR manual were only available by age group and sex, therefore each age group as well as sex was weighted accordingly.

Table 5 presents the mean TRI raw scores for the alternative education sample as compared with the norm group. Using a one-sampled t-test (see Appendix A), the mean difference between scores was significantly greater than zero at an alpha level of .05. Based on TRI raw scores, students in an alternative center have significantly poorer PIR than the norm population ( $t = -6.361$ ,  $p < .001$ ,  $ES = .53$   $df = 138$ ) based on the Bonferroni corrected level of .003.

Table 5

*Means and Standard Deviations (SD) for TRI Scores of Students in an Alternative Center in Comparison to Norm Group*

Descriptive Statistics				
Group	n	Mean	SD	Range
Alternative	139	484	58	308-637
Norm group	1534	515	--	175-700

**Research Question 2**

The second research question addressed the PIR of non-IEP students in an alternative center in comparison to students who represent a normative sample of typical students as identified in the CAIR manual standardization sample. It was hypothesized that students in an alternative education center who do not have IEPs would display poorer PIR than students in a normative sample.

Table 6 presents the mean TRI raw scores for non-IEP students in the alternative education sample as compared with the norm group. Using a one-sample t-test (see Appendix B), the mean difference between scores was significantly greater than zero at an alpha level of .05. Based on TRI raw scores, non-IEP students in an alternative center have poorer PIR than the norm population ( $t = -5.333$ ,  $p < .001$ ,  $ES = .53$ ,  $df = 105$ ) based on the Bonferroni corrected level of .003.

Table 6

*Means and Standard Deviations (SD) for TRI Scores of Non-IEP Students in an Alternative Center in Comparison to Norm Group*

Descriptive Statistics				
Group	n	Mean	SD	Range
Alternative	106	485	58	346-637
Norm group	1534	515	--	175-700

### **Research Question 3**

The third research question addressed PIR of students with IEPs in an alternative center in comparison to those of students who represent a normative sample of typical students as identified in the CAIR manual standardization sample. It was hypothesized that students who have IEPs in an alternative center would display poorer PIR than students in a normative sample.

Table 7 presents the mean TRI raw scores for IEP students in the alternative education sample as compared with the norm group. Using a one-sample t-test (see Appendix C), the mean difference between scores ( $M = 35.74$ ) was significantly greater than zero, ( $t = -3.211$ ,  $p = .003$ ,  $ES = .57$ ,  $df = 29$ ). Using the Bonferroni alpha level (.003), the null hypothesis is rejected indicating that there is a significant difference in PIR between students who have IEPs in an alternative center and students in a typical setting.

Table 7

*Means and Standard Deviations (SD) for TRI Scores of IEP Students in an Alternative Center in Comparison to Norm Group*

Descriptive Statistics				
Group	n	Mean	SD	Range
Alternative	30	479	61	308-572
Norm group	1534	514	--	175-700

**Research Question 4**

The fourth research question addressed the PIR of students with IEPs in an alternative center in comparison to students without IEPs in an alternative center. It was hypothesized that there would be no difference between the PIR of students in an alternative center who have IEPs and those who do not have IEPs in an alternative center.

Table 8 presents mean TRI raw scores of students with IEPs in the alternative education sample in comparison to students without IEPs in the alternative education sample. Using a univariate analysis of variance (ANOVA), there was no significant difference between TRI raw scores of students with IEPs in an alternative center and non-IEP students in an alternative center ( $F = .70, p = .403, ES = .10, df = 1$ ).

Table 8

*Analysis of Variance (3-factor Main Effects Model) of Students with IEPs and without IEPs in an Alternative Center (controlling for age and sex)*

Descriptive Statistics								
Age	n	M	IEP SD	Range	n	M	No IEP SD	Range
13-14	7	486	72	399-572	24	468	70	346-637
15-16	16	465	62	308-562	68	482	50	371-576
17-19	7	502	44	452-567	14	533	48	435-597
Males	24	472	59	308-567	66	486	58	346-637
Females	6	505	69	399-572	40	485	58	357-586
Total	30	479	61	308-572	106	485	58	346-637

Analysis of Variance

Source	Df	Mean Square	F	n <sup>2</sup>	P
IEP Status	1	2243.53	0.70	.005	.403
Sex	1	1684.82	0.53	.004	.468
Age Group	2	20514.69	6.44	.089	.002
Error	131	3187.11			

n<sup>2</sup> – eta-squared is the effect size

Analyses took age and sex into consideration, however they were used as covariates to account for variability because the scores in the CAIR manual were only available by age group and sex. Therefore each age group as well as sex was weighted accordingly. Power analysis was conducted to further assess certainty of nonsignificance. The observed power was .132,

which indicates very little chance of finding a significant difference. The observed power is likely to be due to the small sample size.

#### **Research Question 5**

The fifth research question addressed differences in PIR based on identified IEP educational classification (Learning Disability, Other Health Impairment, Emotional Disturbance) in an alternative setting when compared to non-IEP students in an alternative setting.

It was hypothesized that students in an alternative center who have IEPs for emotional disturbance would display poorer PIR than students in an alternative center who have IEPs for learning disability and other health impairment and students who do not have IEPs at all.

Table 9 presents the mean TRI raw scores of students who receive IEP services for learning disability, emotional disturbance, and other health impairment in the alternative education sample in comparison to each other and in comparison to students without IEPs. Using a univariate ANOVA, there was no significant difference between the TRI raw scores of students with three educational classifications (ED, OHI, LD) and students with no IEP in an alternative center ( $F = 2.64$ ,  $p = .052$ ,  $df = 3$ ). The groups were not different from the non-IEP group or from each other.

Table 9

*Analysis of Variance (3-Factor Main Effects Model) of Students based on IDEA Educational Classification in an Alternative Center (controlling for sex and age)*

	Descriptive Statistics															
	No IEP				LD				ED				OHI			
	n	M	SD	Range	n	M	SD	Range	n	M	SD	Range	n	M	SD	Range
13-14	24	468	70	346-637	5	493	74	399-572	1	403	--	--	1	533	--	--
15-16	68	482	50	371-576	5	428	79	308-518	7	459 <sub>α</sub>	33	412-488	4	525	42	478-562
17-19	14	533	48	435-597	5	500	52	452-567	2	506	21	491-521	0	--	--	--
Male	66	486	58	346-637	9	453	71	308-567	10	463	40	403-521	5	526	37	478-562
Female	40	485	58	357-586	6	505	69	399-572	0	--	--	--	0	--	--	--
Total	106	485	58	346-637	15	474	72	308-572	10	463	40	403-521	5	526	37	478-562

Analysis of Variance

Source	Df	Mean Square	F	$\eta^2$	P
Ed. Class.	3	8086.17	2.64	.058	.052
Sex	1	2894.04	0.94	.007	.333
Age	2	24183.58	7.89	.109	.001
Error	129	3065.86			

$\eta^2$  – eta-squared is the effect size

Analyses took age and sex into consideration, however they were used as covariates to account for variability because the scores in the CAIR manual were only available by age group and sex. Therefore each age group as well as sex was weighted accordingly.

### **Research Question 6**

Additional aspects of the data were analyzed, which considered the specific CAIR subscale scores for research questions 1 through 3 as indicated in table 10. Contrary to the overall score (TRI) as analyzed in research question 1 which indicates that all students in an alternative center have poorer PIR when compared to typical students, results of one-sample t-tests for each CAIR subscale indicate that students in an alternative center have poorer PIR with their mother, father, and female peers, but not male peers and teachers when compared to typical students using the Bonferroni adjusted alpha level of .003.

When considering the subscale scores for the second research question which compared non-IEP students in an alternative center to typical students, there was some variability in significance there as well. Although a comparison of TRI raw score means revealed that non-IEP students in an alternative center have poorer PIR than the norm population, a series of one-sample t-tests run on each

subscale indicated significant differences between non-IEP alternative center students and students from the norm sample of the CAIR when considering relationships with mother, father, and female peers, but not with male peers and teachers using the Bonferroni adjusted alpha level of .003.

Specifically, as illustrated in table 10, a one-sample t-test demonstrated that the mean difference between scores on the Male Peers subscale was not significantly greater than zero,  $t = 1.368$ , at an alpha level of .05. Based on Male Peer subscale raw scores, students without IEPs in an alternative center do not demonstrate differences in their perceived interactions with male peers when compared to the norm population ( $p = .174$ ,  $df = 105$ ). Using the Bonferroni, there was no significant difference in PIR with teachers of students in an alternative center when compared to typical students. When consideration was given to CAIR subscales on research question 3 which compared students with IEPs in an alternative center to typical students, based on the Bonferroni .003 alpha level, one-sample t-tests revealed that there were no significant differences between students with IEPs and typical students in terms of PIR with mother, father, male peers, female peers, and teachers (see table 10). Therefore, although alternative center students with IEPs appear to have poorer PIR in general in comparison to typical students, using

the more conservative Bonferroni alpha level of .003, there were no significant differences in PIR of students with IEPs with any of the disaggregated subgroups in an alternative center according to subscale analysis.

### **Research Question 7**

Additional analyses were also conducted to consider differences in PIR based on demographic variables. Specifically analyses were conducted to consider the effects of each demographic variable, as well as the interaction effects of the demographic variable (sex, age, SES, race, IEP status, and educational classification) on the TRI/PIR. ANOVA was used to examine two-way interactions and main effects of the demographic variables. However, for some of the groups, (e.g., females who are ED, females who are OHI) the sample was too small (less than 1 person) to draw conclusions in terms of interaction effects.

There were no differences in PIR of students in an alternative center based on demographic variables. Interactions between demographic variables did not reveal significant effects, with the exception of the combination of age group and SES. Specifically, students within the 13-14 year age group who received free and reduced lunch (in poverty) attained higher scores, or demonstrated better PIR, than those in that age group who do not receive free and

reduced lunch. As demonstrated by table 11, a comparison of age group and SES demonstrated a significant interaction at an alpha level of .05 ( $p = .034$ ,  $df = 2$ ).

Table 10

*Results of t-test Comparing Scores of Subscales of Students in an Alternative Center and the CAIR Norm Sample*

	Mother PIR				Father PIR				t-tests Male Peers PIR				Female Peers PIR				Teacher Peer PIR			
	n	M	SD	Range	n	M	SD	Range	n	M	SD	Range	n	M	SD	Range	n	M	SD	Range
CAIR	1534	108	--	175-700	1534	104	--	175-700	1534	106	--	175-700	1534	108	--	175-700	1534	86	--	175-700
IEP	30	102	18	55-127	30	99	19	61-130	30	99	16	69-137	30	102	14	69-125	30	80	18	44-115
	t= -1.904, p= .067				t= -1.575, p= .126				t= -2.399, p= .023*				t= 2.437, p= .021*				t= 1.871, p= .071			
No IEP	106	101	21	36-138	106	95	22	40-138	106	104	18	55-140	106	103	17	50-139	106	83	18	42-123
	t= -3.759, p= <.001**				t= -3.911, p= <.001**				t= -1.368, p= .174				t= -3.793, p= <.001**				t= -2.344, p= .021*			
All AC	139	101	20	36-138	139	96	21	40-138	139	103	17	55-140	139	103	16	50-139	139	82	18	43-123
	t= -4.375, p= <.001**				t= -4.161, p= <.001**				t= -2.334, p= .021*				t= -4.509, p= <.001**				t= -2.911, p= .004*			

*Note.* PIR= Perceived Quality of Interpersonal Relations; CAIR = Clinical Assessment of Interpersonal Relations Standardization Sample; IEP = Students with Individualized Education Programs; AC = Alternative Center students

\*alpha = .05

\*\*new alpha/Bonferroni corrected level= .003

Table 11

*Analysis of Variance (2-way) of Interactions between Demographic Variables*

Descriptive Statistics				
	n	Mean	SD	Range
Sex				
Male	92	481	58	308-637
Female	47	487	59	357-586
Age Group				
13-14	31	472	70	346-637
15-16	87	479	52	308-576
17-19	21	523	48	435-597
SES				
Free	68	492	56	372-637
Not Free	68	475	60	308-586
Ed. Class.				
No IEP	106	485	58	346-637
LD	15	474	72	308-572
ED	10	463	40	403-521
OHI	5	526	37	478-562
Race				
Afr. Am.	51	485	58	346-597
Caucasian	76	480	59	308-637
Other	8	506	53	443-595
Total	139	484	58	308-637

### Analysis of Variance

Source	Df	Mean Square	F	$\eta^2$	P
Sex	1	1113.76	.36	.004	.548
Age Group	2	8270.62	2.70	.051	.072
SES	1	283.67	.09	.001	.761
Ed. Class.	3	3721.93	1.22	.035	.307
Race	2	757.23	.25	.005	.781
Age * Race	4	2115.79	.69	.027	.599
Age * SES	2	10664.63	3.49	.065	.034*
Age * Sex	2	1248.99	.41	.008	.666
Age * Ed.C	5	3254.26	.21	.010	.956
Race * SES	2	4174.78	1.37	.026	.260
Race * Sex	2	2629.70	.86	.017	.426
Race * Ed.C	2	371.87	.12	.002	.886
Ed.C. * Sex	1	7597.95	2.48	.024	.118
Ed.C. * SES	3	496.18	.16	.005	.922
SES * Sex	1	4971.51	1.62	.016	.205
Error	101	3058.17			

$\eta^2$  – eta-squared is the effect size

\*alpha = .05

### Summary

Results of data analyses revealed significant differences between the overall PIR of students in an alternative center when compared to typical students using the .003 Bonferroni corrected level. Specifically, students in an alternative center demonstrated poorer overall PIR than students in a typical setting regardless of IEP status, educational classification, and demographic variables. Further, when comparisons were made within the sample group, looking at only the students in the alternative center, there were no significant differences in overall PIR based on IEP status and classification.

Additional analyses of individual subtests indicate no significant differences between non-IEP students in an alternative center in comparison to typical students when considering their subscale PIR with male peers and teachers. When subscale analyses was conducted comparing IEP students in an alternative center to typical students, no significant differences in subscale PIR were revealed. Interaction effects of demographic variables (sex, age, SES, IEP status and code, ethnicity) on overall PIR were considered, but revealed limited results due to small sample size and only revealed significance when the interaction of age group and SES were examined.

## CHAPTER V

### DISCUSSION

In this chapter, the relevant conclusions of the study are presented. Specifically, the research questions and their associated findings are described and discussed, noting similarities and differences of the results of this research in comparison to prior studies. Limitations are outlined, suggestions for further research are offered, and implications for the field are highlighted.

Although research supports several factors leading to placement of students in alternative centers to address behavior problems (fighting, verbal assault, theft, chronic disruption, possession of illegal substances and/or weapons, etc.), the interpersonal relations (IR) of alternative school students had not been investigated. Exploring PIR of students in an alternative center is essential in order to gain a deeper understanding of what leads to such placement and how to prevent the behaviors that result in students being removed from the typical school setting.

Particularly, this study investigated the overall perceived interpersonal relations (PIR) of students in an alternative center based on IEP status and educational classification in comparison to typical students and explored variables such as PIR with mothers, fathers, male peers,

female peers, and teachers. Demographic factors considered include age, sex, socioeconomic status, and race.

### **Findings of Interpersonal Relations Analyses**

To investigate the total PIR of students in an alternative center the following question was explored: Is the PIR of students in an alternative center different than those of students who represent a normative sample of typical students as identified in the Clinical Assessment of Interpersonal Relations (CAIR) manual standardization sample?

Results of this study support the hypothesis that students in an alternative center have poorer PIR than typical students, regardless of whether they have IEPs or not (Hypotheses 1, 2, and 3). These findings are consistent with literature, which suggests that alternative education programs are increasingly used to educate students who are suspended for partaking in any behavior considered aggressive (e.g., fighting, verbal assault; Powell, 2003). In other words, the types of behaviors that are leading to placement in an alternative center involve some level of IR and are often a part of the description of alternative center referrals. Thus, students in an alternative center would be expected to demonstrate poorer IR than those who are not referred.

Other research in support of this finding indicates that students in alternative centers are likely to demonstrate

aggressive behavior and possibly experience peer rejection, which is why PIR of these students are expected to be different than typical students. PIR is associated with the factors that pertain to these behaviors. This conclusion is based on Rubin's (2007) finding that fourth and fifth graders' PIR was partially associated with aggressive behavior and peer rejection.

Lastly, fighting, which involves IR, is likely to lead to alternative center placement, and is another indication of poorer PIR than typical students. The Centers for Disease Control and Prevention (CDC; 2008) reported that in 2006, more than 720,000 young people ages 10-24 were treated in emergency departments for injuries sustained from violence. One year prior, in a nationally-representative sample 3.6% of students in Grades 9-12 reported being in a physical fight one or more times in the previous 12 months that resulted in injuries which had to be treated by a doctor or nurse (CDC, 2008). The findings of research questions 1 through 3, which examined all students in an alternative center, non-IEP students in an alternative center, and students with IEPs in an alternative center in comparison to a typical population of students, provide further elaboration on the above-mentioned studies.

Research questions four and five compared students within an alternative center to each other instead of comparing them

to students in a typical setting. Results of research question four supported the hypothesis that there would be no difference between the PIR of IEP and Non-IEP students in an alternative center. However, contrary to hypothesis five, there was no significant difference found when PIR of students in the alternative education center who were ED, LD, and OHI were compared to each other or to non-IEP students in the alternative center.

The current finding that there is no significant difference between and among students with and without IEPs in an alternative center in regard to IR supports existing research. Due to the impact their inappropriate behavior has on those around them, both groups are likely to be rejected by peers and teachers (Kehle et al., 2004). Specifically, peer rejection is an issue with students who have behavior problems whether they have IEPs or not, which is another factor associated with PIR of students in an alternative center. Therefore, there would be no expected difference in PIR based on IEP status since it is the factor related to their behavioral problems that likely resulted in placement, versus their IEP status.

Current findings of research question number five conflict with the proposed hypothesis as well as existing research. In one study that did examine students' PIR, Louis

(1996) found that adolescents with behavior disorders (behavior disorder is the term used for ED in Louisiana) perceived themselves to have lower quality relationships when compared to students with learning disabilities (LD) and non-referred peers. Furthermore, as a group, children with ED are believed to experience less school success than any other subgroup of students, including those with other disabilities (Landrum et al., 2003). This finding was also supported in a study that found that students with LD exhibited significantly higher levels of social competence and lower levels of behavioral problems when compared to students with ED (Lane, Carter, Pierson, & Glaeser, 2006). The above-mentioned research suggests that there might be a significant difference in PIR, one construct of behavioral problems, in students with LD when compared to students with ED although results of this study did not confirm these findings.

Given that students with emotional and behavioral disabilities disproportionately bear the burden of negative responses such as unwarranted referrals for behavioral offenses, suspension, and expulsion (Osher, Woodruff, & Simms, 2002; Skiba, Michael, Nardo, & Peterson, 2002), it would seem that students with ED and possibly OHI in an alternative center would have significantly worse PIR when compared to LD students in an alternative center. However, existing research

conflicts with the current finding that there is no significant difference in PIR among IEP students in an alternative center according to educational classification.

Despite the differences in service needs (Miller, Williams, & McCoy, 2004), ED and non-ED students are often both found in alternative education programs (Escobar-Chaves, Tortolero, Markham, Kelder, & Kapadia, 2002) and therefore are treated similarly due to an overlap in behaviors. It is believed that both groups on some level have experienced difficulties with IR, because it is an identified characteristic often associated with and used to describe their problems (Van Acker, 2007). The above-mentioned notion led to the question of whether ED and non-ED students in alternative education programs demonstrate differences in essential mental health dimensions, such as IR when compared to the general population as well as to each other.

According to current findings, it seems that in general, students placed in alternative centers are more alike than they are different in that they experience poorer PIR than students in a typical setting. However, upon close scrutiny some differences are made apparent that could possibly lend itself to the classically made distinction between students who are ED and students who simply demonstrate behavior problems or are considered SM or CD.

When consideration was given to subscale analyses in research question 6, further analysis clarified differences and similarities regarding PIR of students in the alternative center and in a typical setting. Despite overall results that suggest that students in an alternative center (both with and without IEPs) demonstrate significantly poorer PIR than students in a typical setting, the current study suggests that non-IEP students in an alternative center demonstrate no significant difference in PIR with male peers and teachers, although PIR with teachers approached significance when compared to students in a typical setting. Further subscale analyses of PIR of students with IEPs in an alternative center indicate that there is no significant difference in PIR with any group although PIR with male and female peers approached significance. Further research with larger samples needs to be conducted to investigate the possibility that students with IEPs have different PIR with adults than they do with peers.

So, in general, although students in an alternative center all appear to be the same when consideration is given to PIR in comparison to typical students, they do look different when further analyzing specific subscales. The results of this study suggest the possibility that PIR is dependent upon to whom the students are relating.

Marte (2005) hypothesized that anger control and locus of control impact interpersonal factors, which in turn impact the risk of problem behaviors. Similarly, Rubin, Hymel, Mills, and Rose-Krasnor (1991) presented a model suggesting that peer rejection is associated with an increased risk for externalizing difficulties such as aggressive and oppositional behavior. Although results were not significant based on the conservative .003 level, the trend in the data suggests the possibility that students with IEPs in alternative centers are more likely to experience lack of control with anger and locus of control, impacting interpersonal factors, thus relationships with peers. Additionally, students with IEPs in alternative centers might have experienced some level of peer rejection due to learning differences, which may lead to aggressive and oppositional behavior resulting in alternative center placement. Again, further research with larger sample sizes would elucidate whether the current results reflect an actual relationship.

Upon review of literature presented in earlier chapters, non-ED students with behavior problems, considered socially maladjusted, or considered conduct disordered are believed to demonstrate behaviors that are purposeful; experience no difficulty initiating and maintaining friendships with peers; externalize, projecting negativity and hostile thoughts toward

others; have a tendency toward narcissism, which indicates the need to have others perceive them as superior; and maintain their social status due to their rebellious behavior (Barry et al., 2003; Forness, 1992; Kehle et al., 2004; Miller et al., 2004).

In contrast, ED students who have IEPs are thought to demonstrate behaviors that are considered more impulsive; have difficulty initiating friendships with peers; internalize, turning hostile thoughts inward; have low self-esteem; and have a tendency to sabotage relationships with others, resulting in lower social status (Kehle et al., 2004; Miller et al., 2004). Although diagnoses outside of IEP classification, such as SM were unavailable for this study, non-IEP students in an alternative center have been considered to be students who simply have behavior problems in the absence of identified emotional difficulties. Students without IEPs in an alternative center, and therefore not considered ED, were found to experience poorer PIR than students in a typical setting except for with male peers and teachers, although PIR with teachers approached significance.

When comparisons were made among students in an alternative center based on IEP status and educational classification, no significant differences were revealed, which supports the original basis and theory driving this

study that students placed in alternative centers are alike regarding IR. Overall, although subtle differences were apparent when consideration was given to students with IEPs and students without IEPs, the more notable and substantial differences were revealed between students in an alternative center when compared to students in a typical school setting. The findings indicate that while all students in alternative centers have poor PIR as compared with typical students, there are differences in exactly with whom they perceive themselves to experience these poor IR.

Findings of the current study lend support to the idea that these students should be addressed differently from an educational standpoint. It is possible that a label could further differentiate the focus of the intervention provided and assist in discerning with whom the IR problems exist. Students in an alternative center served under IDEA (ED students) seem to need intervention to address IR problems with peers, and students in an alternative center who are not served under IDEA (perhaps SM or CD) seem to need intervention to address IR problems with authority.

#### **Limitations of the Study**

Mortality, selection, and selection-maturation interaction are typical threats to validity for the chosen research design (Ohlund & Chong-ho Yu, 2009). Mortality

typically refers to the loss of subjects due to initial non-availability or subsequent withdrawal from the study.

Although this study used pre-existing data, mortality is thought to be a threat to validity based on the fact that there were invalid forms, lessening the number of forms available for analysis for this research. The process of eliminating invalid forms is comparable to having loss of subjects since the scores of the invalid forms could have impacted the outcome of this study.

Selection, which pertains to the possibility that groups may be disparate, possessing different characteristics, was also considered as a validity threat. The attitudes of those students whose forms were considered invalid, thus the mortality threat, could have been substantially different from the norm population, leading to different outcomes when analyses were completed between and within the groups.

There were some restrictions with regard to the generalizability of this study due to the sample that was used. The sample of participants was a convenience sample, chosen from a population of students enrolled in one alternative center located in a suburban area of a middle Atlantic state. The demographics of this county are varied but segmented. The population is one of varied socio-economic status, ethnic background, educational background, and

experience that may not represent the remainder of the school system from which the population was drawn. A substantial number of the students are considered to be of low SES, while others come from lower middle class families. While the ethnic backgrounds of the students in this section of the county are varied, ethnicity was limited to three groups for analysis due to low numbers in races outside of African American and Caucasian. Also, in comparison to the remainder of the school district, the demographics regarding race in the alternative center were disproportional, which was considered a likelihood for this particular population (Skiba & Rausch, 2006).

Selection-treatment interference is considered to be an external threat to validity for this study based on the possibility that the characteristics of the students in the alternative center who completed valid forms are different from the traits, characteristics, and experiences of the norm standardization sample in areas other than just IR. Those possibilities could have an impact on IR, or at minimum, how students rate their PIR with specified groups, thus impacting the results of this study.

#### **Suggestions for Future Research**

As indicated above, the first area of future research that might be considered is whether the difference in the

patterns of subscale PIR between students with and without IEPs and typical students is a robust finding or an artifact of the small sample size and conservative significance level used in this study. In an effort to continue to explore the PIR of students who demonstrate behavior problems, an investigation of ED students' relationships with peers (male and female) versus individuals in position of authority (mother, father, teachers) as well as non-ED students' relationships with male peers in particular using a larger sample size is essential to reveal factors further associated with placement in an alternative center. Future studies of this sort would allow for further data collection regarding students with behavior problems and the development of effective programs for students referred to alternative centers. Consequently, implementation of effective preventive strategies to address the IR of students can be offered in school settings in order to facilitate more productive and safe learning environments, in which students experience connectedness to peers, teachers, and the overall school atmosphere.

While the focus of this study was the construct of PIR, and findings support the hypothesis that students in an alternative center experience significantly poorer PIR than students in a typical setting, it would be interesting to

explore whether similar results are found when examining the IR of students as perceived by others (e.g., teachers) rather than on the basis of self-perceptions.

Additionally, there are other psychological constructs that could relate to students being placed in an alternative center that ought to be explored in the future. For example, given the differences in PIR apparent after subscale analyses were conducted between alternative center students who were classified as ED (IEP students) and those who were not ED (non-IEP students), it would be interesting to explore more specific aspects of those differences. Specifically, an investigation of ED students' relationships with peers (male and female) versus individuals in position of authority (mother, father, teachers) as well as non-ED students' relationships with male peers in particular might reveal factors further associated with placement in an alternative center.

Another suggestion for future research is to explore how additional measures might reveal differences in other psychological constructs such as those evaluated using the Behavior Assessment System for Children-Second Edition (BASC-2). Through the use of the BASC-2, psychological constructs such as anxiety could be further explored to answer questions

about the role of anxiety or other factors that typically differentiate ED from non-ED students.

Other variables often associated with the differentiation of ED and SM or CD, such as involvement with the Department of Juvenile Services for youth who have violated the law or are considered a danger to themselves or others, could be explored in future research as well. Factors to be considered could include how DJS involvement relates to PIR, placement in an Alternative center, or ED vs. SM or CD diagnoses.

Lastly, it would be beneficial for future research to consider pre- and post-tests using the CAIR to assess change in PIR prior to and immediately following Alternative Center enrollment. A consideration such as this might reveal the advantages and disadvantages of placement in an alternative center as it relates to IR.

#### **Implications of Research Findings for Education**

Although the findings of this study can be interpreted to support students being serviced based on being considered ED vs. SM or CD, current findings make the strongest argument for the requirement of all alternative center programming to include techniques that target students' IRs, and differentiating whether the focus is IR with peers versus adults. With that in mind, current findings imply that the fields of educational and school psychology might benefit from

generating programming at alternative centers that have IR as the focal point so that students may return to the regular setting with the skills necessary to avoid behaviors that might lead to re-assignment to an alternative center.

In order to prevent alternative placement due to behavioral difficulties, interventions to address IR in a typical setting would be beneficial to both individual students and the overall school climate. Interventions should be offered as a part of a school-wide behavior initiative such as Positive Behavioral Interventions and Support (PBIS) to initially address students identified as having a high number of suspensions or who are not responding well to other interventions. After successful implementation over a period of time, intervention could be tied in to the entire initiative and used with all students as a true preventive measure. Furthermore, IR training targeted to specific groups (teachers, parents, peers) might be needed for different students depending on their subscale analysis. Given that some have IR problems with authority figures while others have IR problems peers, particular care ought to be taken with students with disabilities regarding how to handle their IR issues therapeutically.

At the onset of behavior problems surfacing, prior to being referred for a suspected disability or identified as

having one, it might be beneficial to use an RTI approach. For example, offering students training in global IR or in a targeted area of IR could present valuable information regarding predictions of the advantages of alternative center placement, disability identification, and IEP services.

### **Summary**

This research study supports existing literature, which suggests that students who demonstrate behavioral difficulties (students referred to alternative centers as a result of behavior, and students receiving services for emotional and behavioral problems) have poorer PIR than students who behave appropriately. Specifically, this study concludes that students in an alternative center experience poorer PIR than students in a typical school setting regardless of IEP status, educational classification, and variables such as age, sex, race, and socioeconomic status. However, when consideration was given to specific relationships in the comparison of students in an alternative center to typical students, students in an alternative center without IEPs experienced poor PIR with their parents and female peers but not with their male peers and teachers, although PIR with teachers approached significance. In contrast, students with IEPs in an alternative center did not experience poorer PIR with any

of the subgroups although PIR with peers approached significance when compared to typical students.

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APPENDIX A

*T-test for research question 1*

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t-test

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t-value	Df	P
-6.361*	138	<.001**

---

\*alpha = .05

\*\*new alpha/Bonferroni corrected level = .003

## APPENDIX B

### *T- test for research question 2*

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t-test		
t-value	df	P
-5.333*	105	<.001

---

\*alpha = .05

\*\*new alpha/Bonferroni corrected level = .003

APPENDIX C

*T-test for research question 3*

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t-test		
t-value	df	P
-3.211*	29	.003

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\*alpha = .05

\*\*new alpha/Bonferroni corrected level = .003