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Day Treatment's Impacts on Office Disciplinary Referrals and Attendance

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Abstract

This mixed methods study explored the effects of implementing a day treatment program on attendance and office disciplinary referrals in a rural school district in Western Maine.

Attendance and office disciplinary referral patterns were examined using two-tailed t-tests. These analyses showed no significant difference in attendance for both general student populations and subpopulation of day treatment students. Parental perceptions of the program were assessed through a qualitative survey. Parents reported day treatment has affected student behavior positively. Significant differences were found in regards to office disciplinary referrals for general student populations and for day treatment students after implementation. Further research is needed to assess the fidelity of the program.

Key terms: Day treatment, attendance, office disciplinary referrals

School Attendance and Behavior

School absenteeism has been of concern to schools, courts, and communities since compulsory education laws were first written in the 19th century. Students who are chronically absent from school are at an increased risk for delinquent behavior, poor school performance, school expulsion, school dropout, substance use or other problematic behaviors (Clay, 2004; Leyba & Massat, 2009). Of special concern is the fact truancy rates have increased over the past 15 years in the United States (Maynard, Tyson-McCrea, Pigott, & Kelly, 2011). In 2011, a meta-analysis of interventions to increase school attendance found behavioral interventions were the most effective, especially behavioral interventions with a parental intervention component (Maynard, et al.). Schools are struggling to deal with behaviors and increase attendance. One strategy schools have adopted to deal with both issues is alternative education programs.

Special Education and Alternative Education Programs

Schools are required to meet the needs of all students as a result of No Child Left Behind Act of 2001 and the Individuals with Disabilities Education Act (IDEA) of 2004. Some students have behavior or mental health needs that pose challenges for teachers in the regular classroom and impair student learning. These challenging students need to be identified and provided with resources to be successful in the classroom (Brooks & Coll, 1994).

At-risk students are often educated in restrictive or alternative education (AE) settings for two reasons: research has shown that removing students who misbehave may improve the behavior of the students who remain in public education, due to peer influence (Giancola, 2000), and because of the challenges at-risk students pose in the classroom and the complexity and intensity of their behaviors (Scott & Cooper, 2013). AE schools and programs serve

approximately 645,500 youth in the United States (Carver, Lewis, & Tice, 2010) in self-contained schools, day treatment centers, residential facilities, and juvenile justice settings. These alternative education settings provide a wide range of choices in order to meet the needs of students, such as the ability for students to work at their own pace and the flexibility for all students to be working on different assignments or subjects (Gut & McLaughlin, 2012). AE programs provide important behavior support for youth with specific and special learning and behavior needs (Simonsen & Sugai, 2013).

Gut and McLaughlin (2012) assessed alternative education's impact on disciplinary referrals. The schools included in the study partnered with an alternative education school that would receive students after a referral was made. Results from the study indicated public schools were safer after partnering with an alternative education provider.

Day Treatment

Day treatment programs are one form of AE schools. These programs are more restrictive educational placements designed to meet the varied levels of student needs. One aspect of day treatment programs that set them apart from other forms of AE is they also provide social and clinical support to the families of the students they serve (Gagnon & Leone, 2006). Parents are considered partners in the behavioral change process of the student and ongoing communication and planning between day treatment staff and parents is essential (Fecser, 2003). It is known high parental involvement is related to greater improvement in school along with better behavior at home, reduced hospitalization and a reduction in the severity of problems (Waugh & Kjos, 1992).

Day treatment programs are considered psychiatric settings generally in self-contained schools or day treatment centers. They are considered psychiatric settings because they have a large mental health component and students are required to regularly meet with a social worker (Gagnon, Van Loan, & Barber, 2010). These programs generally have a lower student-to-teacher ratio, a highly structured classroom, use positive methods, and utilize functional behavioral assessments (Flower, McDaniel & Jolivette, 2011). The typical student of a day treatment program often is labeled as having emotional or behavior disorders (EBD) (Gagnon & Leone, 2006) and has difficulty remaining part of the mainstream educational environment (Gagnon & McLaughlin, 2004).

Day Treatment, Attendance and Behavior

Common experiences of students with emotional and behavioral disorders include suspension, expulsion, academic failure, retention and school dropout. In fact students with emotional and behavioral disorders drop out of school at a higher rate than any other disability group (Flower, McDaniel, Jolivette, 2011). As noted, most students in a day treatment school are identified as EBD.

Tobin and Sprague (2000) outlined eight practices that may serve to prevent negative outcomes such as suspension, expulsion, academic failure and dropout. These effective practices are: low student-to-teacher ratio, highly structured classroom with behavioral classroom management, positive methods to increase appropriate behavior, school-based adult mentor, functional behavioral assessment, social skills instruction, effective academic instruction, parent involvement, and positive behavioral interventions and supports (PBIS). These are characteristics typical of a day treatment program.

Parent Perceptions

Although there are studies investigating the effectiveness of day treatment on attendance and ODR's, fewer studies investigate parental perceptions. In September of 1985, day treatment was a community-based program for after school as an alternative to institutionalization. The youth involved with this program reported improved school attendance and fewer incidents of running away, acting out or talking back. Parental evaluations indicated increased self-esteem, improved school attendance, and greater family harmony (Comer, 1985).

Despite the research surrounding attendance, behavior and the few studies including parental perceptions, there is a lack of research including all three components. The purpose of the proposed study was to answer the following: Does the implementation of a day treatment program increase attendance and decrease office referrals for the general student population? Does student attendance increase for students joining a day treatment program? Do student infractions decrease when they are placed in a day treatment program? and What are the parental perceptions of the day treatment program?

Methodology

Setting

While the majority of alternative education schools and day treatment programs are self-contained or off-site, one rural school in Western Maine, RSU 9, has an integrated day treatment program (DTP). RSU 9 is situated in the western half of Maine in Franklin County and serves students from the following communities: Chesterville, Farmington, Industry, New Sharon, New Vineyard, Starks, Temple, Vienna, Weld, and Wilton. The median household income for Franklin County in 2009 was \$38,634, slightly lower than the state average of \$45,732 (Onboard

Informatics, 2012). Major employers of the area include the University of Maine at Farmington, Franklin Memorial Hospital, ICT Group, Inc., Verso Paper, Poland Spring Water and RSU 9 (Onboard Informatics, 2012). Approximately 50% of the student population is eligible for free or reduced hot lunch (Doughty, 2013).

Rather than housing RSU 9's day treatment program in a self-contained building, RSU 9 district administration chose to locate the programs on-site by grade. Elementary students K-5 are served by three unique day treatment programs housed in three of the five elementary buildings. Students in grades 6-12 who qualify for day treatment services are housed in single day treatment program at the high school that serves all sending schools. Each elementary program has a special education teacher, educational technicians for support staff, and the services of a social worker. The secondary program has two special education teachers, educational technicians, and the services of a social worker.

Participants

To answer the question regarding attendance and infractions for general student population, participants of this study included all students in RSU 9 (Table 1). To answer the questions regarding attendance and infractions for students in a day treatment program all students in RSU 9's day treatment program were included. Parents of day treatment students were asked to participate in a parental survey (Appendix A) to help answer the question of parental perceptions of a day treatment program.

Table 1

Enrollment Summary for RSU 9

	Grades Served	# of Students	# of DTP Students
W.G. Mallett	PK-2	370	6
Cushing	PK-1	129	
Cape Cod Hill	PK-5	181	6
Cascade Brook	3-5	297	6
Academy Hill	2-5	181	
Mt. Blue High	9-12	676	12
Mt. Blue Middle	6-8	500	
Total	PK-12	2347	30

Procedures and Analysis

This study used a mixed-method approach approved by the University of Maine at Farmington's Institutional Review Board and RSU 9's administration. To assess the question "Does the implementation of a day treatment program increase attendance and decrease office referrals for the general student population?" de-identified attendance and office disciplinary referral data was used from the following school years: 2012-2013, 2013-2014, and first semester of 2014-2015. Attendance was compared by using a two-tailed paired samples t-test to assess if there were statistically significant differences between pre-day treatment and first and second years of day treatment implementation respectively for each student body according to grade level. The null hypothesis that implementation of a day treatment program has made no significant difference in attendance and was rejected using an alpha of 0.05. Gut and McLaughlin (2012) used paired sample t-tests to examine whether statistically significant differences in

ODR's existed from pre to post-partnership with alternative education providers. This methodology was used to assess whether significant differences in ODR's exist from pre to post inception of the day treatment program and was also used to assess significant differences in attendance.

Office disciplinary referrals were categorized by subtypes and compared using two-tailed paired sample t-tests with an alpha of 0.05. ODR's pre-day treatment were compared to the first and second year of day treatment implementation as well. The specific subtypes included fighting, alcohol use, and vandalism. See appendix B for a complete list of ODR subtypes. This is also similar to the procedures utilized by Gut and McLaughlin (2012) when studying alternative education's impact on office disciplinary referrals.

To assess the questions "Does student attendance increase for students joining a day treatment program?" and "Do student infractions decrease when they are placed in a day treatment program?" attendance and ODR data was limited to just students in day treatment specifically. This student data was de-identified but marked as belonging to the subpopulation day treatment students. For this set of data, attendance and ODR's were compared individually by student year to year using two-tailed paired samples t-tests with an alpha of 0.05.

The question "What are parental perceptions of the day treatment program?" was answered using a parental survey (Appendix A). These surveys were given during the months of February and March during parent/teacher conferences. A day treatment teacher or social worker in each of the day treatment programs K-12 gave the parental survey to parents of day treatment students willing to participate. Each survey was composed of the same 10 questions and took about 10 minutes to complete. Participants were then asked to place completed surveys in a

sealed envelope and left with the day treatment teacher. Each day treatment teacher or social worker collected completed sealed surveys and sent them to the investigator via interoffice mail. The researcher analyzed the survey data by averaging all participants' responses to the Likert-scale questions. In addition she also coded the three open-ended responses using the open coding method. Examples of participants' words were recorded and properties of each code were established in a code book to maintain consistency. To increase validity of the survey an advisory group reviewed and made recommendations as needed and individual teachers commented on the format and content of the survey. Gagnon and Leone (2006) used a similar approach when surveying teachers and principals of elementary day and residential schools for children with emotional and behavioral disorders.

Analysis Tool

Two-tailed paired t-tests were used to assess whether statistically significant differences in attendance and ODRs existed from pre- to post-implementation of the day treatment program. This is an appropriate analytical tool to use as attendance and ODRs from the same school are dependent to each other. Therefore, the more commonly used analytical methods that assumed independence of the data are improper for these ODR data. It should be noted the analysis tool Change Point Test, more commonly used in medical, physical, and economic research, was used in a 2012 study by Bohanon, Fenning, Hicks, Weber, Their, Aikins, Morrissey, Briggs, Bartucci, Mcardle, Hoeper, and Irvin. This tool was used to locate the most likely point at which significant decrease in ODRs occurred after the implementation of a Positive Behavior Support systems in a Midwest urban metropolitan area in a district with more than 613 schools. The Change Point Test was not used in this research as this study was limited to a smaller school

district with only eight schools and it is not know if the Change Point Test is appropriate for use in this way.

Limitations

This study needs to be interpreted with certain limitations acknowledged. The sample was small and limited to one school district in one state. The investigator serves as a day treatment teacher in the high school program and may have influenced participant's responses. The validity of survey results is based on participants' honesty, and interactions with the investigator may have affected the results. In order to ensure validity, participants were asked to place their surveys in a sealed unmarked envelope before handing to the investigator thereby insuring confidentiality. To increase validity and reliability of the survey, an advisory group of special education teachers outside of the day treatment program reviewed and made recommendations.

In addition to the limitation of the study, it is important to acknowledge the role of bias. The investigator expected attendance to increase for general education students and students in the day treatment program. She also expected ODR's to decrease for both populations. She was hopeful parents had a positive perception of the day treatment program and parents had seen growth both in school and at home in their student's behavior.

Results

General Student Population

Implementation of a day treatment program did not appear to significantly change attendance for the general student population (Table 2, Figure 1). The average number of days a student was absent pre-day treatment was seven days. This remained the same the first year of implementing day treatment and increased to eight the second year of implementation. Two-

tailed t-test results failed to reject the null hypothesis at the 0.05 alpha level. When pre-day treatment attendance rates were compared to the first year, a p-value of 0.28 was found.

Interestingly when comparing the second year of day treatment implementation with pre-day treatment attendance rates the p-value was smaller at 0.14 however this failed to reject the null hypothesis with a 0.05 alpha level.

Table 2

Average Absences for General Student Population

	Mean	SD		t	DF	p <0.05
PreDTP 2012-2013	7.01	1.57	PreDTP vs 1st Year	1.13	12	0.28
1st Year DTP 2013-2014	6.81	1.78				
2nd Year DTP 2014-2015*	7.69	1.66	PreDTP vs 2nd Year	-1.56	12	0.14
*	2014-2015 data is not complete. Last day of data collection was 3/06/2015					

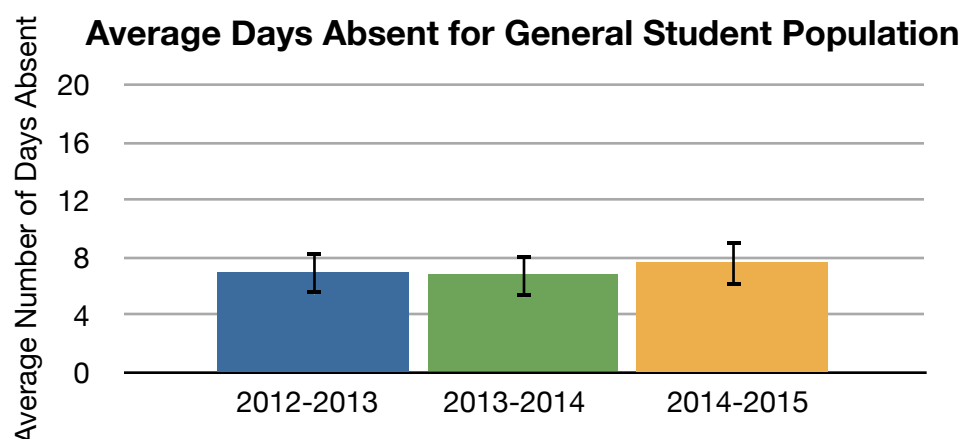


Figure 1. Average Absences for General Student Population. Error bars represent standard errors.

There also was no significant difference in ODR subtypes (Appendix C). All ODR subtypes were added for each of the years; pre-day treatment (2012-2013), first year of implementation (2013-2014) and second year of implementation (2014-2015) respectively. A two-tailed t-test on pre-day treatment ODR subtypes compared with first year of implementation showed no significant differences; P-value 0.31. No significant differences were found for overall subtypes pre-day treatment when compared to the second year of day treatment implementation as well; P-value 0.36. However, while no overall changes were found in ODR subtypes, individual subtypes do show decreases: Disorderly conduct, fighting, threatening, and physical attacks (Table 3).

Table 3

Office Disciplinary Referrals for General Student Population by Specific Subtype

Subtype	2012-2013	2013-2014	2014-2015
D Disorderly Conduct	135	22	16
F Fighting	17	6	5
PA Physical Attack	20	14	10
T Threat/Intimidation	11	7	1

In addition to examining incidents of misbehavior the researcher also examined consequences such as suspensions. There was a significant decrease in ODR's resulting in in-school suspension (ISS) or out-of-school suspensions (OSS); ISS significantly decreased the second year of day treatment implementation (Table 4 & Figure 2) while OSS significantly decreased the first and second year of day treatment implementation for the general student population (Table 5 & 3).

In-school suspensions did not significantly change during the first year of implementing the day treatment program. While the average number of ISS's dropped from nine to seven this

was found not to be significant at the 0.05 alpha level. However, the second year of day treatment implementation, the average number of ISS's dropped from nine to five. This was significant at the 0.05 alpha level (Table 4).

Table 4

In-School Suspensions (ISS) for General Student Population

	Mean	SD		t	p <0.05
PreDTP 2012-2013	8.62	10.32	PreDTP vs 1st Year	0.89	0.39
1st Year DTP 2013-2014	7.46	9.39			
2nd Year DTP 2014-2015*	4.62	6.70	PreDTP vs 2nd Year	2.56	0.03
*	2014-2015 data is not complete. Last day of data collection was 3/06/2015				

Average In-School Suspensions for General Student Population

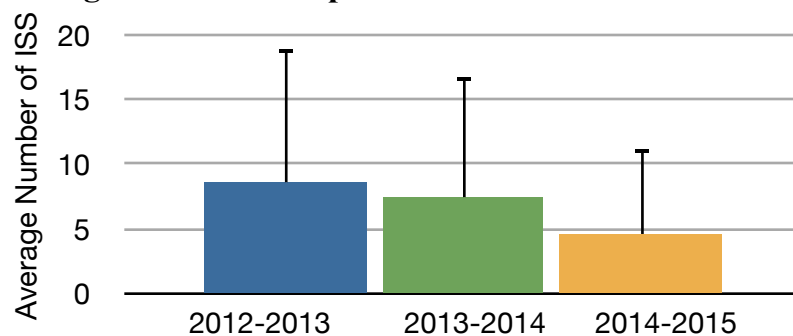


Figure 2. Average In-School Suspensions for General Student Population. Error bars represent standard errors.

Table 5

Out-of-School Suspensions (OSS) for General Student Population

	Mean	SD		t	DF	p <0.05
PreDTP 2012-2013	15.31	9.66	PreDTP vs 1st Year	6.09	12	5.42E-05
1st Year DTP 2013-2014	5.15	6.53				
2nd Year DTP 2014-2015*	4.92	6.93	PreDTP vs 2nd Year	5.93	12	6.97E-05
*	2014-2015 data is not complete. Last day of data collection was 3/06/2015					

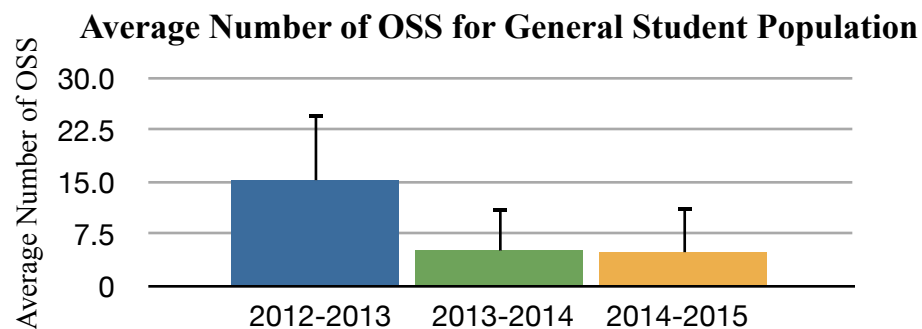


Figure 3. Average Number of Out-of-School Suspensions for General Student Population. Error bars represent standard errors.

Day Treatment Students

Student attendance did not significantly increase for students in the day treatment program (Figure 4). The average number of absences for day treatment students was 27 pre-day treatment implementation and 28 in the first year of implementation. ODR subtypes also did not significantly decrease with the implementation of the day treatment program (Table 6) however a

t-test performed on a sample of 15 day treatment students yielded significant decrease in ODR's the second year of implementation (Figure 5).

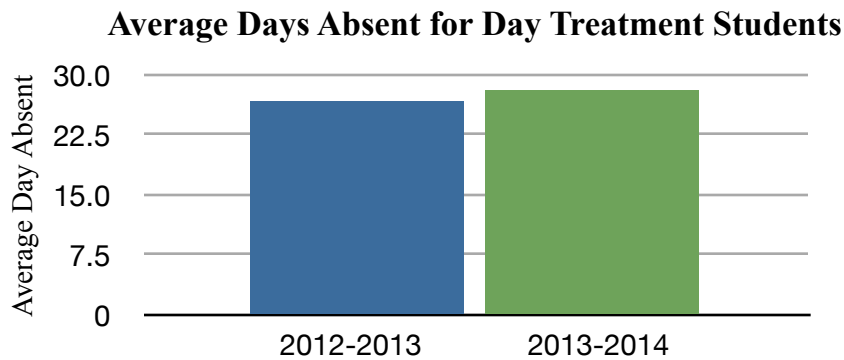


Figure 4. Average Days Absent for Day Treatment Students for 2012-2013 and 2013-2014 School Years.

Table 6

Office Disciplinary Referral by Subtype for Day Treatment Students

	2012-2013	2013-2014	S1 2014-2015
D Disorderly Conduct	38	2	3
LS Leaving School	3	0	1
F Fighting	3	0	0
PA Physical Attack	2	0	1
OPO Other Personal Offen	1	0	0
TM Technology Misuse	3	1	0
T Threat/Intimidation	1	3	0
TP Tobacco Possess	2	0	0
Other	1	17	0
Ho Harassment	2	1	1
LT Larceny	1	1	0
DIS Disrespect	0	2	0
SA Simple Assault	0	1	0
OPYO Other Prop. Offense	0	1	0
DP Drug Paraphernalia	0	1	0
OWO Other Weapon Offense	0	0	1
Total	57	30	7

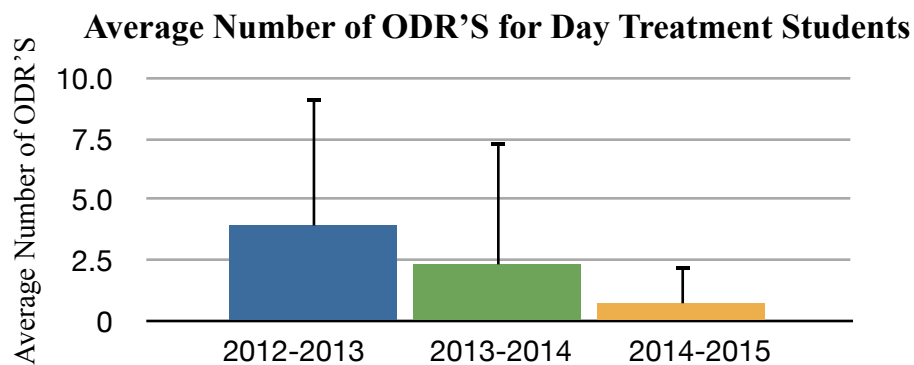


Figure 5. Average Number of ODR'S for Day Treatment Students. Error bars represent standard errors.

Parental Perceptions

Surveys collected from parents of day treatment students showed parents have seen growth in their son/daughter both socially and academically. Parents also reported seeing positive change in behavior both at school and at home. Most parents felt their son/daughter would rather not be in general education classrooms and report increased attendance and a decrease in ODR's (Table 7).

Table 7

Likert Scale Results for Parental Perception Surveys

	1 Disagree	2 Somewhat Disagree	3 Neither Agree or Disagree	4 Somewhat Agree	5 Agree	Mode
I have seen growth socially in my son/daughter since joining DTP	1	0	1	4	9	5
I have seen growth academically in my son/daughter since joining DTP	1	0	1	3	10	5
I have seen a positive change in my son/daughters behavior at home since joining DTP	0	1	3	5	6	5
I have seen a positive change in my son/daughters behavior at school since joining DTP	1	0	1	3	8	5

	1 Disagree	2 Somewhat Disagree	3 Neither Agree or Disagree	4 Somewhat Agree	5 Agree	Mode
My son/daughter would rather be in the general education classrooms	7	2	2	0	4	1
Since beginning day treatment my child's attendance at school has increased	1	1	2	2	8	5
Since beginning day treatment my child's referrals to the office have decreased	0	2	2	0	11	5

The three open-ended questions revealed parents' opinion of the day treatment program is positive. In regards to the first open-ended response, "My overall opinion of the day treatment program is:" six of the fifteen participants described their overall opinion as "great program", three participants described the program as "good", two described their opinion as "love it" and one expressed their opinion as "greatest thing there is."

When asked what the best experience their family has experienced since joining day treatment, five participants responded "overall attitude is better," two participants think "communication has increased" and two participants are now "expecting their son/daughter to graduate."

The third open-ended question asked parents what they would change about the program if they could change one thing. Eleven of the fifteen participants said they would change nothing about the day treatment program, two participants would like to increase their son/daughters attendance and two participants would increase staff and implement the program sooner, respectively (Table 8).

Table 8

Parental Perception Survey Open Ended Responses

Open-Ended Responses	Coded Responses
My overall opinion of the day treatment program is:	great program (6), good program (3), love it (2), thankful (2), helping (2), greatest thing there is, life saver, support, flexible,
I think the best change/experience my family has experienced since joining the day treatment program is:	overall attitude is better (5), communication (2), expected graduation (2), increased attendance (2), wants to do good in school, behavior at home, socialization, coordination of services, less stress
If I could change one thing about the day treatment program it would be:	nothing (11), increase student attendance (2), more staff, implement sooner

Discussion**General Student Population**

Attendance. The general student population attendance rates neither increased or decreased with the implementation of the day treatment program. Attendance has been an issue for schools since compulsory education laws were first written in the 19th Century. In fact truancy rates have increased over the past 15 years in the United States (Maynard, Tyson-McCrea, Pigott, & Kelly, 2011). It was hopeful the implementation of a day treatment program would increase attendance for the general student population by removing the students most likely to exhibit low attendance rates as research has shown peers influence each other (Giancola, 2000) however this research found no change in student attendance. This may have resulted from the day treatment student data being included in the general student body data and continued to effect the rate of attendance. Or this may be a result of the fact the day treatment

program has only been implemented for two years and has not had enough time to effect change in the area of attendance.

Office discipline referrals. Even though the day treatment program has only been implemented for two years it is interesting to note this has been enough time to show significant change regarding in-school suspensions and out-of-school suspensions for the general student population. These findings further support the research of Gut and McLaughlin that found alternative education reduced ODR's for general student population and those students in the alternative education program (2012). While there was no significant change in overall ODR subtypes, the subtypes most likely to cause ISS or OSS did decrease such as: disorderly conduct, threatening, fighting, and physical attacks.

Day Treatment Students

Attendance. No change in attendance regarding students in the day treatment setting may be due to the nature of their disability. The majority of students in day treatment are considered EBD. Several general characteristics of students labeled EBD include academic difficulties to the extent remediation is required and social and emotional difficulties that may inhibit a student's educational progress (Gagnon et al, 2010). Students with EBD struggle with attendance and as such may need more time to change this behavior. One significant difference day treatment programs exhibit from other alternative educational programs is the use of social workers. These professionals provide mental health interventions as well as social and clinical support to families (Gagnon & leone, 2006). At the time of this study RSU 9 utilized two social workers to provide services for the entire district. It is unknown if this is the recommended amount to provide services for a program K-12 as no national information exists with regards to curriculum

policies, practices or philosophies for day treatment schools (Gagnon et al 2010). Therefore, the impact of day treatment programs on attendance requires more research both longitudinally and program based to assess if day treatment implementation can affect attendance both for general and day treatment student populations.

Another significant point regarding attendance is home life. It is difficult for school resources to make change outside of school (Kalke, Glanton & Cristalli, 2007). While the purpose of a day treatment program is to cross this school/home barrier, this part of the program may need more time to help influence enough change to see significant difference.

Office Discipline Referrals. Overall ODR subtypes did not significantly decrease with the implementation of the day treatment program the first year of implementation, however day treatment students behavior decreased in subtypes most likely to be considered more severe such as disorderly conduct, fighting and physical attacks. These findings align with the 1985 study on day treatment as a community-based program which reported fewer incidents of running away, acting out or talking back.

A t-test performed on a sample of 15 day treatment students yielded a significant decrease in ODRs the second year of implementation. These findings align with the decrease in ISS and OSS for the general student population. This supports the contention that behavior of students is influenced by peers (Giancola, 2000, Gut & McLaughlin, 2012) and that removal of problematic behavior students helps increase overall behavior. The day treatment program has also been effective in decreasing these behaviors for the students most likely exhibiting them as the subsample day treatment students showed a significant decrease in ISS and OSS suspensions and a decrease in the behaviors most likely to cause them.

Parental Perception

Behavioral changes have also been noted by parents. The overall perceptions of parents of day treatment students is positive even for students with a high level of absenteeism. This is important to note since no significant change was found regarding attendance. Parents report the program is “great”, “good”, “love it” and “it is the greatest thing” even while their child still continues to struggle getting to school. Of the 15 surveys returned, not one parent had a negative opinion of the program. These findings may suggest attendance is not a top priority for parents at this time and further suspect parents top priority may be the overall behavior of their son/daughter.

Parents reported positive changes in behavior both at home and at school and a decrease in ODR's. Five questions on the survey asked parents their perception of their son/daughters behaviors in school, at home and if these behaviors have resulted in a decrease of ODR's. Of these five questions the mode of responses was parents agree their son/daughters behavior has changed positively. No parents reported somewhat disagreeing or disagreeing with any of these five questions. These are important findings for several reasons. There are 30 day treatment families and 15 of them participated in the survey. This is a 50 percent return. It is possible that those who did not participate in the program may have had a negative perception of the program. Milliken, Morrison and Hewlin (2003) found employees often remain silent when they have issues rather than mentioning them to their bosses for fear of being viewed or labeled negatively. Perhaps parents have these same fears and also remained silent, however according to Anseel, Lievens, Schollaert, and Choragwicka (2010) the 50 percent survey return offers accurate

information therefore these 15 surveys may be used to assess overall parental perceptions of the day treatment program.

The majority of parents suggested no changes were needed with the day treatment program. In fact, of the 15 surveys returned, 11 parents made statements coded as no change (nothing). Two parents would change their child's attendance and two parents reported they would like to see the program implemented sooner and increase staff respectively. As noted earlier, additional social workers may help increase attendance and further support the positive impact day treatment is having on student behavior, thus addressing the two areas parents perceive as needing change.

Implications

While no significant change in attendance was found, it is important to note the day treatment program has only been implemented for two years. This raises questions as to the fidelity (accuracy and fluency) of the program and if there is successful implementation K-12. Practices need to be implemented with the highest degree of fidelity before intervention and supports are intensified (Simonsen & Sugai, 2013). The day treatment program is still undergoing changes as administration works on implementation across all grade levels. It may be interesting to use an instrument to measure treatment integrity. It is unknown if the SET, a school-wide evaluation tool, used to measure the fidelity of PBIS procedures can be used to measure the fidelity of day treatment implementation. Future research may want to include a test similar to SET to assess fidelity of the day treatment program within RSU 9.

One unique feature to RSU 9's day treatment program is where the district has housed the elementary and secondary programs. RSU 9 chose to use space within current school buildings

and kept the day treatment students housed with peers. It is not known the number of schools that utilize building based programming however the changes in ODR data for RSU 9 may support a review of housing practices for other day treatment programs.

Further Research

Further research is needed in several areas. The fidelity of the program should be reviewed and suggested changes implemented to insure the highest level of implementation of the program overall. Attendance should also be reviewed again after full implementation has been reached and enough years have passed to effect change at home. It would also be interesting to assess parental priorities and use this information during implementation and the years needed to affect change outside of school. Finally it would be interesting to review ODR data for general and day treatment students after full implementation has been reached at all grade levels in five and ten years respectively.

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Appendix A

Parental Perception Survey

Please circle your degree of agreement for each of the following questions using the following scale: 1= disagree, 2= somewhat disagree, 3= neither agree or disagree, 4= somewhat agree, 5= agree.

	1	2	3	4	5
1. I have seen growth socially in my son/daughter since joining the day treatment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I have seen growth academically in my son/daughter since joining the day treatment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I have seen a positive change in my son/daughters behavior at home since joining the day treatment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I have seen a positive change in my son/daughters behavior at school since joining the day treatment program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My son/daughter would rather be in the general education classrooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Since beginning day treatment my child's attendance at school has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Since beginning day treatment my child's referrals to the office have decreased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My overall opinion of the day treatment program is:

I think the best change/experience my family has experienced since joining the day treatment program is:

If I could change one thing about the day treatment program it would be:

Appendix B

Office Disciplinary Report Subtypes

Code	Description		
A	Arson	MVT	Motor Vehicle Theft
AA	Aggravated Assault	ODD	Other Drug Distri.
AD	Alcohol Distribution	ODP	Other Drug Poss.
AF	Assault w/Firearm	ODU	Other Drug Use
AP	Alcohol Possession	Code	Description
AU	Alcohol Use	OPO	Other Personal Offen
AW	Assault w/ Weapon	OPYO	Other Prop. Offense
B	Battery	Other	Other
BI	Bias Incident	Other	Other Non-Specified
BRO	Bomb Related Offense	OWO	Other Weapon Offen.
BT	Bomb Threat	P	Pushing
BY	Burglary	PA	Physical Attack
D	Disorderly Conduct	PF	Possession Firearm
DIS	Disrespect	PW	Possession Weapon
DP	Drug Paraphernalia	R	Robbery
E	Extortion	SA	Simple Assault
F	Fighting	SB	Sexual Battery
GF	Gang Fight	SO	Sexual Offenses
HC	Hate Crimes	SP	Stolen Property
He	Homicide	SS	Skipping School
Ho	Harassment: Other	SW	Sale of Weapon
Hs	Harassment: Sexual	T	Threat/Intimidation
IN	Insubordination	TD	Tobacco Distri.
K	Kidnapping	TG	Trespassing
LS	Leaving School	TM	Technology Misuse
LT	Larceny/ theft	TP	Tobacco Possess.
MD	Marijuana Distri.	TU	Tobacco Use
MP	Marijuana Possess.	TY	Truancy
MU	Marijuana Use	V	Vandalism

Appendix C
Office Disciplinary Referrals for General Student Population by Subtype

Subtype	2012-2013	2013-2014	2014-2015
D Disorderly Conduct	135	22	16
LS Leaving School	27	18	18
F Fighting	17	6	5
PA Physical Attack	20	14	10
OPO Other Personal Offense	0	1	0
TM Technology Misuse	6	1	2
T Threat/Intimidation	11	7	1
TP Tobacco Possess	5	3	8
Other	5	21	20
Ho Harassment	8	4	6
LT Larceny	6	2	0
DIS Disrespect	0	14	5
SA Simple Assault	0	1	0
OPYO Other Prop. Offense	2	1	0
DP Drug Paraphernalia	3	1	1
OWO Other Weapon Offense	2	2	2
AP Alcohol Possession	0	1	2
MD Marijuana Distri.	0	0	3
MP Marijuana Possess	6	4	9
IN Insubordination	0	4	14
ODD Other Drug Distri.	0	0	4
TU Tobacco Use	0	1	1
SS Skipping School	8	18	15
ODU Other Drug Use	0	0	3
MU Marijuana Use	3	0	5
V Vandalism	0	1	2
PW Possession Weapon	2	2	1
ODP Other Drug Poss.	0	0	1
AU Alcohol Use	1	0	1

Subtype	2012-2013	2013-2014	2014-2015
AW Assault w/ Weapon	2	0	0
AA Aggravated Assault	0	1	0
Total	269	150	155