RESEARCH

The Forgotten Path: Facility Partner Perceptions on Youth Transitions from a Residential Treatment Facility School to Neighborhood Schools

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Abstract

Youth with emotional and behavioral disorders (EBD) may be negatively impacted by their behavioral excesses and deficits across academic, behavioral, and transition domains requiring more intensive supports as part of their education resulting in some of these youth receiving their education a residential treatment facility (RTF). Once they complete their treatment, they integrate back into the community including for some, enrollment in a neighborhood school. This transition pathway is the focus of this intrinsic, instrumental, and descriptive qualitative case study. The purpose of this study was to determine components of transition for these youth enrolling back in neighborhood schools. The constructed themes align with the best practices of transition literature.

Keywords: emotional and behavioral disorder, transition, residential

Many youth with emotional and behavioral disorders (EBD) are served in residential treatment facilities (RTF) due to their excesses and deficits across domains (e.g., academics and behavior) and mental health issues negatively affecting their overall functioning. Youth with EBD who display antisocial behaviors (e.g., verbal or physical aggression, bullying, property destruction) with or without mental health symptoms may need more intensive treatment services than those available in their neighborhood schools; thus, placement in an RTF may be the most appropriate setting to receive their education, programming, and treatment services. The programming and treatment provided in RTFs offer youth 24-hour, 7-days a week supervision in a therapeutic environment, while being supported by a team of professionals with expertise in the youth's specific areas of need (Jolivette, 2016). RTF settings provide youth with a) low youth-to-teacher ratios, b) highly structured classrooms, c) access to a range of positive behavior supports, d) access to adult mentors, e) explicit social skills instruction, and f) individualized behavioral interventions across all domains (e.g., Sprague et al., 2014), along with trauma informed practices (American Association of Children's Residential Centers, 2014).

Transition

The Individuals with Disabilities Education Act (IDEA) of 2004, as well as the more recent Every Student Succeeds Act (ESSA) of 2015, state that all school age youth receiving special education services, including youth with EBD, must have a transition plan. IDEA aims to help youth with disabilities move from K-12 schooling into the post-school community, typically defined as the workforce or job training (Plotner et al., 2020) or post-secondary education or trade schooling. IDEA explicitly states that each youth's transition plan should be built upon their strengths, preferences, interests, and needs encompassing all domains. While IDEA mandates transition plans for youth with disabilities, there are multiple paths for the transition process, dependent upon the youth's current setting, disability, needs, and projected path.

Most youth with EBD who transition from an RTF follow three pathways: 1) Pathway One (i.e., from secondary schooling to job training or competitive employment; Nochajski & Schweitzer, 2014); 2) Pathway Two (i.e., from juvenile justice settings to the community setting, including obtaining competitive employment; Mathur & Griller Clark, 2014); and 3) Pathway Three (i.e., from an RTF to a neighborhood school). Transition tenets for Pathway One include plans being: a) youth-focused, b) strength-based, and c) collaborative (A transition guide to postsecondary education employment for students and youth with disabilities, 2017; Morningstar & Clavenna-Deane, 2017; Talapatra et al., 2018), while transition tenets for Pathway Two include: 1) using multi-tiered systems of support, 2) relationships and collaboration, and 3) building on youth strengths (Council of Juvenile Correctional Administrators, 2017; Leone & Weinberg, 2012). Pathway Three is an emerging area of interest with no established tenets, an indication for inquiry.

Youth who have spent time, months to years, in an RTF may experience difficulties in Pathway Three as they transition to less restrictive school environments where there is more freedom of movement and choices, more peers and teachers with whom to interface, and larger class sizes; all which can be difficult under any circumstances but made more challenging if transition planning and services were not provided to youth with EBD (Whittaker et al., 2015). For youth with EBD in an RTF, it is imperative that a transition plan be implemented to help them successfully move from the highly structured, therapeutic living and academic environment to a less restrictive and structured setting such as a neighborhood school. Studying this pathway is of importance because when youth, specifically those with EBD, are placed in an RTF and then transition from an RTF, their life is disrupted (Leichtman & Leichtman, 2002).

Study Purpose

The purpose of this study was to better understand and identify the components of transition processes afforded to youth with EBD moving from an RTF to their respective neighborhood schools – Pathway Three. For purposes of this study, transition referred to all domains (e.g., academic, behavior, and social) of education, treatment, and programming. RTF staff were the focus as they are an essential part of understanding the beginning of the transition process before the youth moves to the neighborhood school. The central research question was: *How do RTF staff understand and describe the components of transition planning as youth with EBD transition from an RTF to neighborhood schools?*

Methods

Statement of Subjectivity

Of note, I have a vested interest in this inquiry. I have previously worked as the Manager of Education Programs as well as a special education teacher for two separate RTF in the Southeastern United States, though not where this research occurred. In my role, I was often the one who had to advocate for the youth during the transition planning process, whether it was the youth returning to their prior neighborhood school, entering a new neighborhood school after a new placement, or even going to the local neighborhood school while the youth remained at our facility. I began to realize that if some of these youth had transition supports or there was a solidified transition process, then the youth may have an improved chance at succeeding back in those settings. Overall, I think it is important to state that I acknowledge the value in applying successful transition processes and components for youth

with EBD from RTF to public education settings.

Theoretical Framework

Sociocultural theory (SCT) is an umbrella theory some argue has no clear-cut definition (Schoen, 2011), though the overarching SCT framework does important work relative to this research, in that in emphasizes the degrees to which schooling is shaped by longstanding assumptions about youth and learning that disproportionately affect already marginalized youth, including youth with disabilities and racialized identities. For this inquiry, I relied on Nieto's concept of SCT due to her direct application of SCT relative to youths' equitable access in education, and to my intrinsic belief of Nieto's focus on education as a basic right, especially for our vulnerable and marginalized youth. Nieto (2018) states a person's knowledge is influenced by society and culture with an emphasis that everyone deserves a basic education. While SCT includes many ideas and no definitive explanation, a sociocultural lens can be useful in educational research as it is built on integrating knowledge from three domains (social, individual, and cultural) to help analyze contexts to inform practice (Schoen, 2011). Nieto (2002) provides characteristics of what basic education for all youth may look like, with the following pertinent to this study - education is important for all youth and social justice education. While Nieto (2013) focuses on youth from minority cultures, the overall vision of SCT includes considerations of youth who are "marginalized, neglected, or made invisible by traditional understandings of the role of education" (2013, p. 8), including youth with disabilities, particularly those with EBD and their inclusion within neighborhood schools. Nieto (2002, p. 15) emphasizes that tenets of SCT work to "shatter the perception that teaching and learning are neutral processes uncontaminated by the idiosyncrasies of particular contexts," and examine the factors in educational spaces that affect minoritized students' access to equitable education. The parallels include: a) children from a minority population are often viewed as liabilities in the classroom and it can be argued the same can be said of youth with EBD, especially those with aggressive behaviors and who are served in RTF due to these behaviors; and b) youth voice must be included in any improvements or planning processes, which also is pertinent to a successful transition process for youth with EBD. Nieto's (2002) interpretation of SCT emphasizes how all youth are capable of learning and have the basic right to an education. Using an adapted version, I use this theory to inform the creation of themes within the collected data. This theory entails looking at the societal and political norms of the cultural context to see how the norms interact with youth with EBD. In this instance, the cultural context will be the RTF. Again, this will relate back to the idea that youth are the focal point of the transition process, and how the process is not only implemented, but received by others.

Context of the Study

Facility

I conducted this university IRB-approved study at an RTF in the Southeastern United States that is accredited by the Joint Commission and AdvancED, among others. This RTF is in the metropolis of the state and has an acknowledged transition process within their school. Within the Title 1 residential school, there are 12 classrooms with a certified teacher in each. Seventy-five youth (49% male; 51% female) with EBD and/or mental health disorders such as depression, anxiety, bipolar disorder, impulsivity, mood-dysregulation disorder, and self-harming behavior reside at the RTF. Of the 75 youth served, 60% were Caucasian, 21% African-American, and 19% identify as Other. The average stay for a youth was usually dependent on their age: a) elementary-aged youth typically stayed six to nine months, b) middle school youth an average of four to five months, and c) high school youth with an average stay of 45 to 60 days. Twenty percent of the youth population were elementary and middle school age while 76% were high school age, with 44% of all youth receiving special education services.

According to the participants, the nature of the youth's EBD changed from externalizing behaviors, such as aggression or property destruction, to more internalizing behaviors, such as being withdrawn or self-injurious after the RTF began accepting private insurance as their main means of funding. Due to this change in population, the way the RTF delivered services to the youth and their families also had to change. Participants stated that when

the youth they served were primarily wards of the state the length of stay could be years. However, many youth now may stay as long as one month, with a few staying for the maximum of six months. Several of the participants mentioned that due to the previous length of stays being longer, they were able to get to know the youths' strengths, interests, and needs better. Prior to the change, the participants mentioned they were able to build a solid relationship with the staff at the neighborhood schools which made the transition for the youth easier. Now, it seems this contextual circumstance (i.e., change in population due to change of insurance) has affected the transition process. Because these changes affect the circumstances of the transition process, the change also has inherently influenced the created themes of this study.

Transition Plans

The facility had a transition coordinator who was charged with developing an individualized transition plan for each youth based on the unique needs of each youth, including: a) advocating for the youth and family, b) serving as a team member at the transition meeting with the home school, c) providing the home school with any domain data available, and d) making recommendations for school support through a School Transition Plan. The beginning of the transition process involved the transition coordinator notifying all parties of the discharge date (which was usually determined by the treatment team, insurance company, and/or parents), contacting the school to schedule a transition planning meeting, and providing the school with all records available. Additional non-school interventions included in the youth transition plan could include: a) in-home therapy, b) community-based skill coaching, c) skill development, d) attachment-based interventions, and e) family crisis and safety plan development.

Adult Partners

Adults in the RTF involved in the transition process are the focus of this inquiry. The purpose for choosing these participants was to understand how the transition process works, who participates, and the viewpoints of those involved from the perspective of those who worked within an RTF. While the youth should be the focus of all transition plans, this study started with adult participants so that a general idea of their transition process could be better understood through the lens of those that are charged with creating and implementing it. The identified participants included the principal, assistant principal, transition coordinator, lead special education teacher, and a teacher whose role was to help create individual behavior plans for youth.

The participants were identified by the principal as having an important role in the educational portion of the RTF transition planning. She stated that the transition coordinator and assistant principal have the most vested roles in the transition process. According to the principal, her role within the transition process was to support the transition coordinator with parent and school contact and/or communication, as well as to help teachers create transition plans. The assistant principal stated her role included working with the transition coordinator to obtain the youth's records to send to the youth's home school, while also communicating with the home schools to ensure the youth is taking the correct classes at the RTF. The teacher stated his role in the transition process was to complete transition plans for the youth on his caseload. He stated that creating plans included: a) identifying parental concerns, and b) giving suggestions and strategies to help the youth be successful in their new school. The lead special education teacher stated her role was to write transition plans illustrating youth needs and supports to foster success in school, while also meeting with the neighborhood school to help bridge the gap. Lastly, the transition coordinator was the main contact between the neighborhood school and the RTF school with her duties including: a) coordinating the receiving and sending of school records; b) scheduling re-entry meetings at time of discharge; c) educating parents/guardians on their rights; d) serving as the Local Education Agency at the IEP or eligibility meetings; and e) attending all treatment team meetings and reporting information back to the education team.

Measures and Data Collection Procedures

The RTF was chosen due to the type and ages of youth served. Qualitative research methods were used to help

understand issues through the lenses of the involved population. The methods included record review, interviews, and a focus group.

Record Review

The purpose of the record review was to look at archived (and deidentified) transition plans to see how the youth's background informed the transition plan. Seven plans were analyzed after the interviews and focus group. I looked for common factors within the transition plan (i.e., listed strengths and needs) in lite of the transition tenets and how these factors informed the transition plan, including: a) each area of the RTF that was involved in the plan; b) if the plan listed the youth's strengths; c) if the plan listed the youth's needs; and d) if collaboration with the public school occurred.

Focus Group and Interviews

One focus group was conducted where the participants elaborated on each other's responses after the researcher provided the discussion topic. The 59-minute-long focus group was digitally recorded and then transcribed. Additionally, individual interviews were conducted with the assistant principal and transition coordinator to help gain a deeper understanding of who each participant was as an individual and their importance in the transition process. Interviews were approximately 30 minutes and allowed the roles of the partners to be explained (Mack et al., 2005) while reflexive interviewing potentially allowed the participants to go in-depth on their contributions to the transition process. Each interview was digitally recorded and transcribed.

Data Analyses

A Priori Coding

Prior to the analyses process, I believed the following themes would be constructed: a) partnership or relationship, b) strengths, c) individualization, and d) involvement. I specifically chose these themes as they related to the transition literature, whether from the established Pathway One or the evolving Pathway Two. I purposefully chose the ideas of partnership or relations because of my belief working with youth with EBD requires more than just collaboration. Collaboration is working with someone to produce a result, which in theory, is what researchers are looking for when transitioning youth in all pathways. However, working with youth with EBD in RTFs takes more than just collaboration to ensure effective treatment and a successful transition happens. In my experience, it takes partnering and building a relationship with all of those (e.g., youth, parent, RTF teacher, and neighborhood school staff) involved. Researchers also have shown that building upon a youth's strengths and individualizing their transition plan to those strengths is beneficial for youth.

Inductive Analysis

By using inductive coding, themes were created by using a "bottom up" approach to where observations were made, patterns were detected, a possible hypothesis was created, and finally a conclusion formed (Trochim, 2006). In thinking about my own assumptions, I used cross-case analysis (Khan & VanWynsberghe, 2008) to ensure the created themes, as well as identifying support for my a priori codes, were evident throughout each of the transcribed texts. Cross-case analysis involved the identification of common themes across the data sources (i.e., interviews, focus group, transition plans) and use of these themes to support the case (Khan & VanWynsberghe, 2008).

Findings and Discussion

Of note, while five participants provided their understanding and descriptions of the transition process, most findings were derived from the responses of two participants - the current transition coordinator, Laron (all participant names are pseudonyms), and the former transition coordinator and current assistant principal, Elizabeth. While the three other participants did engage in the focus group, each deferred to Laron when asked questions regarding the transition process. Furthermore, after the focus group was conducted, I spoke with the principal, Sara, who stated the interviews would need to be held with the transition coordinator and former transition coordinator, as the other participants were not as involved in or knowledgeable about transition processes.

Themes

I noticed the created themes seemed to appear in two contexts: within the RTF and outside the RTF. The following themes constructed during analyses were: 1)

communication, 2) collaboration, 3) education, and 4) involvement and individualization. Furthermore, there were two key takeaways from the study: a) the importance of a transition coordinator, and b) how to we educate others working with youth with EBD. These created themes had distinct differences when it came to within the RTF and outside the RTF. For involvement and individualization, these were combined in the sense that to individualize treatment, youth must be involved.

Communication within the RTF

During the interviews and focus group, the phrase "constant communication" was heard several times which referred to the communication between staff members at the RTF. Due to the way the RTF was configured, there were staff members who worked on the cottages (where the youth live) and staff who worked in the school. The participants noted open communication lines with the therapists aided in the treatment of the youth. Communicating well allowed partners to know if a youth was having behavioral issues in the school, which then prompted staff to speak with the therapist to ensure a special treatment plan was developed encompassing all settings to help address the youth's issues. However, the participants did note how some staff members were "out of the loop" on certain treatment plans if the behaviors were not happening in the school environment, although the plan should be implemented there. The participants agreed the RTF's goal was to "tighten up communication" and "improve communication between different departments." To ensure successful transitions, including those youth moving from RTF back to the neighborhood school, partners must communicate with one another throughout the process, so the youth may receive appropriate services before and during the transition (Osher et al., 2012). While the term "constant communication" was used multiple times throughout the data collection process and seems to be part of the norm at the RTF, the evidence outlined above also shows there is a lack of communication within the RTF. It is imperative to improve the transitions of these youth by the RTF continuing to build upon a norm of "constant communication" between all partners and across all settings.

Communication Outside of the RTF

Communication with other partners outside of the RTF did not occur as much as the communication with partners within the RTF. For instance, most of the communication between partners within and outside the RTF occurred about 2 weeks prior to the youth discharging from the facility, with Laron scheduling the transition meeting. The purpose of the meeting is for the RTF partners to make recommendations to the school and involve the parent in the meeting. However, she also mentioned that after the youth transitioned back to their neighborhood school follow-up was minimal. "Um, I typically don't follow-up once they've discharged from us, and uh, you know all the paperwork has been sent to the school…um, you know basically, my cover letters basically just say shoot me an email." Laron did state she received e-mails "every now and then" from schools asking for her suggestions on how to handle certain situations. The duration of communication was also dependent on the state and school upon which the youth was going to.

It appeared that most of the communication with partners outside of the RTF was between Laron and each youth's parents. According to Laron, she was "in constant communication with the parent" and told the parents "let's just go to the table with a time frame in mind…and you all as a team can meet to see what kind of progress the child makes and see if they're deemed worthy or ready to go back." However, researchers assert that for proper transition planning to occur, communication between all partners should begin as soon as the youth enters the RTF (Griller Clark et al., 2016). Nonetheless, communication between all partners should continue to happen after the youth transitions as well (Osher et al., 2012). While the RTF would not be involved in the day-to-day life of the youth once they transition, they can provide valuable input on mental health and behavioral strategies to help the youth continue to succeed in the neighborhood school. Keeping SCT in mind, it was interesting to note how Laron used the phrase "deemed worthy" when discussing schools accepting youth with EBD. Nieto (2017) discusses how terms like "at-risk" are demeaning towards youth who are marginalized, which includes those with EBD. When

dissecting this phrase, it was important to think about if Laron was discussing the context of the neighborhood school, or if even the context of the RTF.

Collaboration Within the RTF

As with communication, collaboration within the RTF seemed to manifest more on a day-to-day basis than collaboration outside of the RTF. Laron stated a strength was "the collaboration with different departments" (e.g., clinical, education) to aid in the transition plan for the youth. Specifically mentioned were the collaboration between a youth's therapist and the school to develop a specialized treatment plan for a youth displaying new or worsening behaviors. Additionally, Laron spoke about "rounds" which was a designated day and time each week for the whole treatment team (i.e., psychiatrist, nursing, cottage staff, therapist, educational staff) to discuss each youth. "I share information from our educational rounds back to the treatment team and the treatment team shares whatever information is pertinent to the education staff" but does say "about 70% of the information shared during rounds pertains mainly to the therapeutic side of things." However, she also stated if a youth was struggling in school, this was a good time to ensure that all departments are aware of the issues and collaborate to develop a specialized treatment plan that would be "applicable to all environments" at the RTF. It was important to note that a specialized treatment plan could eventually be linked to information placed in the youth's transition plan, as the treatment plan could include strategies to help the youth.

Collaboration Outside of the RTF

I noted how continuous communication sometimes lacked between partners with collaboration appearing to be distinctive. For instance, Laron stated many of the private insurance companies required a transition meeting be held once a youth was ready to discharge which somewhat forced collaboration to occur between partners. Laron stated because "they [the home school] have to coordinate a lot more schedules than we do" she would do her best to schedule the transition meetings where everyone can be involved. However, while these transition meetings were crucial in helping create an environment for a smooth transition back to the neighborhood school, stories of going "above and beyond" were heard. During the focus group, specifically talking about working with the home schools, Laron, in passing said "…and if it's just a matter of putting an extra behavior specialist in a teacher's classroom for them…", which I brought back up after she finished speaking. I, almost confused, said "Wait…so you actually got someone from [facility name] to go into the public school?" and both Sara and Laron noted that they have. Laron continued to tell me that for this student who struggled with anxiety, they were able to work with the neighborhood school to allow one of the RTF staff members the youth was comfortable with go with her to school those first couple of days she returned. The group stated once the youth was comfortable, they were able to fade their staff member. The main takeaway from this theme when thinking of SCT was how the change to private insurance shifted the context of the RTF, which therefore transformed the norms of the RTF. While the insurance companies required these transition meetings to take place before a youth could discharge from the RTF, it seems these meetings could happen swiftly and did not adhere to the "Exit Upon Entry" literature in which the transition planning should begin at admission.

Educating Within the RTF

When completing analyses, it did not surprise me that communication and collaboration were constructed themes. However, one other theme began to be constructed throughout the analyses of both the focus group and the interviews which was knowledge, specifically referring to education. While the term education in this sense has various definitions depending on the partners involved, the overall idea was the need for the educational staff to educate other partners on issues pertaining to working with youth with EBD. From this evidence and keeping SCT in mind, it almost seemed the cultural norm of the RTF was everyone "stays in their lane (e.g., participants would pass a topic to Laron so she could speak on it solely given her role as the transition specialist). However, because communication and collaboration were important in ensuring successful treatment and transitions for youth, it was crucial the RTF take a deeper look at how they could change this context. It was a matter of people feeling

certain tasks were not their job, and if so, how do they educate their staff on ensuring there is a truly collaborative effort taking place? For instance, it is crucial that a therapist be part of the transition process so that they can provide any significant information regarding behavioral strategies to implement.

Educating Outside the RTF

The word advocacy continued to appear throughout the analyses, specifically stated by Laron multiple times regarding working with the parents of a youth who received specialized education services. After digging further, the constructed theme was again education, as Laron repeatedly stated, "I can tell and will educate you on your rights as a parent". Laron stated while she does go to the transition meetings with the school, she knows there are some schools that will try to stop the youth from attending as they have stated "they cannot serve that child." Laron stated this was when she ensured the parents were educated by giving "them buzzwords to use, not in a threatening way, but in a way of 'I know what I'm talking about…I know what's fair for my child' and 'I understand what my child could be getting and I just ask that you do the right thing by my child.'" Lastly, the idea of helping the neighborhood schools understand the youth lends to the constructed theme of education. In the focus group, the participants spoke about some schools being excited to work with the youth and learn about the "new child" that will be either coming to them for the first time or returning to them. However, the participants also spoke about schools which did not want to work with the youth or take time to understand how to help them. Allen, who previously worked as a teacher in a public school, detailed how one of his previous principals just wanted to keep data on students with EBD so they could "get them out" of their school and they did not have to "deal with" the youth. While Allen said the way these administrators typically dealt with these youth was to talk down to the youth, and he felt "like a lot of public-school teachers don't have the skills to deal with behaviors." Laron affirmed this notion by stating when she also taught in a public-school setting, she would receive students in her class who did not necessarily meet the criteria to be in there, but wanted to be there because Laron "understood how to work with them" and the youth appreciated that. All participants echoed the same sentiment that working in an RTF trained them to "meet the needs of the child" before anything.

One of the challenges of transition noted by participants was the neighborhood schools' unwillingness to work with youth with EBD. While the participants noted they have heard schools say, "they cannot service a child", federal law prohibits schools from denying a child a Free and Appropriate Education. The IDEA requires all schools receiving federal funds to provide an education for all youth, including those with disabilities. If a school feels as if they cannot provide the youth with an appropriate education, then the school must find a placement that best fits the needs of the student, including paying for any educational related costs. Furthermore, the Neglected and Delinquent program as part of the Title I of ESSA (2015) states there must be improved transitions for youth between secure care and local education programs. Moreover, using Nieto's view on sociocultural theory, it is the job of the neighborhood school to provide education to all youth, including youth who are marginalized (i.e., youth with EBD) and create a culture that affirms the ability of all youth (Nieto, 2017). Therefore, to help a youth's transition, it is imperative that helping neighborhood schools to be better equipped when working with youth with EBD, school staff need to develop the social-emotional skills necessary for working with these youth. By developing these skills, the adults can "address implicit biases about youth, be less reactive when confronted by troubling behavior, and handle the stresses of teaching and providing services" (Osher et al., 2012, p. 5).

The I's

One of the themes I expected to be constructed throughout analyses of the data was individualization, specifically based on transition and special education literature. Also, I expected involvement to be a constructed theme in the sense I believed individualization and involvement went together as if a plan was to be individualized, then it should involve the youth. I constructed these themes, that I call the "I's", but they were not constructed in the way I expected or hoped. Throughout the focus group and interviews, I

specifically asked if youth were involved in their transition meetings. For the most part, the participants gave me a resounding "no." Elizabeth stated "if the kid asks to be included in the meeting, or the parents or the school want them to be in the meeting, sometimes we will include them in the transition meeting" while Laron said they let youth participate if the parent asks for them to. However, for most cases, Laron stated the youth's involvement in the meetings was "just a matter of letting them know it's coming up." Laron said if they do involve the youth in the meeting, there was prep-work including: 1) learning the youth's thoughts on the transition; 2) learning the youth's thoughts on what they can do and how it will be different this time; and 3) asking the youth what they learned at the RTF that would help them transition and stay in school. Corresponding with involvement, I expected that individualization might be a constructed theme, and again, it was, but not in the sense that I thought it would be. I expected to find specific and detailed instructions as well as support for the school in working with transitioning youth. However, after looking at five transition plans during document analysis, I noticed not only were the plans not thorough, but each lacked specifics. For instance, on school goals for a middle school aged youth was to "Use DBT skills if she becomes upset or agitated in school," neglecting to specify what specific DBT skills were useful for this youth. This was a common theme throughout the transition plans. Additionally, there were phrases in the suggestions that said "use incentives" but did not specify what incentives have worked for the youth while at the RTF. Each plan seemed to be a short document providing a broad overview of the type of therapeutic programming the RTF offered, instead of methodically individualized documents. The closest instance to individualization was "[student] sits in the front of the class which helps her stay engaged and on task."

According to Osher et al. (2012), a transition plan should include the following: a) planning as a team, b) focusing on the youth, c) placing the youth in the least restrictive environment, d) transferring school records, e) providing professional development and support, and f) providing effective services post-transition. From the evidence, it appeared while some of these tenets were in place (i.e., effectively transferring records and helping the school place a youth), there were still areas needing improvement, including focusing on the youth and planning as a team, which includes the youth. Furthermore, while providing effective services post-transition is not historically the responsibility of the RTF, it would help if they were able to provide more concrete examples and strategies on what helps each youth.

Implications and Future Directions

The Importance of a Transition Coordinator

From the evidence provided by Laron and Elizabeth, it appeared that the role of the transition coordinator required a substantial amount of time and effort, especially now that the youth at the RTF were there for shorter periods, requiring the transition coordinator to work more closely with the youth, RTF staff, the youth's family, and the neighborhood school. Laron also was having to help with the transition process for more youth due to the shorter stay time frame. Additionally, by speaking with the previous transition coordinator, along with the current, it seemed that the role fulfills an important need within the RTF. This was not only evident by the analyses, but the focus group participants giving a resounding "yes" when I asked if the implementation of a transition coordinator has made a difference. It was important to have a designated person to fill the role of transition coordinator when transitioning a youth with EBD from RTF back to their neighborhood school. It is my suggestion that all RTFs hire someone for this designated position. However, due to limited funding and resources, some RTFs may need to start by giving the role to a teacher who splits his or her time between teaching and acting as transition coordinator. While this may increase the workload on the teacher, it would hopefully be a steppingstone to ensuring a smoother, and hopefully more successful, transition process for each youth as they prepare to return to a neighborhood school.

Educating Others

When using an SCT lens, I noted it was important to value education as a basic human right for all; but, I noticed that as the theme of education was constructed through analyses, it appeared the actual need was to help educate

partners outside of special education, in addition to helping the neighborhood school staff learn how to work with youth with EBD. RTFs should begin to look at new ways to collaborate with not only the partners within the RTF, but the neighborhood school as well. Within the RTF, holding short training sessions could be an invaluable experience for special educators to teach other RTF staff, specifically clinical staff (e.g., therapists, about special education law).

The following topics could be included: a) the referral process, b) the evaluation process, c) receiving special education services, and d) transition services and pathways. By educating clinical staff on what special education mandates entail, the clinical staff would be better equipped to understand why or why not an IEP is developed for a particular youth, and specifically why one may not be put in place for a youth while in the RTF. Additionally, informing clinical staff about transition services and emphasizing that they are an imperative part of the transition team will lead to greater success when it comes to collaboration, where the clinical staff member is able to provide valuable information to the neighborhood school, including information regarding the youth's disability and/or strategies with working with the youth's specific disability.

Transition Plans

It remains crucial for RTFs to focus on creating meaningful transition plans, specifically incorporating the youth's strengths and needs while simultaneously involving the youth throughout the process. A detailed transition plan should include the following: a) the youth's strengths; b) the youth's needs; c) the youth's interests; d) academic recommendations based on the former; and e) behavioral strategies and recommendations based on the strengths, needs, and interests of the youth. For example, it was important that the RTF detail what had worked for the youth in their setting so the neighborhood school could implement similar strategies within their school setting. Examining the process of transitioning youth with EBD from RTF to neighborhood schools is rather novel. However, this study adds to transition literature to help adult partners in RTF support the many youth with EBD being served in an RTF and their eventual return to their neighborhood school. By understanding the created themes (communication, collaboration, education, individualization, and involvement), RTF can further enhance their transition practices.

Future Studies

While the RTF staff are an integral part of the transition planning team, it is important for future qualitative studies to expand to other stakeholders: the youth's parents, the neighborhood school, community partners, and most importantly, the youth his or herself. When completing these studies, it will be important to look at the cultural context of each, and what the norms are, specifically when interacting with youth with EBD in the transition process. For instance, when completing a study on the neighborhood school, what are their cultural and political norms when providing a free and appropriate education for these youth? Is it to go ahead and send them to an RTF? Or do they look past their biases and look for the least restrictive environment for the youth so that they are integrated into the school? Second, researchers should look at the development and implementation of a transition protocol specifically created for the transition of youth with EBD from RTFs back to neighborhood schools. This protocol would benefit the transition team as it lays out a roadmap of what exactly an RTF and neighborhood schools should do to ensure a successful transition for the youth. Lastly, completing a comparative case study that analyzes transition processes from two or more RTFs that could demonstrate not only the similarities in transition processes, but the differences and why these similarities or differences occur.

Limitations

The results of this study should be interpreted with caution as limitations exist. First, due to the study focusing on only one RTF and to COVID-19 emergency access issues, generalization of the findings may not be applicable. Due to RTFs serving a youth population of varying mental health needs, there is no consistency between the different programs, staff, or transition processes between each RTF. However, this is a starting point on research for Pathway Three and future researchers should include a variety of different sites. Second, the design itself also could be a limitation. Qualitative research does not allow results to be

generalizable. Furthermore, because case study research focuses on a single phenomenon, it cannot be replicated, which some will argue means it is not statistically representable. The last limitation is related to the consequences of the COVID-19 pandemic. I was unable to observe the transition process under normal conditions and had limited access to the stakeholders involved in the transition process. Thus, it is important that future researchers to conduct their activities under more typical, normal circumstances.

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