5-1-2019

Adolescents in Alternative Education Settings

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Spring 2019

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Adolescents in Alternative Education Settings

This is to certify that the Capstone Project of

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Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Clinical Mental Health Counseling

Capstone Project Supervisor: Dawnette Cigrand

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Approval Date: May 8, 2019

Abstract

Alternate Education Settings (AES) are public school setting that meet the needs of highly at-risk youth. Adolescents who are enrolled in an alternative education setting often also have a mental health diagnosis; this group is often under-researched. Thus, this paper focuses on adolescents in different types of alternative education settings like Montessori, behavior-focused, and credit recovery programs. This review of the research discusses the qualifications to be in an alternative education setting, interventions to use with adolescents' in these schools who also might have a mental health diagnosis and finally the separate roles a counselor plays in the clients' life. With this information, counselors will be able to better treat adolescents who attend alternative schools.

Keywords: Alternative education setting, adolescent, counseling, interventions.

Table of Contents

Adolescents in Alternative Education Settings

There are various types of alternative education settings adolescents can attend while in the school system. According to an article written by Mullen and Lambie (2013), an alternative education school (AES) is, "a public school setting that addressed needs of students that typically cannot be met in a regular school, provides nontraditional education, serves as an adjunct to a regular school, or falls outside the categories of regular, special education, or vocational education" (p. 3). Students who are enrolled in an alternative school have the potential to focus more on their individualized needs that a regular K-12 school might not be able to provide due to the typically large setting. Alternative schools also often have smaller class sizes and can offer more one-on-one support in comparison. Different categories of alternative education schools identified by Mullen and Lambie (2013) include; popular innovations which are "choice schools designed to challenge students to do better;" last chance programs which are programs that become "mandated schools prior to expelling students from the school system completely;" and remedial programs which are "remediation schools for students who need specialized assistance." (p. 5). Additionally, alternative schools do also exist for gifted students as well as students with more diverse needs when compared to the typical adolescent population.

These clients are often enrolled in an alternative education setting rather a traditional school due to emotional-behavioral problems, academic issues like falling behind in credits, or even due to advanced academic abilities. Specifically, in a study completed by Perzigian, Afacan, Justin, and Wilkerson (2017), researchers identified specific characteristics of adolescents who attend alternative schools. They found that within the Montessori-type schools, 50.7% of the students were female, and 49.3% were male, 59.9% of the students were African American students, 6.1% Asian, 0% Hawaiian Islander, 20.4% Hispanic, .6% Native American,

and 13% of the students were white. Within the Montessori school students, 76.9% were in the Free and Reduced lunch program, and 21.2% of the students were considered to have a special education status; within this statistic, 14.9% of the students had an intellectual disability, 29.5% had a specific learning disability, and 8.4% had an emotional behavioral disability. Within the Behavior-focused schools, 29.1% of the students were female, and 70.9% were male, 81.2% of the students were African American students, .6% Asian, 0% Hawaiian Islander, 9.7% Hispanic, 1.2% Native American, and 1.2% of the students were white. In the Behavioral-focused school, 66.1% of students were in the Free and Reduced lunch program, and 57% of the students were considered to have a special education status, within this statistic, 10.6% of the students had an intellectual disability, 14.9% had a specific learning disability, and 27.7% had an emotional behavioral disability.

Within the last group of alternative schools, Academic remediation schools, the researchers found that 48.7% of the students were female, and 51.3% were male, 87% of the students were African American students, .9% Asian, 0% Hawaiian Islander, 7.3% Hispanic, .5% Native American, and 4.3% of the students were white. Of the Academic remediation school students, 80.6% were in the Free and Reduced lunch program, and 19.7% of the students were considered to have a special education status, within this statistic, 5% of the students had an intellectual disability, 30.5% had a specific learning disability, and 13.7% had an emotional behavior disability (Perzigian, et, al. p. 684-685). While the research is able to show the various types of students who attend alternative schools, there is still limited research available on how to help these students with their mental health diagnosis. The purpose of this project is to determine the different types of treatment options that can be used with students who are enrolled in an alternative education setting and also have a mental health diagnosis.

Review of Literature

Qualifications for AES programs

Adolescents who often attend an alternative school will typically have certain characteristics or qualifications about themselves that will qualify the student to be enrolled in an alternative education program which is commonly referred to as an alternative learning center (ALC). In the study mentioned above by Perzigian et, al. (2017) the researchers identified the number of students who attended an alternative school setting (Montessori, Behavior-Focused, or Academic Remediation) in an urban area as 60% of the school district. The information collected on students who attended an alternative school included their gender, ethnicity, socioeconomic status, free or reduced lunch status, and special education status. Overall, a majority of the students in the alternative schools were non-white, received free or reduced lunch, and had a special education status (p. 684-685)

Individualized Education Plan. The first qualification an adolescent might have would be an Individual Education Plan (IEP). Within an article by Mullen and Lambie (2013), they note that students who require an IEP often bring this plan from their traditional school setting to the alternative school setting. Once brought to the alternative school, the plan is often modified to fit the new setting. Unfortunately, "38% of states reported they discouraged students with IEPs attendance in AESs (alternative education setting)" (p. 12). An IEP is typically developed by the teachers who have worked with the youth throughout their schooling career, and it creates a plan for the student to follow that is specialized to their specific needs. According to the Individual with Disabilities Education Act (IDEA), states and public agencies must provide "free appropriate public education to eligible children with disabilities throughout the nation and

ensures special education and related services to those children" (n.d.) A common reason that an adolescent would need an IEP is for behavioral or mental health needs. Adolescents who have an IEP for a behavioral need also commonly have co-occurring problems in their lives other than academic needs. Mullen and Lambie (2013) identify some of these needs as, substance use and abuse, mental health concerns, physical, sexual, or emotional abuse, educational disabilities, family relational problems, violence, defiance towards authority, and breaking societal and cultural norms (p. 7-9).

Juvenile Delinquency. Juvenile delinquency is typically defined as the constant committing of criminal acts by a minor (n.d.). A person would be considered a delinquent if they commit crimes such as not going to school, staying out past curfew, underage drinking and/or smoking, vandalism, stealing, etc. In an article written by Mallett (2016), he discusses the rising issues surrounding students who are deemed as "delinquents" based on some of the behaviors discussed above. In his article, Mallett specifically discusses a way to move away from the zero-tolerance policies the mainstream schools have come to adapt over recent years. He suggests a multitude of different substitute frameworks, however, one in specific is called, Schoolwide Positive Behavior Interventions and Supports (SWBPIS). Mallett states this framework is made up of a three-tiered approach to the classroom and school, the first addressing "basic" school issues, the second focusing more so on at-risk students and the third focusing on students with more serious behavior problems and offers highly individualized supports (2013, p. 299-300). Mallett continues on to say,

> "This comprehensive and proactive approach assumes that actively teaching these expectations changes students' behaviors, while requiring the school personnel to define and teach a set of positive expectations for students, acknowledge and reward the

behaviors, systematically supervise students throughout the day, and implement a fair and consistent continuum of corrective consequences" (p. 300).

By effectively implementing these types of frameworks, school staff from all types of school settings would be able to put more focus on adolescents who have mental health, delinquency, familial, or academic issues.

Determining Level of Care

Regardless if a student is referred to an AES because of an IEP or a juvenile delinquent history, the level of care needed for the student must be determined. Specifically, when an adolescent begins to present with mental health symptoms there is a standardized measurement, called the Child and Adolescent Service Intensity Instrument (CASII) that is able to determine the level of care needed based on the judgments of a clinician. According to the American Academy of Child and Adolescent Psychiatry (AACAP) (2001), the CASII "takes into consideration developmental disorders such as mental retardation, autism, and delinquency, and to consider the contributions of the child/adolescent as well as the parent and family" (p. 3). The CASII measures on multiple scales including; risk of harm, functional status, co-morbidity, recovery environment, resiliency and treatment history, and acceptance and engagement for both the child/adolescent and the parent/caregiver (p. 5-6). Once the test is scored the child/adolescents needs will be placed within 6 different levels of care ranging from basic services to secure, 24 hour, medically managed services. AACAP defines each level of care in the CASII as the following; Basic Services (Level 0), Recovery Maintenance and Health Management (Level 1), Outpatient Services (Level 2), Intensive Outpatient Services (Level 3), Intensive Integrated Service Without 24-Hour Medical Monitoring (Level 4), Non-Secure, 24-Hour, Medically Monitored Services (Level 5), and Secure, 24-Hours, Medically Managed

Services (Level 6) (2001, p. 6-7). Working with adolescents who have been identified as having any of the needs on levels 1-6 requires special attention to what types of interventions the counselor is using with each client. Specifically, counselors will typically work with clients who have been identified as having needs on levels 2-6 when referring to the CASII.

Interventions Used in Alternative Education Settings

Cognitive-Behavioral Therapy. One of the more popular types of therapy that are used with adolescents focuses on their thoughts and their actions, this is commonly called CBT or Cognitive-Behavioral Therapy. In an article written by Smith and Thomson (2014), they discuss different theoretical perspectives that are often seen within an alternative education school. The first they discuss is that of behaviorism; the authors highlight that behaviorists have the perspective that learning involves a behavior change and how behaviors also put an emphasis on reinforcement the students would receive for their accomplishments (p. 116). This idea combined with the cognitive perspective, which Smith and Thomson describe as "humans control their own learning" and putting the power back into the hands of the students in alternative education settings (p. 117) creates the cognitive-behavioral perspective that can also be used in therapy sessions with these types of clients. Additional types of research-based interventions include; Dialectical Behavior Therapy, and the Motivational Interviewing Theory or the Motivational Perspective to counseling.

Dialectical Behavior Therapy (DBT). Smith and Thomson (2014) discuss the motivational perspective for this population as well. They identify that motivation may also need to be addressed in alternative education settings; program staff should consider focusing on the idea that, "at-risk students seem to lack intrinsic motivation; hence, the reason external motivating factors such as a reward system and the use of reinforcement are such a crucial part

of successful alternative programmes" (p. 118). An additional type of therapy that has been shown to work well when used with adolescents in an alternative education program is Dialectical Behavior Therapy (DBT). In a study completed by Ricard, Lerma and Heard (2013), they describe DBT as a "structured, time-limited, cognitive behavioral treatment approach which emphasizes the ability to effectively manage intense and conflicting emotions and truths" (p. 287). In their study, the researchers focused on adolescents who have been sent to the alternative school due to disciplinary issues from the mainstream environment; they found that when DBT was used the students and their parents reported a "significant reduction in overall distress when compared to a matched sample of students not receiving the intervention….the approach helped students experience an increased self-awareness in ways that seemed to improve their (and their parents') reports of school functioning" (p. 301). Once a counselor is able to determine the best treatment intervention to use with their clients, they will next have to identify the role they will play in the adolescents' treatment with their alternative school setting.

Motivational Interviewing. Another major problem that arises with students in alternative education settings is finding ways to keep them motivated within the school setting as well as to keep them motivated to keep going to school. An article by Gutierrez, Foxx, and Kondili (2018) defines Motivational interviewing as a "client-centered, non-judgmental approach to individual or group counseling for the purposes of exploring and resolving ambivalence and increasing motivation to change" (p. 6). This type of intervention will work well with adolescents who are unsure if they are able to continue their education. Often, adolescents from alternative schools lack the motivation to continue their education or even complete credits they are behind on due to the non-traditional style of the school. In the study, Gutierrez, et, al. used motivational interviewing in an 8-week group of adolescents who attended an alternative high

school. In the group, the researchers used motivational interviewing techniques such as, increasing change talk, goal-setting, empowerment and preparing for success. The researchers found that those who participated in the 8-week group showed an increased interest in attending post-secondary schooling and that the use of motivational interviewing has an impact on extrinsic motivation over time (p. 14-15). This suggests that when working with adolescents in an alternative education setting it may be best practice to use a group setting when working on mental health as well as educational needs that may arise.

Mindfulness-Based Practices. An intervention that is beginning to become more popular within the school and counseling setting is that of Mindfulness. "Kabat-Zinn (2003) described mindfulness as 'the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experiences moment by moment'" (Wisner & Starzec, 2016, p. 246). Essentially, the act of being mindful works towards self-acceptance and finding a different way to regulate your present emotions and/or behaviors. In a study completed by Wisner and Starzec, they used a mindfulness-based skills program with adolescents who attended an alternative education school. Previous research has proven that the use of mindfulness has been effective in aiding in the emotional/behavioral management for traditional school students. In this current study, the researchers discovered that when mindfulness was taught to students enrolled in an alternative school the students were able to apply the skills to their real-life and increase their abilities to work on two areas of their lives which were intrapersonal and interpersonal benefits (p. 251). Specifically, the students self-reported the mindfulness skills aided them with the management of their thought processes, emotions of anger; happiness; coping skills, sleep and stress, and building relationships with family, peers, and teachers. Of the mentioned therapeutic interventions, it seems as though

mindfulness is one of the easier techniques to teach to adolescents so they are able to use it even when they are not around their counselor.

Role of the Counselor

Role in an AES. Although there is minimal research available on the duties and responsibilities of a clinical mental health counselor within an alternative education setting, Mullen & Lambie (2013) state the responsibilities of a school counselor in an AES. The researchers purpose a school counselor in this setting should address each students' individual, academic, and familial factors as they fit with each student. Academic factors include; appraisal of students' abilities, interests, skills, and achievement whereas familial factors often focus more on the students' relationship with their parent or guardian and their involvement in their child's education. One of the more applicable factors to both school counselors and clinical mental health counselors is the students' individual factors. These factors consist of substance use and abuse, and mental health needs that cannot be addressed within the school setting (p. 14-15). In the case of referring a student to additional services, Mullen & Lambie suggest using wraparound service which is defined as "a collaborative team approach to supporting students' needs in school home, and community" (p. 16). These services incorporate multiple resources for the student to use in regards to mental health services, medical services, and financial assistance.

Collaborative Efforts. When beginning to work with a new client it is important for the counselor to effectively communicate with all members of the client's treatment team for coordination of care. This task becomes especially difficult when the client is a child or adolescent who will often have different types of providers and supports including but not limited to, school-based student support services (e.g., school counselors, school social workers, occupational therapists), caseworkers, physicians, psychiatrists, and parents or guardians. A very

important aspect to begin with when attempting to establish care to a new client is the therapeutic relationship between the counselor and the client.

In a study completed by McLeod, Jensen-Doss, Tully, Southam-Gerow, Weisz, and Kendall (2016), they looked into how different treatment settings affect the therapeutic alliance when working with adolescent clients. Their study compared whether or not the alliance was stronger in research or community-based settings as well as what types of treatments were proven to be the most effective in establishing a therapeutic alliance. They ultimately found that "the observer-rated and youth-rated alliance was significantly higher for youth who received ICBT in a research setting than for youth who received either ICBT or UC in practice settings" (p. 459). Thus, the therapeutic alliance is easily built when the counselor is using cognitive-behavioral therapy as an intervention combined with a research-based setting which for the purposes of this study is defined as a "specialty university-based research clinic for the treatment of youth anxiety disorders" (McLeod, et al., p. 455).

Lastly, as a counselor begins to establish their role within a client's treatment team, it is essential to remember the mental health needs of children and adolescents are ever changing. In an editorial by Child and Adolescent Mental Health, the author notes,

> "Worldwide there is evidence that up to one-fifth of children are experiencing problems including neuropsychiatric conditions, with WHO noting that such children 'face major challenges with stigma, isolation and discrimination, as well as lack of access to health care and education facilities, in violation of their fundamental human rights'" (2016, p. 181).

It is here, within the changes in mental health, that a counselor needs to begin to assist their client in filling in the gaps that they have in regards to their mental health needs.

Conclusion

The main focus of this paper was to identify the various types of alternative education settings that are available for students who may not "fit" in the traditional school setting. Throughout the paper the potential qualifications students may need to be admitted into an alternative education school were discussed. Additionally, interventions to use with these types of clients were identified as cognitive-behavioral therapy, dialectical behavior therapy, motivational interviewing, and mindfulness-based practices as well as the role the counselor has in the treatment of adolescents who attend alternative schools.

References

About IDEA. (n.d.). Retrieved March 16, 2019, from https://sites.ed.gov/idea/about-idea/

American Academy of Child and Adolescent Psychiatry. (2001, June). CASII. Retrieved January, 2019, from http://www.aacap.org/app_themes/aacap/docs/member_resources/practice_information/casii/casii_infor_and_data.pdf

Barlow, J. (2016). Editorial: CAMH—Meeting the changing mental health needs of children in the 21st century. *Child and Adolescent Mental Health*, *21*(4), 181–182. https://doi.org/10.1111/camh.12191

Gutierrez, D., Foxx, S. P., & Kondili, E. (2018). Investigating the effectiveness of a motivational interviewing group on academic motivation. *Journal of School Counseling*, *16*(14). Retrieved from https://eric.ed.gov/?id=EJ1185874

Mallett, C. A. (2016). The school-to-prison pipeline: From school punishment to rehabilitative inclusion. *Preventing School Failure*, *60*(4), 296–304. Retrieved from http://dx.doi.org.wsuproxy.mnpals.net/10.1080/1045988X.2016.1144554

McLeod, B. D., Jensen-Doss, A., Tully, C. B., Southam-Gerow, M. A., Weisz, J. R., & Kendall, P. C. (2016). The role of setting versus treatment type in alliance within youth therapy. *Journal of Consulting and Clinical Psychology*, *84*(5), 453–464. https://doi.org/10.1037/ccp0000081

Mullen, P. R., & Lambie, G. W. (2013). School counseling in disciplinary alternative education programs. *Journal of School Counseling*, *11*(17), 1-33. Retrieved from https://eric.ed.gov/?id=EJ1034763

(n.d.). Retrieved March 26, 2019, from https://www.google.com/search?q=juvenile delinquency&oq=juvenile delinquency&aqs=chrome..69i57j0l5.6357j0j7&sourceid=chrome&ie=UTF-8

Perzigian, A. B., Afacan, K., Justin, W., & Wilkerson, K. L. (2017). Characteristics of students in traditional versus alternative high schools: A cross-sectional analysis of enrollment in one urban district. *Education and Urban Society*, *49*(7), 676–700. Retrieved from http://dx.doi.org.wsuproxy.mnpals.net/10.1177/0013124516658520

Ricard, R. J., Lerma, E., & Heard, C. C. C. (2013). Piloting a dialectical behavioral therapy (DBT) infused skills group in a disciplinary alternative education program (DAEP). *Journal for Specialists in Group Work*, *38*(4), 285–306. Retrieved from http://dx.doi.org.wsuproxy.mnpals.net/10.1080/01933922.2013.834402

Smith, A., & Thomson, M. M. (2014). Alternative education programmes: Synthesis and psychological perspectives. *Educational Psychology in Practice*, *30*(2), 111–119. https://doi-org.wsuproxy.mnpals.net/10.1080/02667363.2014.891101

Wisner, B. L., & Starzec, J. J. (2016). The process of personal transformation for adolescents practicing mindfulness skills in an alternative school setting. *Child & Adolescent Social Work Journal*, *33*(3), 245–257. https://doi.org/10.1007/s10560-015-0418-0