

## L3 THERAPEUTIC MODEL SITE

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*Abstract: L3 is an intertribal residential school enrolling approximately 200 students in grades 5-8 from tribes in the northern Midwest. As a result of successful grant-writing which espoused Circle of Courage and Asset-Building, the school built up an impressive configuration of programs funded by a variety of sources, including a cadre of mental health professionals, and began increasingly to rely on their assessments and services. First funded by the Therapeutic Residential Model program in the 2002-2003 school year, L3 used the funding that year primarily to increase professional-level services of a psychiatrist and psychologist, and to maintain or expand programs which would otherwise have been terminated as funding from short-term sources was running out. Evaluation of this project began in January 2003, when the site was assessed and determined to be strongly oriented toward provision of Level Three, or professional-level, psychiatric and medical mental health services. The initial evaluation report identified a low retention rate and raised concerns that the presence of more than 200 staff on campus had resulted in a diffusion of responsibility, lack of consistency, and duplication or redundancy of services; that elements of the environment appeared to be detrimental to social development and emotional stability; and that an unusually high proportion of students were receiving psychiatric diagnoses and medication. The site was asked to address these issues, and additional funding was provided to bolster lower levels of triage by adding paraprofessional case managers to advocate for students and coordinate provision of services for them. Retention remained low at this site throughout the course of funding, and there were a high number of assaults and psychiatric hospitalizations compared with other sites.*

L3 is an intertribal residential school enrolling approximately 200 students in grades 5-8 from tribes in the northern Midwest. Established a century ago as a government-run rural agricultural and vocational training institute, L3 now operates as a grant school on a 52-acre site bounded by residential areas, a university, and a high school. In 1994 it was designated as a therapeutic model demonstration school under Public Law 103-382 (Improving America's Schools Act of 1994). Grant proposals and descriptions provided by the school indicate that the philosophy under which the school operates draws from the Circle of Courage (Brendtro, Brokenleg, & Van Bockeren, 2002) and the Search Institute's Asset-Building (Lerner & Benson, 2003). The Circle of Courage is conceptualized in *Reclaiming Youth at Risk: Our Hope for the Future*, in which Brendtro et al. describe the discouragement of youth at risk and the type of environment necessary to rebuild their courage. Characteristics of this environment are:

- (1) Experiencing belonging in a supportive community, rather than being lost in a depersonalized bureaucracy.
- (2) Meeting one's needs for mastery, rather than enduring inflexible systems designed for the convenience of adults.
- (3) Involving youth in determining their own future, while recognizing society's need to control harmful behavior.
- (4) Expecting youth to be caregivers, not just helpless recipients overly dependent on the care of adults. (p. 4).

This philosophy emphasizes a positive approach that values children and builds on their strengths, rather than blaming them for outcomes and or giving them labels such as deviant, disturbed, disordered, dysfunctional, or delinquent (p. 19). The Developmental Assets framework gives a similar description of the supportive environment:

The Developmental Asset framework is categorized into two groups of 20 assets. External assets are the positive experiences young people receive from the world around them. These 20 assets are about supporting and empowering young people, about setting boundaries and expectations, and about positive and constructive use of young people's time. External assets identify important roles that families, schools, congregations, neighborhoods, and youth organizations can play in promoting healthy development.

The twenty internal assets identify those characteristics and behaviors that reflect positive internal growth and development of young people. These assets are about positive values and identities, social competencies, and commitment to learning. The internal Developmental Assets will help these young people make thoughtful and positive choices and, in turn, be better prepared for situations in life that challenge their inner strength and confidence. (Search Institute, 2006)

As a result of successful grant-writing which espoused these philosophies, the school had been able to staff a number of programs which allowed it to achieve a comparatively low staff to student ratio of 1:1. Staff available included an impressive configuration of special education teachers and a cadre of mental health professionals upon whom other staff began increasingly to rely on for assessments and services. Therapeutic Residential Model (TRM) funding for this site began in fall 2002. The original TRM budget request for this site asked for funding to continue some of these programs established under other funding and to increase professional mental health services. Thirty-six percent of the requested program budget was for an increase in services of a professional psychiatrist and psychologist, their office support personnel, and medications. Thirty-eight percent of the program budget was requested to continue staffing of a

locked therapeutic dormitory for short-term placement and treatment of students identified as having mental health or behavioral problems. An additional 22.5% of the budget was requested to continue funding of a unit of child protection officers originally funded by a Department of Justice grant, whose major duties involved control of misbehaving students, disciplinary action, and supervision of detention. The remaining program funds were allocated to an external contract for chemical dependency services. Responding to Office of Indian Education evaluation concerns about coordination of services and enabled by the provision of additional TRM funds in school year (SY) 2003-2004, the site added a group of paraprofessional case managers to work on an ongoing basis with the students and to coordinate and provide Intensive Residential Guidance services.

### Description of Site

#### Student Characteristics

Selection Criteria. Student applications are reviewed by representatives of various departments at the site. Efforts are made to exclude students who have a history indicating that they may be a danger to themselves or other students, or have problems which are beyond the scope of school services. Individuals who are known to be suicidal, homicidal, sexual predators, or fire-starters are not accepted. Students are prioritized into levels as shown in Table 1.

**Table 1**  
**Priority Ratings for Admission to L3 School**

	Medical Coverage	Support from the Home	Academic	Crime/ Legal	Personal	Mental Health/ Substance Use
Priority 1	-Resident of state with full health coverage OR -CHIPS, medical assistance, or insurance eligible and active -Can use local providers for routine care	-Parent/ legal guardian involvement is positive.  -Positive involvement of home partnership agency.	-Requires least restrictive academic environment	-No serious history	-Assets & interests -Capable of achievement & social growth -Only preventable or treatable health or medical conditions	-None identified
Priority 2	-Resident of state with current CHIP or has current medical assistance program -Emergency and pharmacy providers only	-Indifferent parent/ guardian -Indifferent home agency	-Referral to special ed -Needs special ed or remedial services -School failure -Truancy -Suspension	-Probation services -History of juvenile crime	-Only changeable or treatable health or medical conditions	

**Table 1, continued**

	Medical Coverage	Support from the Home	Academic	Crime/ Legal	Personal	Mental Health/ Substance Use
Priority 3	-No health coverage	-Negative or negligible	-History of expulsions -FAS or mental retardation	-Repeat offender -School threats, violence, homicide attempts	-Chronic health and medical problems	-Chronic MH or SA problems -Suicidal

The goal is to achieve a population of 68% or more of Priority 1 students who do not require significant additional services from the school. Efforts are made to exclude Priority 3 students, as the school has limited resources to deal with the problems these students bring in. In reality, since there is not a large waiting list, very few completed applications are rejected and a number of Priority 2 students are accepted. The review system, while thorough, does not manage to exclude Priority 3 candidates, as some parents and schools of origin are less than completely forthcoming on application materials.

Baseline Assessment of Student Functioning. Incoming students at this site were assessed in fall 2003. Due to postponements, surveys scheduled for fall 2004 were not carried out until November 2004, at which time less than three-quarters of the original students remained on campus. Therefore, only fall 2003 statistics were used to characterize incoming students at this site.

Life stressors. The Prevention Planning Survey Section of the American Drug and Alcohol Survey (ADAS) was administered to the seventh and eighth grade students in fall 2003. Table 2 shows that many incoming students arrived with known risk factors for behavior problems, social maladjustment, and academic difficulties.

**Table 2**  
**History of Incoming 7<sup>th</sup> and 8<sup>th</sup> Grade Students at L3**

American Drug and Alcohol Survey Item	Fall 2003
History of Antisocial Activity	
- Have been arrested	41.3%
- Have robbed someone	31.2%
- Have beaten up somebody	78.9%
- Have hurt someone using a club/chain/knife/gun	13.9%
School Failure	
- Have flunked a grade	43.2%
- Have been expelled from school	12.1%
Victimization	
- Have been beaten up by peer	30.6%
- Have been beaten up by someone not of same age	33.6%
- Been hurt with a club/knife/gun	20.4%
- Been robbed	21.3%

Gang association. Of the seventh and eighth grade students arriving in fall 2003, 25.2% reported on the ADAS being a member of a gang or hanging out with a gang. Another 13.6% reported being a former gang member.

Suicide. The Youth Risk Behavior Survey was also administered in fall 2003. According to the students' responses, 30% of the seventh and eighth graders reported having seriously thought about killing themselves.

Alienation. A Jessor Alienation Inventory was administered in fall 2003. Alienation indices were fairly high among these incoming students, with 37% to 61% endorsing items such as "Hardly anything I'm doing in life means very much to me" and "It's hard to know how to act most of the time since you can't tell what other people expect." (See Outcome section for more details.)

Emotional health. The BarOn Emotional Quotient Inventory focuses on a number of areas necessary for successful functioning in the world, including intrapersonal skills (having to do with inner knowledge and inner balance), interpersonal skills, ability to manage stress, and adaptability (reflecting confidence in ability to deal with situations that arise around oneself). Interpersonal skills and adaptability were the areas of greatest need, with 50% to 60% of the students scoring low to markedly low on these measures.

Substance abuse. As shown in Table 3, many incoming students anonymously reported on the ADAS that they had been introduced to substance use.

**Table 3**  
**Percentage of Incoming Students Reporting**  
**Use of Mood-altering Substances and Tobacco, Fall 2003**

Substance	5 <sup>th</sup> -6 <sup>th</sup> Graders	7 <sup>th</sup> Graders	8 <sup>th</sup> Graders
Alcohol	43%	69%	89%
Marijuana	48%	66%	90%
Inhalants	13%	16%	34%
Cigarettes	63%	66%	83%

Baseline retention. The site had a serious problem with retention. Table 4 shows outcomes of 227 students who had entered the system by count week in SY 2002-2003. An examination in April of the status of these students showed that the site had managed to keep less than one-half of them at L3 throughout the year. Of the 227, 110 had either graduated or had been continuously enrolled since entering the system at the beginning of the year. Ten students had cycled, meaning that they had been officially removed from the rolls and spent a number of months elsewhere before returning and re-enrolling before the end of the year. Six students were at home on suspension. Another 101 had formally exited the system and had not returned. The final column shows the percentage of students in each grade who had been successful in remaining in school throughout the year.

**Table 4**  
**Retention of Initial Cohort at L3, 2002-2003**

Grade	Retained Active/Grad	Cycled	Suspend/ leave	Exit	Total Starting	% Retention
5th	14	1	0	15	30	46.67%
6th	28	2	0	17	47	59.57%
7th	27	3	2	44	76	35.50%
8th	41	4	4	25	74	55.41%
Total	110	10	6	101	227	48.5%

### Site Resources

#### Facility

Facilities were in good to adequate condition, with the majority of classroom and residential buildings constructed in the 1960s. The school building was constructed of brick and concrete block; classrooms were wrapped around an attractive gymnasium, decorated with American Indian murals and tribal flags, and a central courtyard which allows light into the inner core of the building. The school building also contained a library brimming with cultural artifacts and books by and about American Indians; a computer lab which was tightly packed with cubicles containing Mac computers; and a music room. The cafeteria, naturally lit with a south-facing glass wall, was large, clean and well equipped, with a separate dining room which could be used for family-style dining and small meetings.

Students were housed in three single-story dormitory buildings. Approximately 70% of students were housed in the main boys' and girls' dormitories, while residential quarters in the third building were divided into a locked, 20-room therapeutic dormitory used for housing up to 10% of the student body with serious behavioral or mental health issues and a 20-room honor dormitory housing up to 20% of the student population. Because of an ongoing standoff between the facilities department, which had concerns about flammability of Velcro-hung drapes and wallpaper borders, and concerns of dormitory staff over the potential use of blinds and curtain rods as weapons, hallways were stark and students had festooned windows with towels, sheets or blankets for privacy. Despite a roster of 17 employees in the facilities department, the campus presented a somewhat shabby exterior, and on four out of the first five site visits the evaluator found problems with water, heat, or sewage. Over the course of the site visits, the evaluator noted that crumbling brick ornamentation in front of buildings received no repairs. Summer replacement of school windows by a contractor ran well past the start of school. Documentation received suggests that simple tasks such as putting in doors and changing locks appeared to be subcontracted out rather than being done by staff on payroll.

The most critical characteristic of this campus which affects its philosophy and design of services is its location. Significant arts, academic, and recreational resources are within walking distance of the campus. However, this location also has its drawbacks, as students can and regularly do walk across a street to leave campus. In fall each year, significant human resources are expended in retrieving AWOL students.

### Financial Resources and Staff

With 175 to 200 personnel on salary or contract (numbers varied over the funding period and during the course of each year), this site has nearly double the number of adults per student than any of the other TRM sites. Therapeutic Residential Model funds were received at a point when many of the grants supporting programs were running out, and expenditures allowed under special education budgets were being increasingly curtailed. The first year of TRM funding brought in \$975,000; \$761,444 of this was necessary to bring the budget up to the previous year's funding and to maintain programs. The increase in the second year of TRM brought total TRM funding to \$1,048,186 (which increased the total budget by only \$83,622 over the previous year).

This site has considerable staff stability. Most employees have been at the school for a number of years; many have been supported by the school in upgrading their educational status and moving up in the ranks. Many are related by blood or marriage. An Employee Assistance Program is in place, and the school has made arrangements which allow all employees the use of a local fitness center. In spite of this, 64% of staff survey respondents in spring 2003 rated "Staff burnout" as serious or major (3 or 4) on the staff survey. This large staff requires a good deal of coordination. Staff meetings listed on a January 2003 schedule given to the evaluator showed 27 meetings in one week. By January 2003 of the first school year, 104 staff training sessions were listed as having been provided. A staff survey in spring 2003 provided staff with a list of possible problems/barriers they might face and asked them to rate them on a scale of 0 (*not a problem here*) to 4 (*a major problem*). Table 5 shows the percentage of the 123 respondents who rated items describing staffing and organizational issues at 3 or 4. Issues rated at this level by more than one-half of the respondents included "Staff burnout," "Not enough dorm staff," and "Management is inconsistent, not all staff are treated equally."

**Table 5**  
**Responses on L3 Staff Survey Items Regarding Organizational and Staffing**  
**Issues in Spring 2003**

Item	% of Staff (n=123) rating problem as serious (3,4)
3. Not enough teaching staff	12%
4. Quality of teaching staff	26%
<b>5. Staff burnout</b>	<b>64%</b>
8. Administration policies	29%
17. Quality of dorm Staff	41%
<b>18. Not enough dorm staff</b>	<b>68%</b>
20. Drug and alcohol problems of staff	24%
31. Staff Dissention	49%
<b>32. Management is inconsistent, not all staff are treated equally</b>	<b>60%</b>
33. Low staff morale	47%

Closer examination of the responses showed a difference in perception between academic and residential staff. Sixty-six percent of residential staff reported "Staff burnout" as a serious problem in spring 2003, compared with only 26% of academic staff in spring 2003. The source of this discrepancy may be related to distribution of staff coverage. While the site had a plethora of staff, the majority of them worked during school hours, leaving few staff to work with students during evenings and weekends. Staff and students reported that scheduled off-campus recreational activities were frequently canceled when residential staff failed to show up for shifts, resulting in too few staff to both cover the dormitory and chaperone the students. While the

students' academic day was constantly interrupted by counseling sessions and appointments, programming in the evening and weekends was sparse, and large blocks of time were unstructured. There was reluctance on the part of administration to structure this time; administrators claimed that the students would not tolerate such a change.

The organizational complexity of coordinating up to 200 staff was complicated by the plethora of programs. The initial site evaluation noted:

Existing services, now funded by TRM appear to have been formatted in response to past RFP's from a variety of public and private funding agencies, resulting in what appears to be a mishmash of philosophies. There does not seem to be an overarching TRM philosophy or structure of services. The most dominant of the philosophies at this site appears to be a Behavior Modification philosophy which attempts to mold behavior using drugs or a reinforcement system. Such a system is only effective if it is consistently applied, and there is some question whether it is being consistently applied. The site needs to assess the appropriateness of this philosophy and other competing philosophies in each program and determine how each serves or works against serving the needs of the child. (DeJong, 2003, pp. 29-30)

A further side effect of having abundant resources is that the system was able to support a number of non- or marginally productive staff members of whom little was required. This situation has generated a considerable amount of staff tension and resentment, which has negatively impacted team spirit and cooperation. Comments on staff surveys and noted in discussions with staff indicated an ongoing lack of understanding of the purpose of the TRM program, exacerbated by the administration's decision to bar staff from access to evaluation reports. Accustomed to a variety of independently funded, freestanding services programs, the staff continued to have difficulty in understanding the difference between the TRM philosophy of focusing on the child and standard service delivery programs. Programs continued to have turf issues and resisted changes that threatened the status quo.

### **Family and Community Involvement**

L3 does a number of things to involve parents. A newsletter is sent to parents to keep them informed about school activities. Parents are provided with staff members' office telephone numbers, and are offered printed informational materials. Mailings to parents go out on a monthly basis. Parents are also invited to Parent Day and a pow wow.

Other than giving their consent as required by law for placement and medication of children, parents do not appear to have a high degree of involvement in program development or decision-making. In the second year of TRM, with the advent of case managers, contact with parents was increased as case managers began to regularly call parents to share information about their children.

A high number of staff members see outside political pressures as creating serious barriers limiting their ability to serve students. In spring 2003, 47% of staff designated "Outside political pressures" as a serious problem. Based on only brief observation of interaction between the school board and administration, a somewhat antagonistic relationship appears to exist. Members of the school board demonstrate frustration at the apparent lack of results, but also demonstrated an unwillingness to consider or support necessary system change. A defensive administration counters by highlighting successes and blaming student quality for lack of

progress. There appeared to be little open discussion of problems with the system and how they could be fixed. Staff reported that students related to board members are given special privileges and preferential housing, and that their inability to enforce rules with these students eroded discipline.

While there is some cooperation with educational and recreational facilities directly surrounding the campus, there appeared to be very few ties with the surrounding community. While the community offers a variety of activities, there is evidence that students experience discrimination when they use some public facilities. According to reports, there was an agreement with the local theatre that not more than 25 L3 students can attend any show; during one site visit a group of students had recently been verbally disparaged and turned away by the manager. Students also reported that the local skating facility requires that they allow later-arriving Anglos to step in front of them in line, and that L3 students are restricted to certain hours of use. In the second year of TRM, case managers began involving their students in service learning activities in the community.

## **Programs and Service Components**

### **Cultural Programming**

A number of traditional cultural elements are in place. The interior of the facility is decorated with cultural motifs, banners, and posters. There are a variety of artifacts and a large number of books by and about American Indians in the library. Guest speakers and yearly pow wows take place on campus.

During the first TRM year, a drum group (which had produced its own CD) opened each school day with smudging, traditional songs, and prayers. On Friday afternoon, a similar drum ceremony was used to send off students going home for the weekend, and to honor students. In the second year of TRM, the morning drum ceremony was cut back to Fridays and special occasions because the drum instructor had been hired as a full-time case manager.

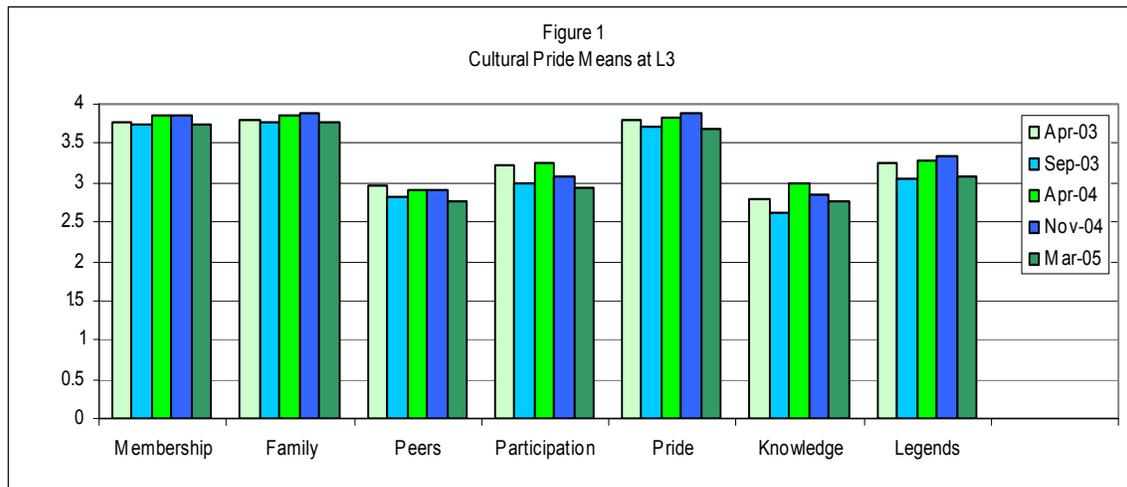
Traditional elements such as American Indian Singing, Feeding of the Spirits, Talking Circle, and Daughters of Tradition were used in the first year of TRM by two cultural advisors, who taught traditions in the classroom as well as after school. Male and female sweat lodges conducted by these advisors, were observed to be in use by small numbers of students on Tuesday and Thursday nights during year one. During the second year, after these cultural advisors had left the staff, sweats were less regular, conducted by other staff members and outside elders.

A working cultural center contains artifacts, crafts, and regalia. During the first year, these items were used by the two cultural advisors who worked with a small group of students with whom they had developed close relationships. During the second year, these materials were distributed to the dormitory staff and used by them in teaching crafts to all interested students.

Assessments of students using the Language Assessment Scale and Cultural Assessment to determine home language proficiency have been used. The site states it has found that less than 5% of L3 students understand their Native language. A bilingual supervisor and two bilingual advisors are listed under the organizational chart for the school; however, they do not work with traditional languages. While the environment appears to be culturally rich, there is some question regarding accessibility of traditional language services for the students at this site. Approximately 20 students were informally polled about whether they had received any type of language services in their tribal language. While a number of them demonstrated some knowledge of their tribal language, and some had received instruction in the schools on their

home reservation, all stated that they had received no services of any kind or encouragement to use or learn their traditional language at L3.

As can be seen in Figure 1, cultural pride (as measured on a 4-point scale from 1 (*Not at all*) to 4 (*A lot*)) tends to be fairly high at this site. The great majority of students say they like that they and their family are members of their tribe, and they are proud to be part of their tribe. A slightly lower number say they participate in cultural activities or like to hear stories and legends about their ancestors. Interacting with their peers regarding their traditional heritage and level of knowledge are also somewhat lower.



Items:	
Membership:	"I like being a member of my tribe."
Family membership:	"I like that my family is part of my tribe."
Peer sharing:	"I talk to my friends about things having to do with my tribe's culture (religion, customs, values, food, language, arts, pow wow and other celebrations)."
Participation:	"I participate in tribal and other Indian celebrations."
Pride:	"I am proud to be a member of my tribe."
Knowledge:	"I know about my tribe's culture and history."
Legends:	"I like telling and listening to tribal legends and stories about my ancestors."

## Social and Life Skills

In every boarding school environment, there are proactive systems which attempt to meet the needs espoused by the Circle of Courage (Brendtro et al., 2002), encourage healthy social development, stimulate moral development, and encourage pro-social behavior. There are also reactive discipline systems in place to discourage behavior which does not conform to norms. At L3 there are a number of both elements which contribute to a complex system.

### Proactive Elements Addressing Social and Life Skills

Life skills class. According to program information provided by the school, a Life Skills program is taught by certified teachers. Under the Federal programs coordinator, organizational charts show a life skills position and an additional life skills technician.

Canteen. The social center of the campus is the canteen. When it is open the canteen is a busy center of activity with pool tables, foosball, TV, and video game stations. A large library of popular video games is provided, many of which portray a high level of violence; one particularly disturbing game created a scenario where the player stalked the halls of a school shooting at anything that moved. The evaluator noted at each site visit that canteen hours were not posted and hours open were erratic. Students waited outside the doors every afternoon, not knowing what time the canteen would open.

Mentoring. L3 has a large mentor program; approximately one-third of L3 staff have been trained and approved to mentor students.

My Independent Living Experience. During the first TRM year, the My Independent Living Experience (MILE) program, an extended school day program staffed by eight technicians, provided services for up to 12 special education students with developmental problems including Fetal Alcohol Syndrome/Fetal Alcohol Effects. According to the handbook, this program taught life skills and worthwhile leisure skills, and addressed emotional/behavioral/ academic concerns. Students did arts and crafts, baking, cooking, and behavior modification; and practiced what they learned on field trips to restaurants, museums, movies, shopping, and other community activities. At the end of the first year of operation, the site was told that the MILE program could not be funded under special education in its current form. A reduced form of the program, with one staff person, was shifted in the second year to the therapeutic dormitory.

Dress code. School uniforms – T-shirts and polo shirts with the school's emblem and khaki or black pants – were introduced at the beginning of the TRM program. The uniforms served several purposes. The differential between the have and have-nots was reduced by requiring all students to dress in school-provided clothing. Care was also taken in the selection of uniform shirts to ensure that none were in gang-related colors such as red or blue. Reports from several sources during the first TRM year indicated that incidents involving students beating up other students for wearing opposing gang colors seemed to have been reduced by implementing this strategy. During the second and third years of TRM funding, the administration appeared to have backed off from this stringent policy. Some students were allowed to wear their own clothing on occasion and to bring in and wear less conservative pants. The colors red and blue reappeared and showed up on clusters of students, who could be seen chasing or otherwise harassing other students during after-school hours. Many girls wore heavy makeup.

Housing environment. Within the residential setting, students are divided into regular dormitories, an honor dorm, and a locked dormitory in which students deemed to have behavioral problems or mental health issues are placed. Depending largely upon their behavior, students are moved between these three dormitories.

Main dormitories. The majority of the student body resides in two main dormitories, one for males, the other for females. Fifth and sixth graders were clustered in a wing of each dorm, where staff report that they are frequently picked on and exposed to inappropriate behavior of older students. Over one-half of the fifth and sixth graders entering in fall 2003 dropped out during the course of that school year. In spring 2004, 52% of fifth and sixth grade boys and 82% of the fifth and sixth grade girls still attending the school reported they had been pushed around during the year.

Honor dorm placement. Twenty percent of the student body was segregated into a 20-bedroom honor dorm. This policy was justified in several ways, such as: providing an incentive for students to behave, providing an enriched environment for students with potential or, as expressed by some staff and administrators, keeping them away from other students because "they are the ones who have a chance to make it". The cross-site evaluation raised a number of concerns about this element: (a) With the effective removal of positive peer leaders from the general population, and their segregation in the honor dorm, the main student body is left under the influence of negative peer leaders. (b) Movement of students between dormitories contributes to destabilization of students and works against development of positive peer relationships necessary to social development. (c) Focusing of scarce resources upon the honor dormitory and a prevalent attitude among staff that only honor dorm students are salvageable is detrimental to those "left behind." (d) By being extracted from the milieu of students in need of their leadership, strong students are deprived of the opportunity to exercise the Circle of Courage tenet: "Be caregivers, not just helpless recipients overly dependent on the care of adults." (e) A class system is created, which communicates to students and staff that non-honor dorm students are second-class citizens. An external evaluator contracted by the site made a similar assessment and recommended reintegration of honor students into the regular dormitories. At the end of SY 2002-2003, a plan was discussed with the site to address these concerns by replacing the honor dorm situation with incentive "honor rooms" within the regular dormitories. While main dormitories went ahead with creation of honor rooms, which were well received by students, the plan to eliminate the honor dorm was stymied in SY 2003-2004 by opposition from the administration, school board, and honor dorm staff. However, the return to the regular dormitories was encouraged by another development in SY 2004-2005. In response to concerns for the protection of fifth graders and need for age-appropriate programming for them, in SY 2004-2005, fifth graders were moved into a section of the honor dormitory. At first, they were briefly placed in rooms shared with older honor dormitory students in rooms; then, after predictable protests from older students, they were grouped in an adjacent set of rooms. The recommended separate programming was, however, not developed. The continuing inclusion of fifth graders in dormitory activities and recreational excursions prompted a flight of honor dormitory students back to the regular dormitory.

Intensive Residential Guidance Counselors/Case Managers. All students at the school are included in the Intensive Residential Guidance (IRG) program. According to the handbook, this program is intended to "assist students to adjust to the school program, meet other people and become involved in carefully selected activities to learn to cope with daily living." During the first TRM year, the students were divided among the caseloads of four IRG counselors, who provided five hours of either individual or group counseling to each student per week. Evaluation at the end of the first year of TRM noted:

IRG files were examined and found to be lacking in documentation of services. IRG caseloads (up to 50) are too large for students to receive the individual attention they need. Services delivered by IRG counselors vary according to personal orientation of the counselor" (DeJong, 2003, p. 15).

In the second year of funding, additional funds were added to replace the function of these counselors with 10 case managers who would have smaller caseloads. These new case managers further divided the students in their caseloads into small groups which regularly met several times a week to discuss issues and take part in recreational activities together.

Recreation. There was change over the course of funding with respect to recreation. During the first year of TRM, the recreation department (one supervisor and three recreational aides) organized after-school activities for each dormitory. At the end of that first TRM year, 55% of staff survey respondents indicated that "Lack of after school activities and weekend activities" was a serious problem (3 or 4). During each site visit, the evaluator noted off-campus recreational activities had been cancelled because staff absences resulted in coverage that was inadequate to both oversee the dorm and chaperone outside activities. The primary recreational activity, one easy for staff to monitor, was campus-wide dances which took place in the canteen every weekend. During this activity, students were locked out of their rooms to force them to "socialize." It was also observed that in addition to the weekend dances, dorm personnel set up dances within dormitories on other nights. The evaluation recommended that other activities may be more age appropriate. It was also recommended that consideration should be given to introverted students who may relish the opportunity to read or meditate alone in their rooms. At the beginning of the second year of TRM, the recreation supervisor was no longer on the organizational chart, leaving three recreational aides, one for each dormitory. In the second semester of the second TRM year, there was a further change: Rather than designating one staff person in each dormitory as the recreational aide, all staff were asked to provide some recreational or craft activities. During the second year of TRM, case managers also provided a significant number of recreational activities in their group sessions. At the end of the second year of TRM funding, the percentage of staff seeing "Lack of after school and weekend activities" as a major problem had decreased from 56% (spring 2003) to 45% (spring 2004) overall and from 69% to 50% among dormitory staff.

#### Reactive Elements – Discipline

There were high rates of assaults and harassment reported at this site: 719 violent physical assaults, 57 sexual assaults, and 402 incidents of harassment were reported for SY 2004-2005. Citations for violence appeared to have increased, as the school reported 417 incidents of violence in SY 2003-2004 and 571 in SY 2002-2003. The lack of staff during non-school hours curtailed the activities that can be offered, and as a result students had a great deal of unstructured free time with little monitoring. When infractions were identified, there was a set of procedures in place to deal with them. A group of child protection officers carried out the role of enforcer. A Social Skills Center did remedial work on social skills with offenders in TRM year one. Throughout the TRM program, a therapeutic dorm (TD) program dealt with students with behavioral problems in a locked ward.

Discipline for behavioral infractions. The student handbook spells out a large number of unacceptable behaviors. Staff members write up students on behavioral infractions which can be dealt with according to the student handbook in a number of ways (Box 1).

**Box 1**  
**Discipline at L3 for Behavioral Infractions**

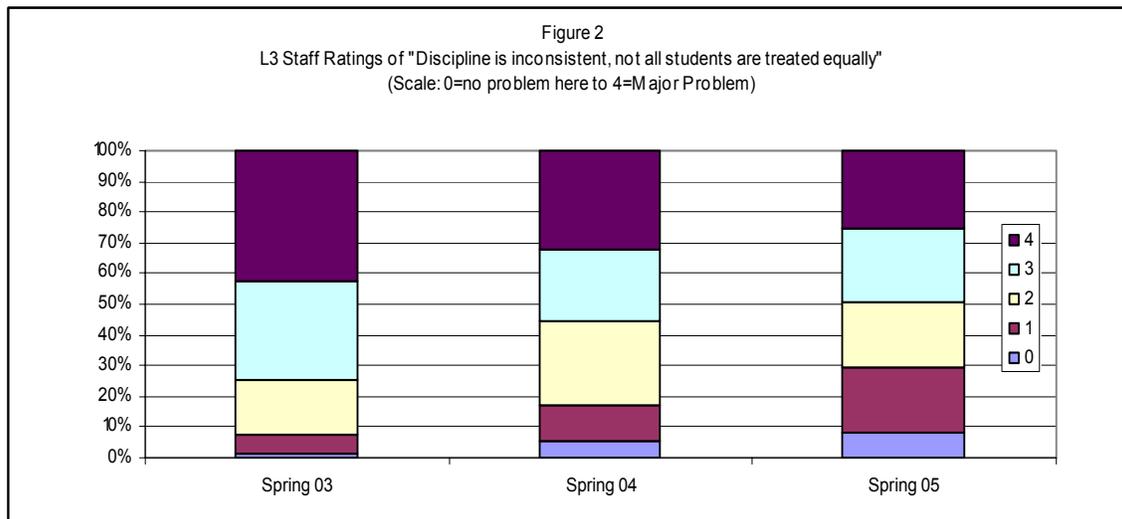
For *minor infractions*, restrictions are imposed by the dorm manager. These include:

- Talking with or counseling the student
- Propose to the dorm supervisors and Residence Director a change in environment (room, dorm) to remove the cause of the problem
- Recommend for counseling
- Recommend appropriate action
- Referral to the Principal, Residence Director and/or Superintendent

For *major infractions*, the student may be immediately suspended or dismissed under due process. In addition to the restrictions imposed for minor infractions, for major infractions the school adds :

- If this is the third major infraction it “may” bring about a Child Protection Team staffing involving teachers, dorm supervisors, the residence director, counselors, department heads, and the principal, to make recommendations to the superintendent.
- A formal hearing or teen court

Staff and student responses indicate there is considerable variation in how discipline is applied. Figure 2 shows staff rating of the problem of consistency in discipline over the three spring surveys. The majority of the staff respondents continue to consider inconsistency in administering discipline to be a problem.



Student responses also indicate that they may not be getting consistent messages about how they should behave. Responses of students present at both fall 2004 and spring 2005 time points were examined on the Jessor item "It's hard to know how to act most of the time since you can't tell what other people expect." Paired *t*-tests of mean responses for this group found a significant shift toward agreement with this statement ( $t = 2.52, p = .014$ ). Of this cohort, 54% agreed with the statement in fall 2004; in spring 2005, 67.6% agreed.

**Enforcement of rules.** Child protection officers (CPOs) play a key role in the discipline system. Partially funded by the Title IV Safe and Drug Free Schools (three officers) and by the TRM program (six officers), CPOs monitor the campus and inside buildings using a system of

surveillance cameras. The CPOs are trained to use de-escalation techniques to deal with problem situations, handle investigation of all allegations of child abuse, and refer such allegations to proper authorities. The CPOs reported struggling to get local officials to legally pursue infractions of their students, and in the first year of TRM reported that they were in the process of rewriting their incident report classifications to conform to police codes in order to facilitate legal actions against students by police. It was observed that while some students appear to be on friendly terms with individual CPOs and cluster around them as they walk the campus, other students perceive them as having "commando attitudes" and report that they have left unnecessary bruises on children when they "take them down." The frequency with which physical restraint is used is unknown, as the site refused evaluation requests for statistics. Need for physical intervention appeared to be generated by a pervasive delegation of responsibility to the CPOs, with the result that in the interval between the time CPOs were summoned and the time they arrived, situations were likely to have escalated to the point where physical restraint became necessary. An observation by the evaluator shown in Box 2 illustrates the dynamics of this system.

**Box 2**  
**Observation of Mud Fight**

On a Sunday afternoon, over 50 students were observed to be engaging in unstructured activities in the green area at the center of the campus. Other than one adult, a canteen employee, who was attempting to engage some of these students in a ball game, no adults were seen to be interacting with the youth. A member of the dorm staff reported that the students were frustrated because one of the dorm staff had not come in to work, and as a result, planned swimming and other activities that weekend had been cancelled due to lack of coverage. The canteen employee notified dormitory staff and the CPO center of an upcoming water fight developing among the students; however, neither group made any attempt to stop or regulate the upcoming event. The ensuing, unsupervised water fight quickly progressed through a mud fight stage to pelting mud at the school windows. CPOs then appeared to break up the activity and in the absence of adult witnesses, appeared to rely heavily on reports of honor dorm participants in determining responsibility and penalties.

The considerable amount of free time after school and on weekends with few structured activities appeared to contribute to behavioral infractions. In fall 2003, the evaluator made a number of observations (described in Box 3).

**Box 3**  
**Observations on Dynamics of Discipline Fall 2003**

Observation One. Approximately one-quarter of the student body was in detention status for infractions such as going AWOL or assault. Discussions with girls in detention made it clear that evading the CPOs was a game they greatly enjoyed, and that detention was not a significant deterrent. The discipline problem is exacerbated by the lack of meaningful deterrents or consequences for violations. Most students in the after-school retention for females appeared to be enjoying themselves and making friends with other miscreants. This may account for the disproportionate number of females with behavioral infractions, as the male after-school detention showed a sterner environment, with a dimly lit room, and a more somber atmosphere. The students' ability to get out of this detention situation to attend clubs and other activities also undermines the effect of detention.

Observation Two. The local community has been negatively impacted. In the beginning of the year, a group of students stole the automobile of a local school administrator and drove it back to their home reservation. Other AWOL students misappropriated golf carts for a game of bumper cars, doing a reported \$10,000 in damage to the vehicles.

Observation Three. During an evening observation, the evaluator noted a large number of male students milling around in front of the dormitory engaging in rough horseplay. Staff presence was minimal. One dormitory staff person had locked herself in an office, responding only after repeated knocks on the door. Two male staff were active; one was observed in the entrance to the boys' dorm pulling off a large teenage boy who had a frightened girl pinned to the ground. The following night, there was a mass breakout from the girls' dormitory; five girls were arrested for assault after the local police force was brought in to assist CPOs in quelling the disturbance. The following day, classrooms were put into lockdown status.

Safe and Secure Diversion rooms. Safe and secure diversion (SSD) rooms are available in the therapeutic dormitory. These rooms, two of which are padded and two of which have walls reinforced with thick plywood (windows are Plexiglas) are used for students considered to need a safe environment either for their own protection or the protection of others. Child protection officers had the responsibility of overseeing these rooms. In fall 2003, with temperatures in the low 50s and heat out in the building, the evaluator found two students unmonitored in locked, unheated SSD rooms. The boys had been stripped of their sweatshirts, belts, and shoes and placed there by CPOs. One student, who had been logged in, had been incarcerated for two hours; as the other had not been logged in, the length of his incarceration was unknown. After 45 minutes without the appearance of someone to check on the boys, the evaluator summoned security. The number of log entries indicated frequent use of rooms for incarceration. Shortly after the report describing this incident was filed, the death of a student in a similar circumstance at another boarding school resulted in a directive to L3 by outside officials to terminate use of these rooms for solitary confinement.

Social Skills Center. During the first year of TRM, a Social Skills Center (SSC) operated on campus with several levels of programming. The day program was an intensive two-week program which dealt with communication and social skills. The day program utilized a boot camp format which combined an aggressive program of social skills curriculum with exercise promoting interpersonal cooperation. Three of the four SSC staff worked with students in this program during school hours on life skills. An evening program involved students who attended classes during the regular school hours. The SSC program received high ratings from teachers because it removed chronically disruptive students from their classrooms, and instilled appropriate skills in these students prior to their return to the classroom. Shortfalls of the program were: (a) failing to promptly move some students through and out of the program and back to the academic mainstream, so that students remained for months in SSC; and (b) focusing only on students

whose behavior in the academic setting caused problems. The key lead individual, who was clearly responsible for the orientation of the SSC program, resigned his position and was no longer with the program by spring 2003. After notification that long-term removal from the classroom was not in line with educational regulations, SSC was replaced in the second year by a Therapeutic Social Skills Center program in the transitional dorm which allowed students to continue attending regular classes during the week and moved programming to the residential setting during non-school hours.

Therapeutic Dorm. The therapeutic dorm/behavioral center temporarily houses students who are having or creating problems in other residences. This locked dormitory provided a 24/7 environment with sleeping rooms, instructional areas, and other facilities for youth residential treatment. This component underwent a number of changes in configuration, operation, name, and staffing during the course of funding. For purposes of clarity, this unit is consistently referred to in this analysis as TD, and can be described in three phases (next).

TD Phase 1. The first year of TRM funding was used to bolster this preexisting unit by providing 11 staff positions including: 1 mental health service provider, 1 service supervisor, 6 child advocates, and 3 night attendants. In the first year of funding, this unit provided two sections: an intensive therapeutic area with safe and secure diversion rooms, and a less restrictive environment designed to transition students back into the general population. The evaluation report raised concerns about this situation:

Visits to this facility over the course of three site visits in the first TRM year generally found little evidence that this dormitory was therapeutic. Residents were generally found in a darkened room watching a TV set in the company of a staff person. It was not clear who was taking responsibility for this dormitory; responsibility appears to be diffused between the TD dorm supervisor (who lacks training and experience for this type of facility), the TRM Center Supervisor, a psychiatric nurse, and the part time clinical psychologist. (DeJong, 2003, p. 23)

TD Phase 2. After concerns were expressed about safety issues related to housing emotionally fragile victims with victimizers, the units were reconfigured to separate the two groups served: Fragile students with mental health issues went to the Quest Center, and those with behavioral issues went to the Therapeutic Social Skills Center (TSSC). Because of building configuration, the Quest area also included the locked safe and secure diversion rooms used by CPOs. Visits to the Quest Center found students in their rooms watching television, or playing video games in the staff office. Evaluation observations of the TSSC made in year two (Box 4) again found little in the way of programming.

**Box 4**  
**TSSC Observations**

Observations of the TSSC evening program found staff had difficulty locating a copy of the schedule. When the schedule was located, a review of daily activities with staff showed the schedule (of recent vintage), was not being adhered to. Drills have been eliminated and students spend a great deal of time in "recreational therapy" (watching TV and playing board games and cards with each other). Doing homework is not on the schedule. Students were observed enjoying a movie, "Biker Boys," which contained inappropriate language, demonstrated gang morality, and portrayed high-risk activities in a positive light. One-half of the residents were on suspension and not attending class due to drug-related activity; they reported having done no academic work during their stay in TSSC. Students were allowed to sleep in till 11 a.m. on weekends.

Four staff (ratio of 1 staff to 2.5 students) were observed on duty in the TD during a weekday afternoon and evening (two additional staff were on duty at the mental health unit with five residents). Other than teaching a student how to address a letter and putting a brief prevention video on the television set, the staff did not appear to be engaging in directed therapeutic interactions with students. Staff members were observed playing a board game with each other, doing dishes, fetching a drink of water for a student, and other activities which suggested a "warm-fuzzy" relationship with students. Because of the highly favorable staff-student ratio, students in TSSC appear to receive more outside activities than do students in the regular dorm.

A group of three TSSC students interviewed volunteered the information that TSSC was the "best" dorm and they never wanted to leave. A student, who had been in the TSSC since early in the school year, declared her intention to stay in the TSSC and to act up if she was returned to the main dormitory. The TSSC does not appear to understand that it is to be a short-term, intensive program focused on returning students to the mainstream. As a result of such students taking up "permanent" residence in TSSC, there are no openings for students who are in real need of intensive work on socialization, and the component does not serve the function of removing these "negative influences" from the mainstream.

TD Phase 3. In the third year of TRM funding, a structured program was put in place. An experienced teacher ran a classroom in the dormitory for students that teachers had requested be removed from their classrooms for behavioral problems. During the evening some structured programming took place for students who attended regular classes but had been remanded into the dormitory. To eliminate problems between the two genders, alternating groups of males and females were rotated into the behavioral side of the TD dormitory.

### **Mental Health Services**

An L3 student could receive a range of mental health services from a variety of sources. Initial assessment in the first year of funding listed the following staff: One school psychologist did Intensive Residential Guidance assessments, and a second school psychologist did special educational assessments (aided by interns from the local university) and worked with students in the school. A clinical/forensic psychologist did psychological evaluations and consults. A psychiatrist, contracted for up to 20 hours a week, carried a heavy load, aided by a psychiatric nurse. An academic counselor reported providing personal counseling to students as did a chemical dependency counselor, several chemical dependency consultants, and 7-10 CPOs. Two special education social workers were assisted by social worker technicians and supplemented by a Title I social worker. In addition, the therapeutic dormitory had 15 therapeutic staff. There were several changes in year two of funding. Several months into the second TRM year the site was notified that funding for its social workers was not approved. Social workers on staff were transferred into "transition worker" positions which were approved, but which carried the limitation that students under the age of 14 could not be served. Also in the second year of

funding, the contract with external chemical dependency services was discontinued and chemical dependency services were provided in-house by two staff members transferred from a discontinued program. The site reported that after this change, for the first time in 10 years, no students had to be referred out to a chemical dependency residential treatment center. In SY 2004-2005 it was noted that professional, counseling, and mental health services at this site continued to be extensive; services included a psychiatrist, one contract and one school psychologist, a clinical/forensic psychologist, three social workers, nine case managers, a lead case manager, a transition specialist, a therapeutic coordinator, a data collection specialist, residential counselor, academic guidance counselor, medication monitor, and three chemical dependency staff. In addition, the therapeutic dormitory still had 15 therapeutic staff.

Use of psychotropic drugs. Mental health services at this site were heavily oriented toward a medical model. A review at the end of each year of TRM funding (Table 6) found a high percentage of students had been placed on psychotropic medications. Staff routinely refer students to the psychiatrist, who provides a diagnosis and places them on medication. A review of a medical tracking history for SY 2003-2004 showed that in the course of that year, 107 students were referred to the psychiatrist. All were given a diagnosis, and all but 7 received prescriptions for medication. Records for 5 of the 7 non-medicated students were located and found to document refusal of the parent or student to receive recommended medication. As standard procedure, the psychiatrist showed students a model of a brain, and explained to them which part of their brain was not working properly and how medication would correct the problem. Concerns about use of drugs with this population were raised by the evaluator in the first evaluation report and a request was made for review of this policy. These concerns were underscored during the second year of TRM when the Food and Drug Administration issued strong warnings against the use of many of these drugs with children (FDA, 2004), based on research showing negative side effects such as suicidal thinking and behavior; and again after the Red Lake School massacre by a student whose Prozac medication had recently been doubled drew attention to the fact that side effects of these medications had not been studied in American Indian populations.

There is controversy around the use of antidepressants in children. Some neuroscientists have strongly criticized the FDA's warning, pointing out that no suicides among pediatric participants in studies of antidepressants have occurred and that more harm may come from allowing depression to continue untreated (e.g., Bostwick, 2006; Klein, 2006; Nishawala, Boorady, & Koplewicz, 2006; Rey & Martin, 2006). Others emphasize the consistent finding of up to two times more frequent suicidal thoughts and behaviors in children treated with antidepressants vs. a placebo (e.g. Hammad, Laughren, & Racoosin, 2006; Mosholder & Willy, 2006). All agree, however, that children placed on antidepressants must be monitored very closely for adverse behavior changes (e.g. Bostwick, 2006; Goodman, Murphy, & Lazowitz, 2006; Rey & Martin, 2006; Wohlfarth, et al., 2006; Abrams, Flood, and Phelps, 2006) and that psychotropic medication should be used only in conjunction with psychosocial interventions developed and implemented in collaboration with school personnel. At a site such as this where responsibility is diffused among caretaking adults who do not have parents' familiarity with the children's normal behavior patterns, it is unlikely that the necessary degree of careful monitoring of the children's behavior takes place. Also of concern was the summer situation, where school personnel must make a decision either to leave habituated children on the drugs and risk improper administration in the home, or to subject children to the effects of removal from the regimen. Despite these concerns the number of students on psychotropic drugs remained constant with minor shifts in brands of drugs prescribed (see Table 6).

**Table 6**  
**Psychotropic Medications Prescribed,**  
**Spring 2003 and 2004**

Type/Purpose of Medication	Drug	# of Students with Prescriptions	
		Spring 2003	Spring 2004
ADHD	Adderall	12	14
	Buspirone	1	0
	Clonidine	1	0
	Concerta	17	8
	Dexadrine	1	0
	Metadate CD	0	1
	Ritalin	1	0
	Strattera	0	11
Seizures	Neurontin	0	3
	Topamax	4	3
	Trileptal	1	0
	Valproic Acid	2	1
Antidepressants	Celexa	1	0
	Clonidine	1	0
	Effexor	2	4
	Lexapro	0	2
	Paxil	0	2
	Prozac	1	3
	Remeron	12	12
	Trazodone	5	4
	Wellbutrin	3	5
Zoloft	28	16	
Mania	Depakote	1	1
	Eskalith	2	0
Anti-psychotic	Abilify	0	1
	Geodon	0	1
	Risperdal	16	10
	Seroquel	3	5

In its literature and grant proposals, the site espouses the Circle of Courage framework. In conceptualizing Circle of Courage, the authors of *Reclaiming Youth at Risk: Our Hope for the Future* sharply criticize the labeling of students as ADHD, suggesting: "The recent proliferation of children labeled as having 'attention deficit disorders' may better be conceptualized as an 'interest deficit disorder' in the curriculum" (Brendtro et al., 2002, p. 97). This framework also argues that labeling students as disturbed or disordered, and diagnosing, drugging, or hospitalizing them, are in reality defense mechanisms enabling adults to "target blame and then combating or disengaging" from the children (p. 19); instead, Circle of Courage advocates entering into a healing relationship with children which looks at the world from the children's perspective, clarifies distortions, and creates a plan of action with the children to develop alternative behavioral solutions. It appears that L3 conforms more to the former than the latter description. In a boarding school situation, incoming students enter a new environment, which, in this case is a somewhat chaotic and unstructured one. *Diagnostic and Statistical Manual* criteria for making psychiatric diagnoses ask the clinician to exercise care in transcultural application of diagnoses, and also require the clinician take into account a number of Axis IV

factors, such as life stressors in the past 12 months and past situations which may have resulted in maladaptive reactions (Axis II) to perceived threats which may have had survival value in the past. The cautionary intent of this review does not appear to have been realized at L3. Box 5 provides results of an analysis of case studies provided by the site to look at the process of diagnosis and medication of an incoming cohort of fifth graders.

**Box 5**  
**Diagnosis and Medication of a Fifth grade cohort at L3**

Twenty-five fifth graders were in the entry cohort admitted to L3. One student had attended the preceding year. Students had been carefully screened prior to admission, using L3 admission criteria. None were receiving psychotropic medication upon admission, although one student was believed to have been on something to "help me chill down" at some time in the past and a second student was believed to have been treated for ADHD. The returning student, repeating the fifth grade, came in with a diagnosis previously made by L3; however, the parent had refused L3 psychiatric services and medication.

Within five weeks of arrival at the school, records document clearly that 17 of the students had received a psychiatric diagnosis from either the psychologist or psychiatrist. An 18<sup>th</sup> student was later diagnosed, resulting in a total of 18 out of 25 students (72%) known to have been given psychiatric diagnoses by L3. All 14 students referred to the psychiatrist were prescribed medication; parental refusal is documented for 3 of these students, and the remaining 11 appear to have been placed on medication.

There is some circumstantial evidence that problems with retention in this group may have been related to the medication policy:

- Four parents refused medication and psychiatric services altogether. Three of the students involved were taken out of school during the first semester; the fourth successfully completed the school year.
- Of the 11 fifth grade students who remained and completed the school year, only 4 were from the medication group. One of these 4 was hospitalized for suicidal statements and gestures 10 days after Zoloft dosage was increased and paired with Depakote. Two others were taken off high dosages of Zoloft and Depakote, presumably for negative side effects.
- The majority of the 7 medicated students who left did so soon after increases in medication: One was moved up to 50 mg of Zoloft, and a week later was removed from school after assaulting students and staff; a second student and his sibling were removed by parents 10 days after his Zoloft was increased to 100 mg; a third student left one week after Zoloft was increased to 100 mg; a fourth student was removed by his guardian 12 days after moving up to 150 mg of Effexor; a fifth student was removed by the parent four weeks after dosage of Wellbutrin was increased to 300 mg.; a sixth student was removed by the guardian 3 weeks after Strattera was increased to 40 mg.; and the seventh was hospitalized with suicidal and homicidal behavior after being moved to 100 mg. of Zoloft the preceding month.

From this analysis it appears that the majority of this cohort of new students were seen by mental health professionals very early in the school year, and were quickly labeled with diagnoses and medicated. There appeared to be a number of adverse reactions to medication in the general school population. Of students enrolling in L3 during SY 2003-2004, 8.5% were committed to inpatient treatment facilities during the course of the year. In 18 cases, students were hospitalized for suicidal or aggressive behavior while on medications carrying FDA black box warnings for use with pediatric populations.

On-site assessments. According to statistics provided by L3, 50% of their population ( $n = 100$ ) was selected for psychological and psychiatric evaluation in 2002. Of these, 89 students met criteria for "disruptive behavioral disorders" including ADHD, Oppositional Defiant Disorder, and Conduct Disorder. Fifty-one of these students were evaluated as having mood disorders, and 48% anxiety disorders. It is not clear what screening was used to triage students for this advanced evaluation, as diagnoses appeared to come from multiple sources. Box 6 contains an assessment of a data set presented to the evaluator for quality analysis.

**Box 6**  
**Quality Analysis of Internal Data Set**

One data set composed of pre and post test scores on the MOSS (Manifestation of Symptomatology Scale) was received by the evaluator for analysis in the first year of funding. Review of the validity scores on this instrument raised questions about the quality of the testing process. Of 310 administrations of this instrument, 127 had scores outside the acceptable range on one or more of the following validity measures: Random Sampling ( $RAN \geq 2$ ), Inconsistency of response ( $INC \geq 3$ ), and manipulation for impression management ( $FG \geq 70$ ). An additional 85 questionnaires showed either defensiveness ( $FG = 60-69$ ) or deliberate dissembling ( $FB \geq 70$ ). Of 109 students upon whom both a pre and post test were administered, only 65 had both pre and post tests considered valid by the site. Of these 65 individuals, 22 had either a pre or post test which was of questionable validity by test standards on the RAN, INC or FG, and an additional 27 had indicators of defensiveness or deliberate dissembling (FB). It was noted that when a student was assessed twice within three weeks by different interviewers, the mean difference between the sets of scores on 18 scales was 12, with a range of 3 to 33 points difference between ratings. The conclusion was that: "These data indicate that the validity of the MOSS instrument for this population, method of administration, and/or interviewers need to be evaluated, and perhaps replaced. Given the questions that these data raise, validity of other testing procedures at this site also need to be evaluated."

At another TRM site (AE), a cadre of paraprofessional counseling technicians had been used to coordinate services and to provide guidance, emotional support, and advocacy for students in a school with triple the population of this site. This strategy was adopted at L3 to deal with concerns about lack of coordination of services and advocacy for the students. Additional resources added in year two of TRM funding were 10 paraprofessional case managers, who administered five hours of Intensive Residential Guidance programming to students per week and provided additional services, such as acting as a central reference point for collection of information regarding services each student was receiving, liaising with parents, monitoring the emotional status of students, and providing them with a listening ear. Interactions with this group of case managers in the initial year of their existence (SY 2003-2004) and observations of their interactions with students showed a high level of empathy and positive interactions with students and strong group cohesion, in spite of the influence of the licensed counselor acting as coordinator, who routinely referred to students as "perps" or "pervs." This cohesion appeared to have weakened somewhat during the second year, when attrition had led to the replacement of several members of the original group. The work of this group was somewhat hampered by lack of training and curriculum, leaving them to improvise; and by lack of status which would have allowed them to be effective gatekeepers or advocates for students.

Quest Center. See the section above titled "TD Phase 2."

### **Physical Health**

Nutrition. The school is nearing the end of a grant from the Diabetes Prevention Project funded by the Otto Bremer Foundation. Through this grant, L3 staff received education regarding diabetes, and cafeteria staff received training and developed a menu incorporating new recipes. A computer program was installed which resulted in automatic purchase orders, inventory control, budget management, and recipe analysis. Cafeteria staff used the Nutri-Kids computer system, which provides kid-friendly recipes and an analysis of their nutritional composition, as well as analysis of additional recipes entered into its customizable database. A salad bar was introduced in the first year of TRM. Vending machines dispensing milk products have been placed

in the cafeteria. Based on recommendations from the nutritionist, the evening meal was moved an hour later, as students had been eating at 4:30 pm and getting hungry before they retired for the night. There is evidence of some improvement in food service. One-third of staff responding to the staff survey in 2003 saw the quality of cafeteria food as a serious problem; the highest dissatisfaction (50%) was among dorm staff who were present for less palatable meals at breakfast, supper, and on weekends. This situation had improved somewhat by spring 2004, when general dissatisfaction had dropped to 20%, although 40% of residential staff still rated it a serious problem. Teacher ratings of "Quality of food service" as a serious problem (3 or 4) dropped from 28% in 2003 to 8% in 2004.

When interviewed on cost implications of changing to the Nutri-kids computer system and the introduction of the salad bar, the cafeteria supervisor estimated there was no additional cost to serving better food. Under the old system a great deal of food was wasted when students received uniform servings and threw away what they did not want. By reducing the number of standard daily entrée items and giving students a variety of items to choose from at the salad bar, students were more likely to take only those things that they were going to eat. A variety of inexpensive pickled and marinated items were available for the salad bar, which could be opened and put out as needed to further reduce waste. The cost of fresh produce was offset by savings in canned and frozen goods.

The Family Nutrition Program of the local state university provided a number of classes to L3 students between October 2002 and September 2003 in life skills class, health class, and in the TD sessions.

Reportedly due to fear that students will use metal utensils as weapons, plastic rather than metal utensils are given to students in the cafeteria.

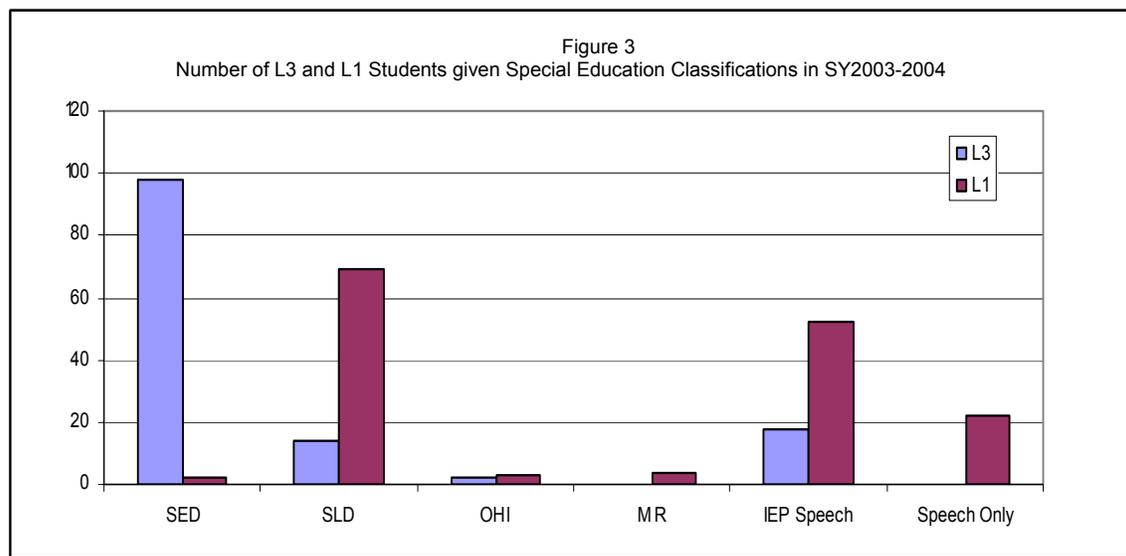
Sports and Exercise. In addition to standard PE activities in the course of the school day and team sports which include football, basketball, volleyball, cross country, and wrestling, there are a number of programs providing recreational and physical activities. An Extended Learning Opportunities program provided basketball, weight lifting, exercise, dance, swimming, biking, volleyball, soccer, and croquet in the first TRM year. The recreation department reports providing roller-skating, ice-skating, swimming, skiing, sledding, hiking, bicycle riding, dance, basketball, bowling, softball, and volleyball. The Social Skills Center does physical training and ropes activities with its students. A number of children are doing Tae Kwon Do through the gifted and talented program. A significant barrier to attendance at outside activities during the past two years has been the transportation system. In spring 2003 and spring 2004, 48% and 50% of staff respectively rated "Transportation problems or limitations" as a major problem. Upon notification by the BIA that the school vans were no longer acceptable for transportation purposes, the school obtained several Dodge Caravans. However, the facilities manager did not allow these vehicles to be used for transporting students based on his understanding of BIA regulations requiring the use of school buses for transportation. While regulations clearly allow a range of vehicles to be used for non-school related activities, there appears to be lack of clarity about how to judge whether activities are school-related or not. The effect of this controversy has been that students have been unable to engage in some activities off campus when buses are appropriated, in lieu of vans, to bring a handful of students to an athletic activity where they represent the school.

Medical care. All children receive dental and medical screenings. Through an arrangement with the local vocational college, interns clean and check teeth of six students a week. Staff report that about 60% of the students are found to have some problems which need

to be addressed, and an additional 20% have very serious dental problems. Only one local dentist will take a limited number of students. There are three nurses on campus – a psychiatric nurse, a school nurse, and a residential nurse – who band together to see that all children get their immunizations before they graduate from eighth grade. In addition to the full FTE required to oversee administration of psychotropic medications, a second staff FTE was occupied in obtaining coverage to meet students' medical needs. Some home agencies will treat students only in their home locations, so hours of transportation, staff time, and student class time are wasted as children are bussed to their home agencies for ongoing treatment. The Indian Health Service clinic is a one-hour drive away and difficult to access in winter weather. Children's Health Insurance Programs have been difficult to deal with, as they will not fill prescriptions out of state. Therapeutic Residential Model funds were tapped in the first year of funding for \$75,000 in medical care which did not seem to be covered under this system. A major pharmaceutical company has been supplying free doses of its medications to the school.

### Academic Program

The majority of students attend school in classrooms with both a teacher and an inclusion technician. According to the organizational charts provided in 2004, there were 12 teachers in the regular program, 11 special education teachers, a music teacher, and an art tutor. In addition to regular classrooms, 3 teachers operated resource rooms, and 2 teachers ran self-contained classroom programs. The site had a high number of students receiving special education services (SPED). The profile of SPED students, however, was unusual at this site when compared with a comparable population at L1 shown in Figure 3. Ninety-eight of the 128 students receiving a SPED designation at the L3 site in SY 2003-2004 were qualified for funding based on diagnoses of serious emotional disturbance compared with a negligible number at the L1 site, which exercises great caution in psychiatric labeling of its students. It appears that if the serious emotional disturbance diagnosis were excluded, only 12% of the students at this site may have been classified as SPED.



Gifted and talented. High-functioning students receive an enriched program which is served by a coordinator and a number of consultants and coaches, including a speech coach, piano teacher, Tae Kwon Do instructor, academic and chess coach, art tutor, poetry advisor, photography advisor, and several music teachers. An impressive undertaking done in the area of photography is the yearly taking of "glamour" pictures of all students and creation of biographies which are published and mounted on walls of the school and cafeteria. A number of L3 students are competing on the national level in chess tournaments. The gifted and talented program was run by the acting principal in year two and three, assisted by two library technicians and a program assistant. This program conformed with the positive approach of Developmental Assets in that it had a strong belief in the potential talent of all children and an emphasis on finding an area in which each student can find success. As these activities were limited to school hours, however, gifted and talented students were regularly pulled out of other classes to engage in activities designed to nurture those talents.

Extended Learning Opportunities. Extended Learning Opportunity (ELO), a program serving special education students during SY 2002-2003, was cut back from 10 staff to 1 paraprofessional in SY 2003-2004. According to the SY 2002-2003 student handbook this program, operating from 6:30 – 8 p.m., provided study hall, organized sports, fitness/wellness, group games, etiquette, culture art, cooking, and leather crafts. Observations of this program during its existence in 2002-2003 found little directed activity in the ELO room.

Resource rooms. There were three resource rooms for special education students who could not operate in some of the class periods. Students were brought in for one or more class periods to be assisted by a special education teacher and a resource room technician.

Speech/language. Special education students have the services of a speech therapist and a speech technician while the mainstream program provides a bilingual supervisor and two bilingual advisors.

Science. A number of students are involved in projects for the science fair. The science teacher had shown initiative by writing a successful proposal which included the school in the NASA Explorer program for three years.

Math. The gifted and talented program continues to supply the STAR Math computer program which is used by both gifted and talented students and other students. The program coordinator indicated that use of gifted and talented resources by other students proved helpful in identifying the potential of students who had not been identified at the beginning of the year.

Career development. Some students are taking courses at a local Vo-Tech school. Eighth graders go on a field trip to a high school that many will eventually attend. In addition, students are taken on a spring tour of the departments of a state technical college, which is adjacent to the campus.

Saturday school. During the course of funding, the state in which the school is located implemented a policy of not letting students be promoted if they missed more than two weeks of classes in a semester. Because many of the L3 students are on suspension or leave for periods of time that exceed this limit, in year two of funding a Saturday school was created, attended by students who needed to make up classroom hours to qualify for promotion. Teachers complained

that this did not address the problem in areas such as math where significant building blocks had been missed during the absence of the student, and noted that Saturday school students were often seen in the gymnasium and watching videos during their makeup time.

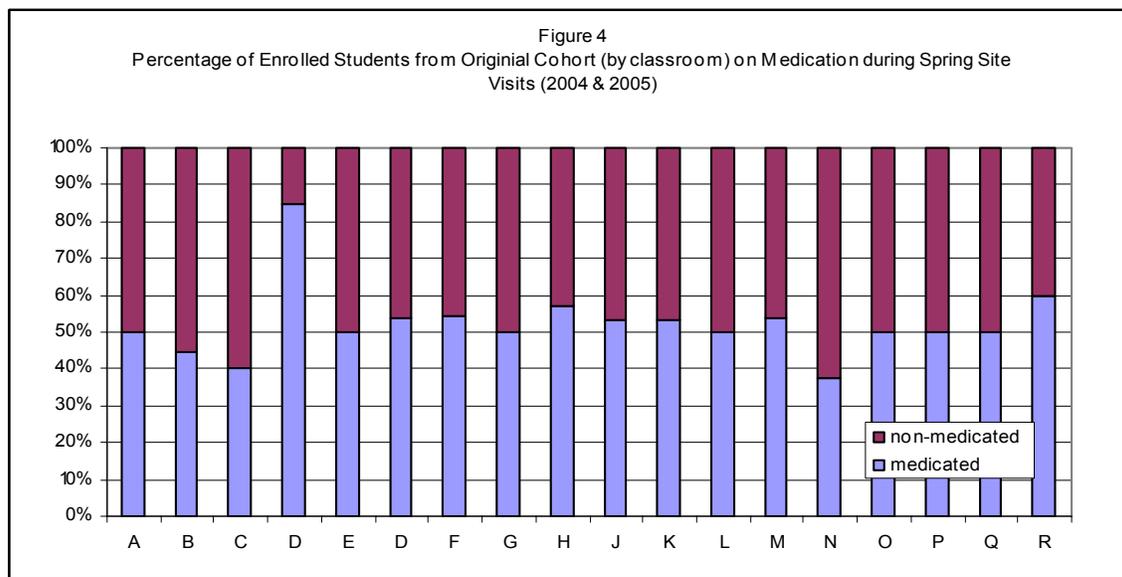
Responsible Thinking Classroom. Two staff, a Responsible Thinking Classroom (RTC) teacher and a technical assistant, oversaw a classroom into which students were to be placed when they were disruptive in their regular class and required individual attention to refocus. According to the handbook, "the student and RTC staff work on making choices and accepting responsibility for his/her actions." Observations indicated that this program element is operating much like an in-school detention/study hall room. Concerns were expressed to the evaluator by staff that some teachers appeared to be routinely sending certain students to this room to avoid dealing with their behaviors in the classroom. The evaluator identified several students who were observed to be in the RTC on a regular basis. Interviews with these students indicated that they had given up on being accepted by their teachers, and saw themselves as exerting mastery by getting the teacher to send them to the RTC.

Therapeutic classroom. In the first year of TRM funding, students in the Social Skills Center (SSC) program were removed from class for the duration of their involvement, performing class assignments in the social skills classroom. In the second year of TRM, the majority of students in SSC received their social skills training outside classroom hours. This allowed them to continue to attend classes during the day with their peers. A small group of students continued to be routed to a therapeutic classroom located in the TD, in which an experienced teacher showed success in helping them devise strategies to cope in the regular classroom. There has been difficulty in transferring these strategies to the classroom. In one case the therapeutic teacher and student found a solution that worked for him – the student was allowed to step to the back of the room and do pushups when he found himself too "hyper" to work. Upon his return to the regular classroom, he was not allowed to use this technique for expending energy, however, and the strategy was condemned by a staff mental health professional who termed it "child abuse."

Teacher Assistance Team meetings. Students were referred to programs after being discussed in weekly Teacher Assistance Team meetings. These meetings included several dozen adults, some of whom did not appear to have a need to know the students' confidential information. The evaluator observed several such meetings, which included teachers other than those involved with the child, inclusion aides, special education staff, Intensive Residential Guidance staff, program representatives, and administrators. Referrals for services from a menu of 37 options appeared to be somewhat haphazardly generated. The first year evaluation report raised concerns about the lack of confidentiality and the depersonalized decision-making that appeared to be taking place. Dormitory staff expressed frustration at not being included in these meetings, which were held after school for the convenience of teachers, and thus occurred at a time when residential staff were too occupied with children to attend. In the second year of TRM funding this situation was addressed in several ways. Teacher Assistance Team meetings were smaller, excluding extraneous people, and case managers were able to provide residential liaison and some advocacy for children.

Classroom management. A behaviorist model is operative across the classrooms. Behavior of each student is scored at the end of each class period. Each teacher establishes a reward system and has an allowance for candy and other rewards to provide to students. There is some evidence that teachers need more training in class management skills. Some teachers

disproportionately refer students to the psychiatrist for medication or routinely have them removed to either the RTC or therapeutic classroom. Because many students stay in residence for too short a period of time to be referred to the mental health system, the status of students remaining in March from the original cohort was examined to investigate staff reports that some teachers relied heavily on psychiatric referrals. In Figure 4, each column represents students in a specific classroom/homeroom assigned to a teacher for the year. All classrooms (grades 5 and 6) and homerooms (grades 7 and 8) are included in this figure. The light gray area of each column shows the percentage of students from the original cohort for whom medication had been prescribed during the year.



The fourth column (D) shows a classroom in which 84.6% of the students from the original cohort were medicated. This was more than double that of some other classrooms at this grade level. That there is this type of variation between medication of students in two different classrooms indicates that the teacher may be a major causal link in determining whether students are being sent to the psychiatrist to be medicated.

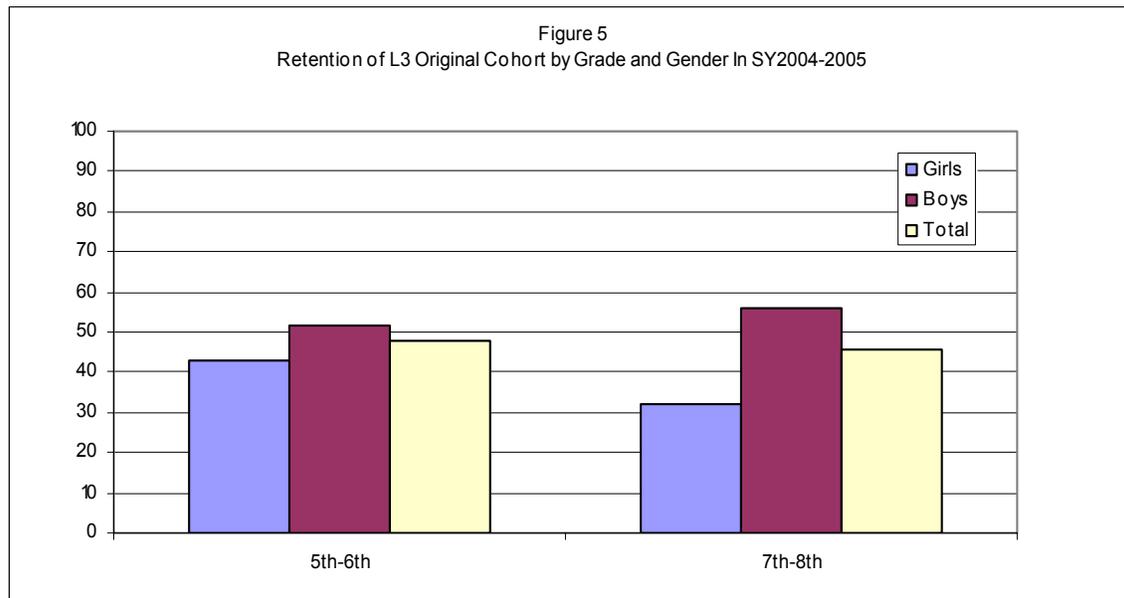
### Outcomes

Outcome data tracked a number of indicators. Retention and return rates were considered the major indicators of a successful program. In addition, data were examined to evaluate key indicators associated with developmental success: school bonding, peer and social bonding, adaptability and stress management, meaning and identity, and academic achievement.

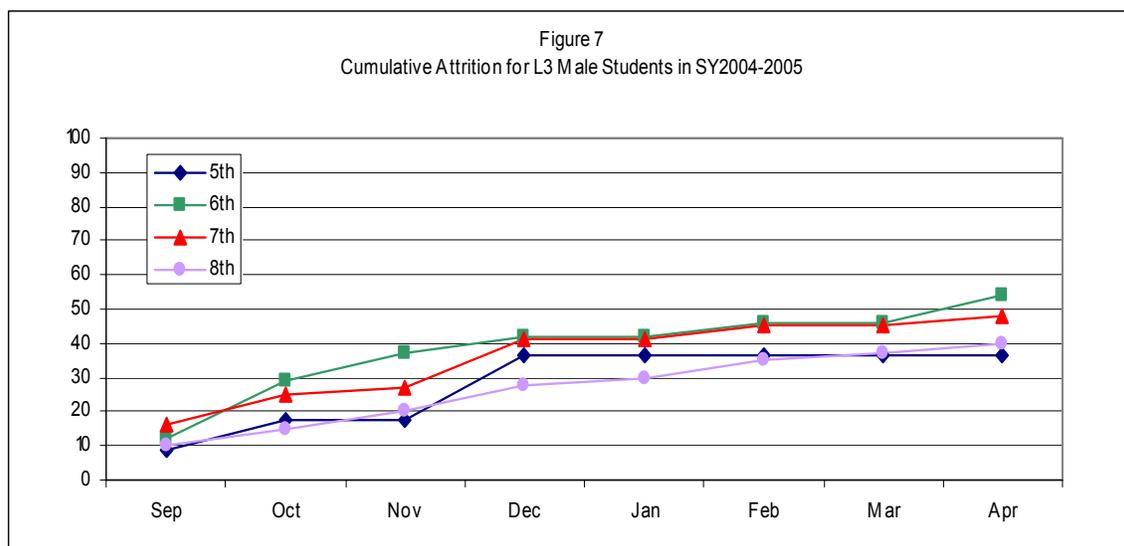
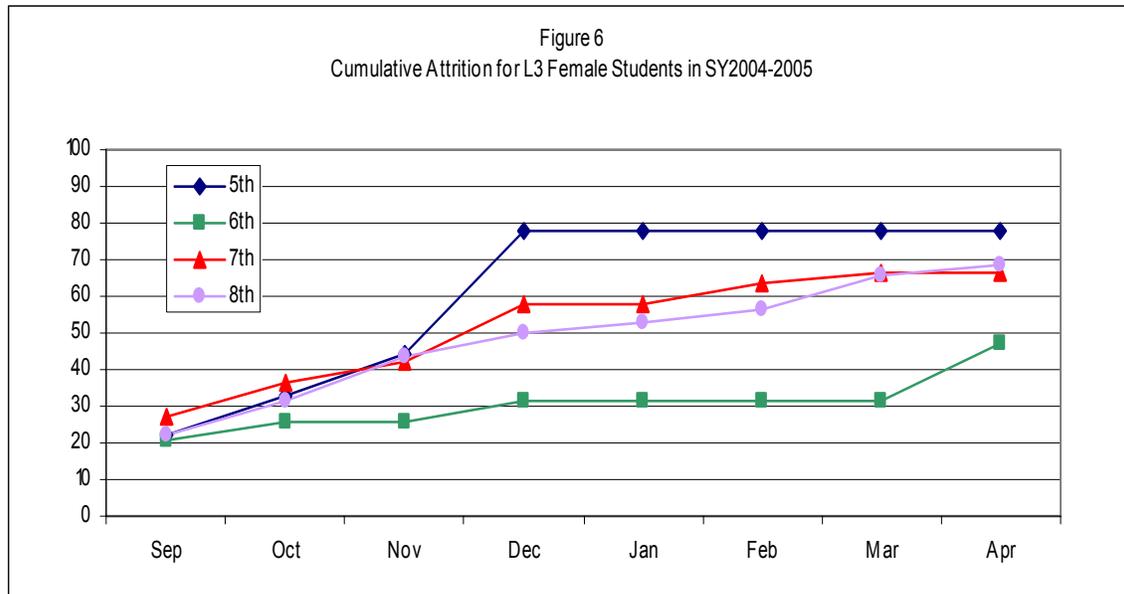
### Major Indicators: Retention/Return Rate

Retention. In the past this site has calculated retention based on a head count at the beginning and end of the school year. This did not take into account whether or not the heads were the same at both time points. Traditionally this has been the method of calculating retention in boarding schools for purposes of allocating funds, and has led to the practice in sites

such as this one of bringing in replacement students mid-year from a waiting list. In a typical year, SY 2004-2005, 38 new students and 10 students who had transferred out of the school earlier that year, were enrolled after September, the majority of them arriving in 2005. The influx of these students, who have often failed to adapt to a previous school, is generally disruptive to continuing students. The method of tracking retention used in this study was to examine outcomes for all individuals enrolling in the school up through the first count week. As a number of students labeled as being promoted left a number of weeks or in some cases, months prior to the end of school, all students who remained at the school through May 1 were considered to have been retained. Using this criteria, overall retention of this initial cohort was calculated to be 48.5% in SY 2002-2003, 49.8% in SY 2003-2004, and 46.2% in SY 2004-2005. There was no significant improvement in retention during the course of the study. Figure 5 shows retention by gender and grade. Analyses found the retention rate significantly higher for males than for females ( $\chi^2 = 7.71, p < .01$ ).



Given this difference in the retention rate between the genders in the older age group, interpretation of findings from comparisons of fall and spring data must be treated with caution. To further explore these gender and grade differences, Figures 6 and 7 look at attrition over the months of SY 2004-2005, dividing students by gender and grade.

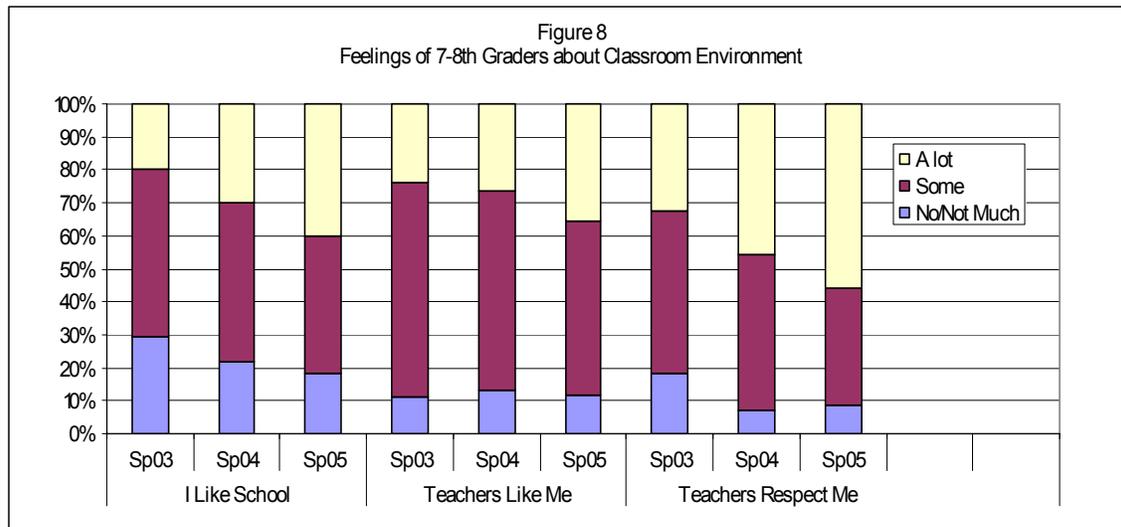


The gender differential may be related to the high rate of incidents of assault and harassment (previously noted) occurring at this site.

The percentage of students at each grade level who are returning from the previous year was analyzed in fall 2004. All fifth graders were new, as that grade was the entry level for the school. The percentage of returning students in sixth grade was 30.2%; in seventh grade, 32%; and in eighth grade, 52.8%.

**School Bonding**

Outcomes on school bonding looked at items from the American Drug and Alcohol Survey in which students were asked about their feelings regarding school and their teachers (Figure 8). After the addition of case managers who acted as advocates for the students with their teachers, there appeared to be an increase in the percentage of students who reported that they liked school and that they felt liked and respected by their teachers. The loss of one-half the original student body during the course of the year and the replacement of a number of them by students brought in during the second semester does impact this statistic; however, the analysis is cross sectional and there is no indication that this pattern of loss and replacement differed at the three time points.



**Peer and Social Bonding**

Many of the students at L3 come from extended families and from communities with many traditional social and spiritual ties. In interviews, students said they missed their families and communities. Some students complained that they missed attending their traditional religious services, such as Native American Church, which they said they were not able to attend at L3. The Jessor alienation items on the student survey were used to look at several aspects of student’s sense of belonging and alienation, while BarOn Interpersonal Scale scores were used as indicators for social skills. Gang involvement and illegal substance use were also examined.

Inclusion in peer group. Students were asked whether they agreed or disagreed with the Jessor item “I often feel left out of things that other kids are doing.” A cross-sectional comparison of spring 2003 with 2004 found a significant reduction, from 38% in spring 2003 to 24% in spring 2004 in students agreeing with this statement ( $\chi^2 = 5.10, p = .024$ ). It was hypothesized that the result indicated some support for the hypothesis that the improvement on this measure was related to the addition of case managers. However, spring 2005 showed a rebound to 39%. While this figure speaks to the overall social climate, the analysis also looked at

responses of students present in both fall 2004 and spring 2005. A comparison of pre- and posttest scores for students present in fall 2004 and spring 2005 found no significant change on this measure between fall and spring means.

Social responsibility. Students were asked whether they agreed or disagreed with the Jessor item "It's not up to me to help out when people I know are having problems." There was little variation on the percentage of students who agreed with this statement. In spring 2003, 30% agreed; in spring 2004, 32% agreed; in spring 2005, 33% agreed. A comparison of pre- and posttest scores for students present in fall 2004 and spring 2005 found no significant change on this measure between fall and spring means.

Consistency/predictability of the social environment. A major concern of staff (Figure 2) was the lack of consistency with which students were treated in both the dormitory and the classroom. While there appeared to be some perception of improvement (an effect possibly due to administration pressure on staff taking the survey in outcome years), over two-thirds of staff indicated that inconsistency to some degree was a continuing problem. Student responses on the Jessor item "It's hard to know how to act most of the time since you can't tell what other people expect" indicated that over one-half of the students at each spring time point experience a reality in which others are unpredictable. In spring 2004, compared with spring 2003, there appeared to be a reduction on this measure; 61% of students agreed with this statement in spring 2003, but only 42% agreed in spring 2004 ( $\chi^2 = 8.72, p = .003$ ). Introduction of the case managers to advocate for students and help them to interpret the relationship of their behavior to their environment was hypothesized to have contributed to this improvement. In spring 2005, however, the percentage of agreement was back up to 64%. As identifiable data had been collected in SY 2004-2005 on this item, fall 2004 and spring 2005 responses were compared for students present at both time points. A paired *t*-test showed mean level of agreement with this alienation item actually increased significantly during the course of the year ( $p = .014$ ) for surviving students, indicating that the environment may have worsened alienation on this vector.

Interpersonal scale. The percentage of students whose low scores on the BarOn Interpersonal scale indicated they were in need of assistance in this area showed little change over time. At the baseline in spring 2003, 47% of students scored in this range. In spring 2004, 56% and in spring 2005, 51% of scores were in this range. No consistent pattern is evident, indicating little if any change on this measure.

Table 7 shows results of group comparisons on scores on the BarOn Interpersonal scale. In the only group where there was a significant difference in comparison of fall and spring means of survivors (Boys aged 13-16, in SY 2003-2004), the change was in a negative direction. Increasing influence of gang leaders and the absence of positive peer leaders in this group may account for this decline over time. Comparison of survivors and non-survivors in this subgroup of boys aged 13-16 indicated that non-survivors had lower initial fall scores than survivors.

**Table 7**  
**Interpersonal Score T-test Comparisons of Means**

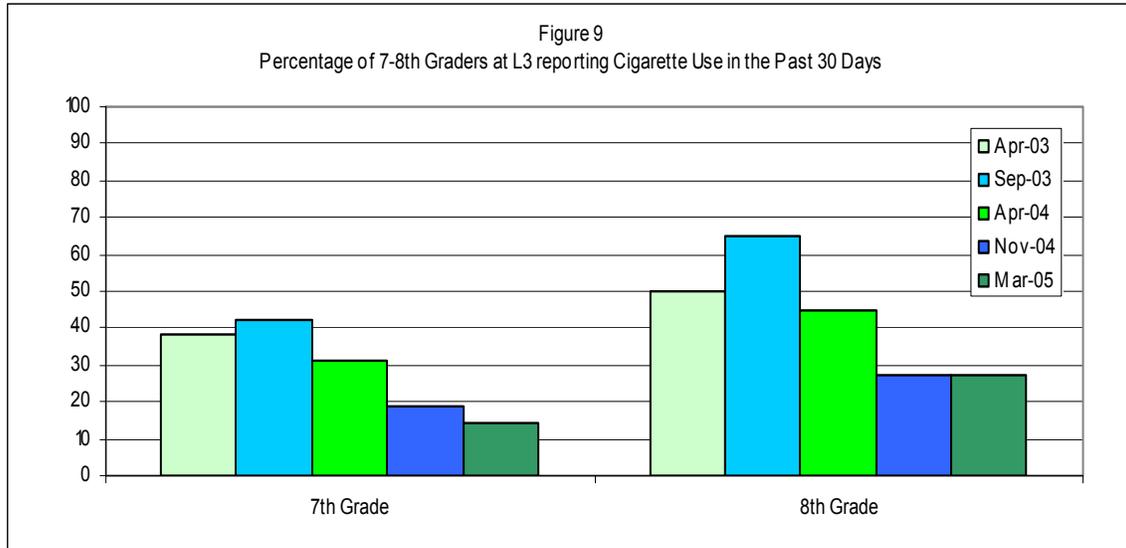
Survivor Paired T-tests, 2003-04	Mean (SD), Fall 2003	Mean (SD), Spring 2004	t	df	p
Boys aged 10-12	16.42 (2.91)	17.89 (2.58)	1.561	18	.136
Boys aged 13-16	17.17 (3.07)	16.02 (2.98)	2.20	40	.034
Girls aged 10-12	19.80 (2.39)	19.80 (2.30)	.000	9	1.000
Girls aged 13-16	18.04 (2.52)	18.76 (3.28)	1.214	24	.237
Overall Means	17.53 (2/96)	17.52 (3.21)	.030	94	.976
Survivor Paired T-tests, 2004-05	Mean (SD), Fall 2004	Mean (SD), Spring 2005	t	df	p
Overall Means	17.03 (3.36)	17.38 (3.32)	.800	75	.427
Fall 2003 Survivor vs. Non-survivor T-tests	Survivor Mean (SD)	Non-Survivor Mean (SD)	t	df	p
Boys aged 10-12	17.28 (3.01)	16.92 (3.83)	.373	49	.711
Boys aged 13-16	16.54 (3.04)	14.58 (2.99)	2.18	45	.034
Girls aged 10-12	19.47 (2.35)	17.94 (3.84)	1.427	33	.169
Girls aged 13-16	17.67 (2.54)	17.90 (3.34)	.250	45	.804

*Gang membership.* Table 8 shows responses at each survey time point to questions about gang involvement. There was a significant increase during SY 2003-2004 in percentage of students who claimed to either be gang members or to hang around with them (25.4% in fall to 43.0% in the spring;  $\chi^2 = 6.41$ ,  $p = .011$ ). While fall 2002 numbers were not available for comparison purposes, it appears that spring 2003 percentages are similar to spring 2004 numbers, with 42.9% of students in spring 2003 claiming either to be gang members or to hang around with them. As fall 2004 data were not collected until November 2004, after one-quarter of the students had left, it represents a mid-year data point. There are several possible explanations for this trend. It may be due to successful recruitment efforts by negative peer leaders who are unopposed by positive peer leaders who are segregated in the honor dorm. An alternate explanation would be a possible higher dropout rate among students who are not members of gangs, or a higher percentage of gang members among replacement students brought in mid year.

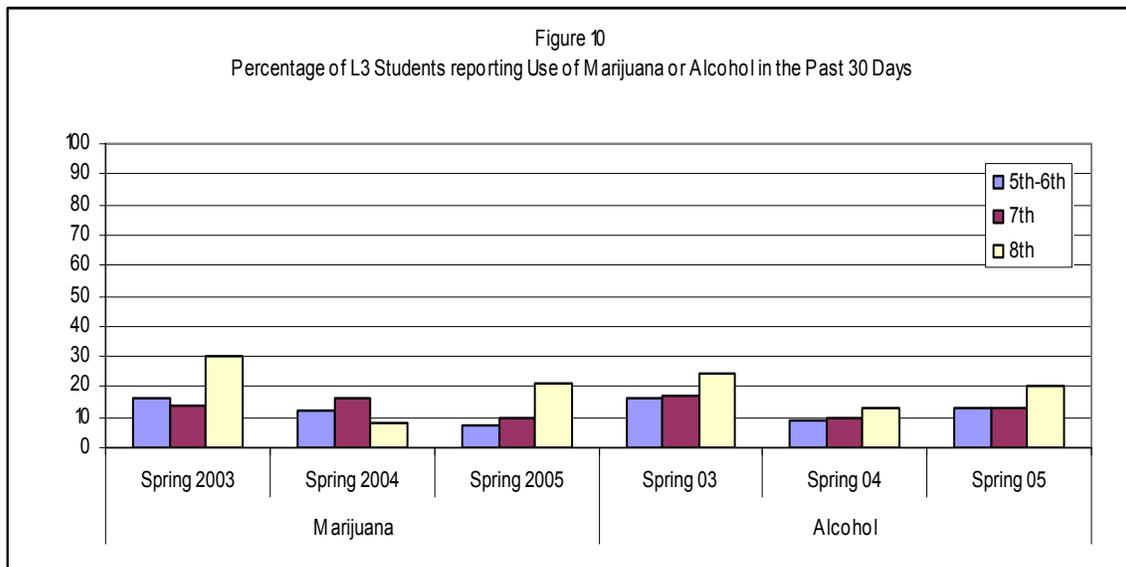
**Table 8**  
**Gang Involvement of 7<sup>th</sup> and 8<sup>th</sup> Grade Students**

	Current gang member	Hang out with a gang	Expect to join	Former Member	No, will never join a gang
April 2003	14.3%	28.6%	3.2%	9.5%	44.4%
Sept. 2003	11.2%	14.2%	2.8%	14.2%	57.5%
April 2004	17.7%	25.3%	2.5%	8.9%	45.6%
Nov. 2004	11.4%	24.0%	1.3%	13.9%	49.5%
March 2005	13.6%	27.3%	9.1%	11.4%	38.6%

*Drug and alcohol use.* Baseline data were collected using the Prevention Planning Survey section of the American Drug and Alcohol Survey. Figures 9 and 10 show results for spring surveys. While cigarette use appears to be decreasing, that rate may be influenced by the fact that data collection for spring 2005 took place in March rather than in April as had been done in previous years.



Marijuana and alcohol use tend to be relatively low at this site, although spring 2005 saw a spike in eighth grade use of marijuana (Figure 10).



### Adaptability and Stress Management

**Adaptability.** Items on this scale indicate the confidence of the individual that he or she can handle challenges. The cross-sectional percentage of students scoring low to markedly low on this measure trended slightly downward ( $\chi^2 = 3.51, p < .07$ ) between the baseline of spring 2003 (60%) and spring 2004 (48%), remaining at that level in spring 2005 (48%).

*T*-tests showed no significant gains or losses on this measure (Table 9) for individual students. Analyses of fall scores for survivors and non-survivors indicated the two groups were similar on this measure.

**Table 9**  
**Adaptability Score: *T*-test Comparisons of Means**

Survivor Paired <i>T</i> -tests, 2003-04	Mean (SD), Fall 2003	Mean (SD), Spring 2004	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	15.84 (3.85)	17.26 (3.59)	1.687	18	.109
Boys aged 13-16	15.20 (3.23)	15.46 (2.93)	.480	40	.634
Girls aged 10-12	17.20 (2.25)	16.80 (4.13)	.418	9	.686
Girls aged 13-16	15.08 (3.21)	15.40 (3.58)	.447	24	.659
Overall Means	15.51 (3.29)	15.95 (3.41)	1.221	94	.225
Survivor Paired <i>T</i> -tests, 2004-05	Mean (SD), Fall 2004	Mean (SD), Spring 2005	<i>t</i>	<i>df</i>	<i>p</i>
Overall Means	15.29 (3.71)	15.60 (4.27)	.748	75	.457
Fall 2003 Survivor vs. Non-survivor <i>T</i> -tests	Survivor Mean (SD)	Non-Survivor Mean (SD)	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	16.38 (3.39)	16.95 (3.31)	.589	49	.559
Boys aged 13-16	14.29 (3.15)	13.68 (3.11)	.646	45	.522
Girls aged 10-12	16.29 (3.12)	14.56 (3.47)	1.556	33	.129
Girls aged 13-16	15.11 (3.05)	14.12 (3.93)	.912	45	.367

**Stress management.** The percentage of students whose scores on the BarOn Stress Management scale indicated they were in need of assistance in this area showed little change over time. At the baseline in spring 2003, 41% of students scored in this range. In spring 2004, 35% and in spring 2005, 34% of scores were in this range.

Paired *t*-tests showed no significant gains or losses on this measure (Table 10) when fall and spring scores were compared for students present in both fall and spring. Comparison of fall scores for students who did and did not survive till the end of the school year found no significant differences on this measure.

**Table 10**  
**Stress Management Score: T-test Comparisons of Means**

Survivor Paired T-tests, 2003-04	Mean (SD), Fall 2003	Mean (SD), Spring 2004	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	15.58 (3.75)	16.32 (3.76)	.767	18	.453
Boys aged 13-16	14.51 (4.82)	14.76 (4.91)	.325	40	.747
Girls aged 10-12	16.30 (3.77)	16.10 (4.63)	.117	9	.909
Girls aged 13-16	15.48 (3.24)	15.72 (4.27)	.331	24	.743
Overall Means	15.17 (4.12)	15.46 (4.48)	.652	94	.516
Survivor Paired T-tests, 2004-05	Mean (SD), Fall 2004	Mean (SD), Spring 2005	<i>t</i>	<i>df</i>	<i>p</i>
Overall Means	16.18 (3.56)	15.55 (3.94)	1.522	75	.132
Fall 2003 Survivor vs. Non-survivor T-tests	Survivor Mean (SD)	Non-Survivor Mean (SD)	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	15.22 (4.55)	15.21 (4.63)	.006	49	.995
Boys aged 13-16	14.43 (4.49)	15.89 (3.97)	1.15	45	.256
Girls aged 10-12	15.35 (3.87)	14.56 (4.25)	.579	33	.566
Girls aged 13-16	16.06 (2.88)	15.14 (3.87)	.867	45	.391

### Identity and Meaning

**Identity.** The Jessor Alienation item "I sometimes feel unsure about who I really am" was used as an indicator of identity. In spring 2003, 35% of students agreed with this item; in spring 2004, 37% agreed; in spring 2005, 42% agreed. There was no significant difference found when fall 2004 and spring 2005 means were compared for students present at both time points.

**Meaning.** The Jessor Alienation item "Hardly anything I am doing in my life means very much to me" was used as an indicator of meaning. Some improvement appeared to have taken place in the area of meaning when spring 2003 and 2004 responses were compared. In spring 2003, 45.8% of students agreed that their life lacked meaning; in spring 2004, only 30.6% agreed with this sentiment ( $\chi^2 = 5.96, p = .015$ ). However, the percentage was back up to 40% in 2005, indicating the apparent change may be a function of retention and replacement variance. Pre-post comparison of fall 2004 and spring 2005 means for students present at both time points found no change on this measure.

**Intrapersonal scale.** Items making up this scale all focus on how easy it is for the individual to talk about his or her feelings. Some improvement appeared to have taken place in the intrapersonal area when spring 2003 and 2004 responses were compared. In spring 2003, 39% of students scored in the low to markedly low range; in spring 2004, only 23% were in this range ( $\chi^2 = 8.00, p < .01$ ). However, the percentage was back up to 39% in spring 2005.

Results of paired sample *t*-tests are shown in Table 11. "Survivor Paired T-tests" match fall and spring scores for individuals present in both fall and spring. While all groups appeared to have a trend toward improvement, overall means showed a significant improvement between fall and spring in 2003-2004. As there was no other change between the two years that would affect this index, it was hypothesized that the addition of case managers may have contributed to this

change. The effect, however, disappeared in SY 2004-2005 comparison. Survivor vs. non-survivor tests on SY 2003-2004 data showed no significant effect of this variable at entry in predicting retention.

**Table 11**  
**Intrapersonal Score: T-test Comparisons of Means**

Survivor Paired T-tests, 2003-04	Mean (SD), Fall 2003	Mean (SD), Spring 2004	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	13.29 (2.87)	14.84 (2.19)	2.049	18	.055
Boys aged 13-16	12.68 (3.23)	13.40 (3.24)	1.505	40	.140
Girls aged 10-12	14.10 (4.15)	14.30 (2.71)	.198	9	.847
Girls aged 13-16	12.64 (3.90)	14.36 (4.36)	1.733	24	.096
Overall Means	12.94 (3.43)	14.04 (3.36)	2.890	94	.005
Survivor Paired T-tests, 2004-05	Mean (SD), Fall 2004	Mean (SD), Spring 2005	<i>t</i>	<i>df</i>	<i>p</i>
Overall Means	13.03 (3.44)	13.04 (3.29)	.031	75	.975
Fall 2003 Survivor vs. Non-survivor T-tests	Survivor Mean (SD)	Non-Survivor Mean (SD)	<i>t</i>	<i>df</i>	<i>p</i>
Boys aged 10-12	13.61 (2.71)	14.47 (2.72)	1.099	49	.277
Boys aged 13-16	12.04 (3.36)	12.89 (2.77)	.921	45	.362
Girls aged 10-12	13.24 (3.93)	13.44 (4.25)	.151	33	.881
Girls aged 13-16	12.89 (4.11)	12.67 (4.32)	.170	45	.866

### Academic Outcomes

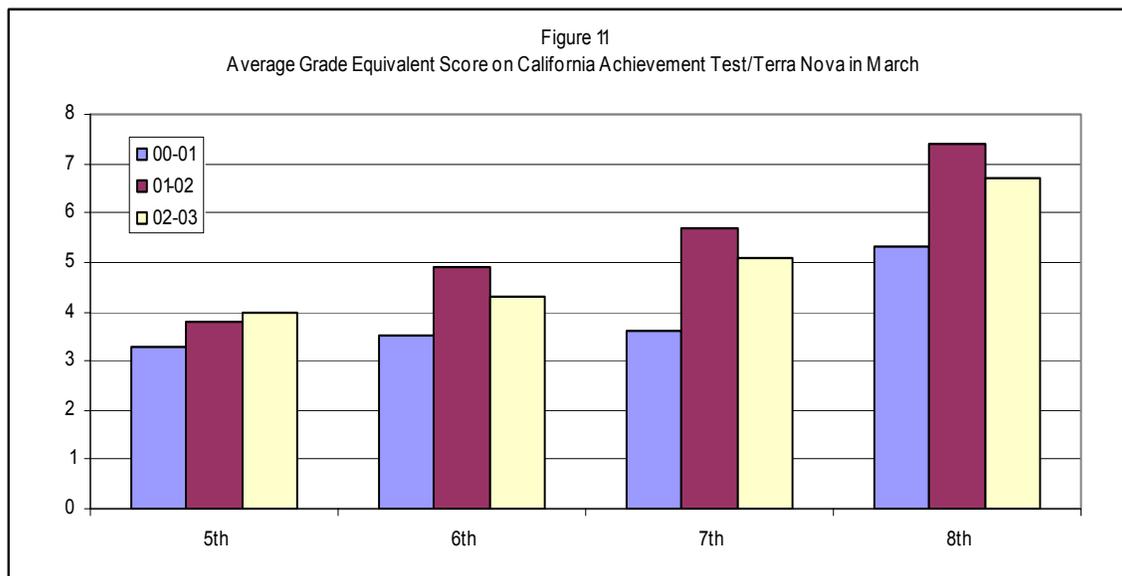
It is difficult to assess academic outcomes at this site, due to the low rate of retention and the practice of replacing students mid-year. In the third year of funding this situation was complicated further, when the state set new requirements for proficiency testing. Testing was scheduled for November and was to be applied only to returning students, criteria which severely limited the size of the subject pool.

In the school year prior to TRM funding (2000-2001), only 4.84% of L3 students were proficient or advanced in language arts, and only 4.84% were proficient or advanced in mathematics. In SY 2001-2002, these percentages took a quantum leap upward to 64.36% proficient or advanced in language and 59.41% proficient or advanced in mathematics (see Table 12). Much of this improvement appeared to be a result of practice tests and teacher coaching. The following year, SY 2002-2003, in which similar preparation was not carried out, test results lost ground in all areas. In SY 2003-2004 practice tests and teacher coaching were reinstated and statistics received from the site again show improvement. It should be noted that statistics in SY 2003-2004 are based on 86 students, a number of whom entered the school late in the school year.

**Table 12**  
**L3 Academic Proficiency in All Students in 2001-2004**

Area	Partially Proficient			Proficient			Advanced		
	2001-02	2002-03	2003-04	2001-02	2002-03	2003-04	2001-02	2002-03	2003-04
Language Arts	35.6%	43.2%	36.0%	61.4%	52.8%	61.7%	3.0%	4.0%	2.3%
Reading	23.8%	35.2%	34.9%	70.3%	63.2%	62.8%	5.9%	1.6%	2.3%
Math	40.6%	49.6%	41.9%	56.4%	47.2%	55.8%	3.0%	3.2%	2.3%

March scores on the California Achievement Test/Terra Nova done in March of 2001 through 2003 showed an average lag of about one grade level across grades (Figure 11). All students present in March are tested on this instrument. At this point in time, approximately one-half of the original cohort of students had left the school and one-half of those lost had been replaced by students on the waiting list, many of whom arrived in January. While these data are helpful in identifying the level of problems teachers have to face, it is difficult to judge the academic impact of school programs.



In order to assess actual progress of students which could be attributed to the program, scores of students who had been present for testing in consecutive years were assessed. Table 13 shows change between years on absolute Grade Equivalent total scores for reading/language/math. Percentages indicate that 35.7% lost ground (deteriorated or improved by less than one grade level) between 2001 and 2002 and 55.6% lost ground between 2002 and 2003. These results should be treated with caution, however, in light of the number of students who decreased sharply in absolute grade equivalency. Such results indicate possible problems in test administration or data recordation, or may reflect the effect of practice tests and teacher coaching that are known to have taken place in SY 2001-2002 but not in SY 2002-2003. An

alternate hypothesis, interference of emotional and biochemical factors, should be examined given the large percentage of students at this site who are under heavy psychotropic medication.

**Table 13**  
**Change in CAT/TN Grade Equivalent Scores for Students Tested in Consecutive Years**

	Comparison 2001-02	Comparison 2002-03
No change or decrease	14.3%	36.1%
Increase less than 1 grade level	21.4%	19.4%
Increase 1 to 2 grade levels	28.6%	22.2%
Increase more than grade levels	35.7%	22.2%
N of students	28	36

Pre- and posttest means from classrooms using STAR Math were provided for analysis. Table 14 shows results standardized as grade equivalents and provides the associated grade placement means as time in the program varied. Students are performing well below their grade level in all classes and progress varies by classroom.

**Table 14**  
**STAR Math Results**

Classroom (N)	Pre-test Grade Placement Mean	Post-test Grade Placement Mean	Pre-test Grade Equivalent Mean	Post-Test Grade Equivalent Mean
9	5.14	5.66	3.4	3.8
12	6.98	7.52	4.3	5.1
7	7.07	7.57	3.8	4.5
12	7.10	7.62	4.3	5.8
13	7.11	7.66	4.2	5.2
7	8.07	8.58	2.0	3.6
2	8.07	8.23	3.1	3.8
13	8.01	8.56	5.3	5.0
14	8.09	8.59	5.1	5.6
15	8.15	8.66	5.7	6.5

## Discussion

L3 had a number of strengths. The site had been successful in obtaining funding from a large number of granting agencies, as well as in retaining staff and utilizing continuing education opportunities for their benefit. Many administrative staff had come up through the ranks, and many staff members had gone through the mentorship training program. There was a large pool of qualified mental health professionals among staff and contractors. The site has a strong gifted and talented program, has made advances in nutrition, and does not suffer from a lack of services. With a ratio of at least one adult to each student (due to losses of students, at the time of the first site visit in January 2003 there were 201 staff/contractors to 148 students), students were surrounded by a wealth of services. All children had been assessed and received an Intensive Residential Guidance designation, providing the site with additional funding. The school had been successful in obtaining a number of grants from various sources which allowed it to

develop a plethora of programs serving the needs of these children in many ways. Despite all of these individual assets, the site did not make progress in addressing its retention problems.

The Circle of Courage model is invoked by this site in obtaining funding. Many aspects of the environment, however, did not conform to this philosophy. The first element described by Brendtro et. al (2002, p. 4) was "Experiencing belonging in a supportive community, rather than being lost in a depersonalized bureaucracy." Several factors at this site contributed to creation of an environment which was more a depersonalized bureaucracy than a supportive community:

- The number of staff. Gladwell (2000) describes Dunbar's sociological dynamic called the "Rule of 150" as applied to number of people in organizations: Up to this size, he explains,

orders can be implemented and unruly behavior controlled on the basis of personal loyalties and direct man-to-man contacts. With larger groups, this becomes impossible...At a bigger size you have to impose complicated hierarchies and rules and regulations and formal measures to try to command loyalty and cohesion. (p. 180).

This dynamic was clearly seen at this site, exacerbated by an unassertive administration.

- The presence of "professionals" on staff or on contract led to a diffusion of responsibility among staff most in contact with students. Darley and Latane (1968) found that the presence of others to whom responsibility can be delegated leads to less, rather than greater, involvement from individuals observing a situation which should be addressed. This dynamic was operative at this site. Rather than dealing with children person to person, residential staff often delegated responsibility for dealing with students' problems to mental health professionals or the cadre of child protection officers who were regularly called in to physically restrain and incarcerate unruly students. In the academic setting, some teachers also avoided dealing with students, shifting those causing problems to the Responsible Thinking Classroom, Social Skills Center, mental health services, or some other program. Accustomed to rejection in home environments, students got the message here that they were considered dangerous and unstable. While the case managers became a mitigating element, their lack of status compared with "professionals" limited their advocacy role.
- The number of programs. Programs whose funding was picked up by TRM were formatted in response to past RFPs from a variety of public and private funding agencies, resulting in a mishmash of philosophies. There was duplication of services; multiple programs with multiple philosophies offered services which addressed the same needs. The philosophy of the TRM program asked sites to focus on the needs of each child and on changing the environment around that child to strengthen him or her in body, mind, emotions, and spirit. While this site offered a wealth of services, the configuration of services continued to be program-focused rather than individually tailored for each child. In an early evaluation report the site was asked to deal with this problem:

TRM model schools which will be recommended for replication must, in addition to effectiveness, also be viable in terms of cost effectiveness. The program at this site should be streamlined to eliminate costly duplication or overlap of services. There does not seem to have been an evaluation of the efficacy of these services which would allow assessment of which services should be continued. Given the overlap of services, it will take a very structured data-gathering effort to begin to evaluate relative impact of these programs. It is imperative that a system be put in place to evaluate effectiveness of each of the competing programs and to eliminate or merge those which are not cost effective. (DeJong, 2003, p. 30)

Both internal evaluators at the site experienced resistance on the part of programs to allow assessment of impact of services. As these programs tended to be self-perpetuating autonomous units, the site did not develop an overarching TRM philosophy or structure of services that was able to focus on what was best for the children.

- **Philosophies.** The most dominant of the philosophies at this site was a behavior modification philosophy which attempted to mold behavior using drugs and a reinforcement system. A reinforcement system is only effective and supportive if it is consistently applied, and data from both staff and students indicated that discipline was not consistently applied and that expectations were not clear. The Circle of Courage model warns against labeling children as deviant, disturbed, disordered, dysfunctional, or delinquent, and cautions that adults are inclined to blame children to justify failure to deal with them. The extensive use of psychiatric diagnostic labels at this site and the use of physically coercive methods to control children did not give them the message intended by Circle of Courage. Many youth from high-risk environments have fragile self-images as a result of poor role models; exposure to substance abuse; or years of verbal, physical or sexual abuse. Being told that they could not trust their brains and that they needed drugs in order to function also did not support positive self-image. It could be argued that medication should be considered a last resort for children at this developmental stage and with personal or family histories of drug or alcohol abuse.

A second criterion for the healing environment promoted by Circle of Courage is "Meeting one's needs for mastery, rather than enduring inflexible systems designed for the convenience of adults." At the end of a school year, students' agreement with the item "It's hard to know how to act most of the time since you can't tell what other people expect," had increased rather than decreased. The majority of staff agreed that "discipline is inconsistent; not all students are treated equally." A major problem identified by the BarOn was the students' lack of self-confidence in their ability to deal with situations (adaptability). The children in this system were there largely as a result of instability in their home situations, and often had a history which reinforced feelings of helplessness and lack of mastery. Several components of the current system may reinforce rather than address the problems:

- **Observations,** student alienation data, and staff survey results suggest there existed at this site an inconsistent behavioral modification environment where students were confronted with different sets of criteria for rewards and punishments which varied

across the staff members to whom they relate. A consistently applied program of rewards which is fairly administered, is based upon children's performance, and takes into account their background and stage of development would promote feelings of mastery in students. This, however, is not the case here. In this environment, children were faced with many adults who had created their own reward structures and had the power to change their living arrangements, and to incarcerate, physically restrain, or medicate them. Dealing with a large number of adults who are acting based on their own agendas or according to their own idiosyncratic standards fostered learned helplessness rather than a sense of mastery.

- Because of the philosophy of the site and the outnumbering of students by staff, the primary adult-child relationships were unstable and unilateral. At-risk students at this site come from environments where they have experienced unstable family situations and feelings of helplessness in dealing with situations beyond their control. In these environments they often learn that they are of little worth. To be reclaimed, they needed to learn to trust and value themselves. The lack of a stable relationship with a caring adult made this development particularly difficult.
- While psychotropic drugs can be of enormous benefit to mentally ill individuals when properly applied, the use of drugs with those who are often children of substance abusers may communicate that they cannot control or trust themselves, and that drugs are the answer to all of their problems. Rather than building internal mastery, children can come to rely on medication as a crutch. When diagnoses are determined before the child has a chance to adjust to life in the dorm, it can contribute to disempowerment rather than foster mastery.
- The site did not foster the development of mutual peer relationships, skills key to future success in career, social, and personal relationships. Incoming children, whose social skills were in many cases not highly developed and whose radars for threat were easily activated, were placed in a system in which they spent a great deal of unstructured time with peers from different communities in an environment in which lack of monitoring resulted in a rate of approximately three assaults per day. With the frequent movement of students from one housing situation to another and the constant loss of students transferring out of the system, students were given little opportunity to develop mutual relationships - friendships with other students - which involved equal power, respect, and compromise. Many students thus failed to develop a strong network of social support, and this came at a developmental time (pre- and early adolescence) when close friendships are particularly important to social-emotional development (Sullivan, 1953).
- Systems at L3 were designed for the convenience of adults. The insistence of many staff upon working convenient regular business hours created the paradoxical situation where nearly all services and structure existed during the hours when students were supposed to be focused on academics, whereas the lack of staff coverage during evening and weekend hours created the dangerous condition of bored, poorly supervised students with unstructured time on their hands.

A third Circle of Courage environmental criterion was "Involving youth in determining their own future, while recognizing society's need to control harmful behavior." Development of such interpersonal skills is critical for future success in the workplace and in adult relationships.

While youth have little control of positive outcomes at this site, they have a great deal of control over negative outcomes. The evaluation report at the end of the first TRM year expressed concerns over the instability created by the disciplinary system and its negative effect on the development of life skills:

There is some indication that the system is strongly oriented toward dealing with negative behaviors. Staff surveys indicate that some staff are quicker to hand out demerits and report infractions than to display concern and care for the children. Staff report that so many students are on restriction for infractions that a large number cannot participate in after-school and weekend activities. Enforcement also adds a degree of instability to the life of the children, as their living situation can be changed abruptly as a result of their infractions. Admission to the honor dorm is based not on grades, but upon not having behavioral infractions which are in the hands of adults to determine. Students are moved abruptly between honor dorm, regular dorm and behavioral center dorms, which may have a disruptive affect on their already fragile sense of security and retard their development of peer relationships (DeJong, 2003, p. 19).

While discipline was clearly present, there was also a reluctance of staff to set standards in other areas, as well as an attitude of permissiveness. Lacking structure, students on this campus acted older than their age, wearing heavy makeup and watching movies, listening to music, and playing video games emphasizing inappropriate sexual or antisocial behavior, which would not be allowed at other sites. Such behavior was permitted or condoned by staff who may have contributed to the problem by scheduling weekly dances.

Finally, a fourth Circle of Courage criterion was "Expecting youth to be caregivers, not just helpless recipients overly dependent on the care of adults." Segregation of the positive peer leaders from peers who need their leadership deprived them of the empowering opportunity to help and lead others. While they were segregated to "protect them" they were also given the message that they did not have the strength to operate in the general milieu. Children's success in moving through social development stages is critically dependent in early adolescence upon working out stable relationships with pro-social peers. Such relationships, based on mutual reciprocity and co-construction, prepare adolescents to act as adults in future relationships. The L3 system appeared to be ignoring this very important need in its programming, treating students as individual isolated entities in unilateral relationships with adults. Several elements may need to be rethought. First of all, children are not given the time to develop relationships with roommates if they are being moved up or down in the pecking order of honor dorm, regular dorm, and behavioral center. Secondly, the anomie resulting from such disruption can damage children's emotional stability and sabotage their social development. A third implication is the effect of segregating the best students from the overall population, which leaves other students under the influence of negative peer leaders. Evidence on the effects of congregating high-risk early adolescents suggests that once started, risk-taking peer networks may be a causal factor in the worsening of risk-taking behavior (Dishion, Poulin, & Burraston, 2001).

While this site cannot be characterized as a test of the Circle of Courage Model - and in many ways demonstrates its opposite - it does allow exploration of a naturally occurring system which emphasizes a Level 3 (professional/medical) intervention while providing little in the way of lower levels of triage.

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