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College of Social and Behavioral Sciences

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Kimberlee J. Dunlap

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Walden University
2022

Abstract

Therapists' and teachers' experiences of children with aggression:
A children's partial hospitalization program

by

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MA, Geneva College, 2008
BS, Slippery Rock University, 2001

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Forensic Psychology

Walden University
April, 2022

Abstract

Aggression is an indicator of future criminal behavior. It can be a result of trauma, substance-abusing parents, or executive functioning. Research has shown that aggression in childhood often creates criminal behavior later in life, thus researchers suggest that more studies are conducted on programs that help children with aggression. The purpose of this qualitative study was to examine the experiences of therapists who work with aggressive children in a children's partial hospitalization program, and those teachers who have had these children in class before entering the program and upon discharge from the program. The qualitative study was done using semi-structured interviews with therapists and teachers. Thematic analysis across all 13 interviews revealed a consensus that this children's partial hospitalization program has a positive impact on aggressive behaviors and is beneficial to have in the school district. This study provided information on how the program is run and what types of therapy are used. It was determined that teachers see a positive difference between the child attending the program and returning to the regular classroom. Children have learned skills to be successful in the regular classroom. Perceptions from teachers and therapists in the current study suggest school-based partial hospitalization is a valuable intervention to reduce problematic behavior in students with aggression. Positive social change can be facilitated by incorporating these insights into school-based mental health services.

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Chapter 1: Introduction to the Study

There are several indicators that increase the likelihood of young adults and children engaging in criminal behavior. Aggression is a significant indicator of future criminal behavior (Jiminez & Estevez, 2017; Kennedy-Turner, et al., 2021). In a school-based mental health program, services are delivered to children by school-based personnel, professionals associated with the school, or the local health region (Climie, 2015). Since children spend several hours per day in school, necessary services should be given to children in the school (Climie, 2015). Providing support for children with metal health disorders and aggression may give them the best chance for change in their future mental health and well-being (Climie, 2015). Uno-Rayco (2016) performed a study that further supports a need for preventative mental health programs in schools. This study focused on the perceptions of school guidance counselors and the needs of students with mental illness in schools. Having this type of program will help to address mental health concerns, including aggression, often caused by trauma, which can lessen criminal behavior later in life.

Background

Jimenez and Estevez (2017) provided information on the school setting and aggressive behavior including the characteristics of the environment in the school and the home as predictors of aggression. Cordell and Snowden (2017) suggest to further investigate program characteristics and effectiveness of school-based mental health classrooms which will help to understand how aggression is addressed. Two models of a school-based mental health

program were examined by Costa et al. (2017) including the perceptions of the therapists in that program. The findings were that these programs do help to provide mental health services to children who would otherwise not receive treatment. Farina et al. (2018) performed a study that discussed mental illness in children, specifically personality features, including aggression, in juvenile offenders. Larson et al. (2017) showed that having mental health professionals available in schools increases access to help. Having available mental health professionals in schools also helps to lessen the effects of mental illness including aggression.

Gilbert et al. (2015) discussed the relationship between personality disorders and aggression. Though children are too young to be diagnosed with a personality disorder, aggression can be managed at a young age. Aggression is a risk factor in violent behaviors. Human aggression was researched by Allen et al. (2018) and the General Aggression Model (GAM) was created. GAM includes cognitive neoassociation theory, social learning theory, script theory, excitation transfer theory, and social interaction theory. An analysis on self-control and delinquent attitudes was performed by Janssen et al. (2018). Both self-control and delinquent attitudes are associated with aggression and prediction of future crime involvement.

Problem Statement

There are several indicators that increase the likelihood of young adults engaging in criminal behavior, including behavioral, environmental, and clinical factors. For example, mental illness has been associated with antisocial behavior and violent offending (Shepherd & Purcell, 2015). While the peak age of criminality is 18 years old in young adults, it is suggested that early intervention of children with mental health

issues may reduce the risk of criminality in adolescence and adulthood (Shepherd & Purcell, 2015). Aggressive behavior has been identified as a serious problem among school-aged children (Jiminez & Estevez, 2017). Research has shown that several other variables such as trauma (Altintas & Bilici, 2018), substance abusing parents (Zhang & Slesnick, 2020), and executive functioning impairment (Bannon et al., 2015) may contribute to aggression. This study focused on aggression and the behaviors that may increase future criminal behavior by examining the experiences of therapists who work with aggressive children in a partial hospitalization program and teachers who have had those aggressive children in class.

Cordell and Snowden (2017) suggest that there are many children who do not receive any treatment for mental illness. They suggest the need for research of a children's partial mental hospitalization program's characteristics and its effectiveness for children with mental illness (Cordell & Snowden, 2017). Underwood et al. (2014) suggest that the characteristics of treatment programs should be evaluated including: specific treatment interventions, individual counseling, and group counseling. Using teachers' and therapists' experiences to understand how such a program is run will help not only to understand its utility, but possibly facilitate future programs for at risk children with aggression and at a higher risk of future criminality. Very little research has focused on the effects of a children's partial mental hospitalization program in public schools for children with aggression, as the program being studied is believed to be the only one in existence.

There is considerable evidence supporting a link between childhood trauma and criminal behavior, more specifically females who had childhood trauma and males who

experienced sexual trauma (Altintas & Bilici, 2018). Cordell and Snowden (2017) further suggest that there are many untreated children who have been suitable for full-service partnerships. A full-service partnership is described as providing mental health treatment, access to health and social services. They are designed for intensive services and supports for those with mental illness (Cordell & Snowden, 2017). Cordell and Snowden (2017) suggest the need for research of program characteristics and effectiveness as well as how those who are underserved can be eradicated.

Dargis et al. (2019) performed a study to understand the link between trauma and incarcerated youth. The same authors found that the quantitative tests performed showed that trauma is significantly associated with posttraumatic stress disorder (PTSD), criminal behavior, and mental health outcomes. The hypothesis that childhood trauma causes PTSD and can lead to criminal behavior is supported by this study (Dargis et al., 2019). In addition to the plethora of information regarding the need for children's mental health classroom programs in schools, Farina et al. (2018) further the research that shares the relationship between childhood trauma, anti-personality disorder, and eventual criminal behavior. Specifically, these authors suggest a trauma-informed approach that is needed to treat and help juveniles and children (Farina et al., 2018). The gap in the research is that there is a need for the understanding of a program that is the only one of its kind in Pennsylvania, where everything is done in the school district and run in conjunction with an outside mental health agency.

Purpose of Study

This phenomenological study sought to explore the experiences of the therapists who work in a children's partial hospitalization program in a public school that focuses

on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggression. It was also to explore the experiences of those teachers who have had the students in class prior to treatment and after discharge. The perceptions of how this type of

program is run can help with the creation and facilitation of future children's partial hospitalization programs like it for at-risk children with aggression who are also at risk for future criminality.

Research Questions

1. What are the experiences of therapists who work in a children's partial mental hospitalization program in a public school addressing aggression and at-risk behavior to help reduce future criminal behavior?

2. What are the experiences of teachers who have had students in class before and after treatment in a children's partial mental hospitalization program on addressing aggression and at-risk behavior to help reduce future criminal behavior?

Theoretical Framework

The General Aggression Model (GAM) framed this investigation. This theory takes into consideration the biological, social, environmental, and psychological factors on aggression (Anderson & Bushman, 2002). Aggression is related to experiences. For example, anger is highly linked to hostility. It also puts together the theories of cognitive neoassociation, social learning, script, excitation transfer, and social interaction (Anderson & Bushman, 2002). The situational factors used in the GAM theory include

frustration and provocation, among others (Anderson & Bushman, 2002). The theory of GAM has guided research regarding aggression, violence, and offending behavior. It provides direction for creating interventions to lessen violence by understanding what causes aggression by explaining the different types of aggression, including hostile and instrumental (Anderson & Bushman, 2002). GAM focuses on the biological, social, psychological, and environmental factors that impact aggression (Anderson & Bushman, 2002). Using the GAM theory, more interventions can be created to treat chronically aggressive children (Anderson & Bushman, 2002). This model is useful for this study as it provides insight about children's development, allowing schools to make decisions about how to handle aggression (Anderson & Bushman, 2002).

Nature of the Study

A phenomenological approach was used for this qualitative study, chosen because the research will look at the real-life experiences of professionals, using semi-structured interviews. According to Creswell and Creswell (2018) and Starks and Trinidad (2007), a phenomenological study is used to describe the experiences or perceptions of several people who have all experienced the phenomenon. Phenomenology uses thick description and close analysis to gain a deeper understanding of a phenomenon (Starks & Trinidad, 2007). This study allowed teachers to provide insights as to how they see children change from the beginning to the end of the program. It also provided information on what types of therapies are used, how aggression is addressed, and the outcome of anger management when returning to regular classes.

Definitions

Emotion regulation: The attempts to influence emotions using five families of strategies and four stages of enactment (McRae & Gross, 2020).

Emotion dysregulation: The inability to accept, understand, or be aware of emotions; inability to access strategies for emotional responses; inability to choose appropriate behaviors when in distress (D'Agostino et al., 2017).

Organismic: A form of self-regulation; automatic expression of emotion; automatic emotional processing (Liu & Chang, 2018).

Intentional: A form of self-regulation; associated with sexual risk taking, problem behaviors, and non-compliance to parents (Liu & Chang, 2018).

Effortful control: The ability to adapt behavior to the environment (Liu & Chang, 2018).

Posttraumatic Stress Disorder: A psychiatric disorder which occurs people who have experienced or witness a traumatic event; has four categories of symptoms: intrusion; avoidance; alterations in cognition or mood; and alterations in arousal and reactivity (American Psychiatric Association, 2013).

Assumptions

It is assumed that all interviewees answered the interview questions truthfully. Honest responses from teachers and therapists are essential for this study to be successful and informative. The sample criteria are appropriate, and all the participants have experienced the same phenomenon. Participants had a sincere interest in the study and have no motives for participation.

Scope and Delimitations

This study was completed using the perceptions of staff in one specific school district. One program was used to gain the information necessary to complete the research.

Limitations

This study relied on participants from one geographical local area, in a specific school district. It cannot be guaranteed that the results of the study are transferable to other locations. Treatment effectiveness from the teachers' and therapists' experiences cannot be confirmed as factual. Bias is another limitation that may influence this study's results. Creswell and Creswell (2018) suggest that qualitative research deals with real-world situations where the goal of the researcher is to understand perceptions and experiences related to the phenomenon. Rubin and Rubin (2012) suggest obtaining richness and nuance as well as to explore other's perspectives. Bias in qualitative research can affect reliability and validity (Creswell & Creswell, 2018). It is imperative for the researcher to be self-aware to ensure their own values, personal beliefs and own thoughts do not impact the study (Creswell & Creswell, 2018).

Teachers in grades Kindergarten through twelve as well as special education teachers who teach core subjects who have had these children in their class before and after attending to program were selected to participate by purposive selection. All teachers participated which avoided selection bias. The number of mental health professionals invited to participate was seven, all of which work with students in the programs at all three levels. Purposive sampling was used for the teachers.

Confidentiality was discussed with all participants from the invitation throughout the research process. The American Psychological Association (APA) Code was followed to protect the privacy and confidentiality of all participants, as well as consider all research ethics.

Significance

This study is unique because there are very few studies on aggression in children regarding a children's partial hospitalization program completely run in a public school. This type of treatment program focuses on teaching and reinforcing positive behaviors and reducing inappropriate behaviors (Robinson et al., 1999). Since mental illness has been associated with violent offending, therapists' and teachers' experiences in a children's partial hospitalization program will provide more schools with the information on the treatment of aggression and lessening criminal behavior. Shepherd and Purcell (2015) suggest that early intervention services should be studied to reduce offending behavior and the risk of criminality. Using therapists' experiences to understand how a program is run will help to not only understand the program but facilitate future programs for at-risk children who have aggression. Using teachers' experiences who have had the children in class before and after treatment helped to realize how a children's partial hospitalization program can reduce aggression. Dimond and Chiweda (2011) suggest the need to examine mental health programs as intervention strategies that have an impact on children's long-term behavior patterns. This research is needed so that those who work in the field of children's mental health can understand the use of this type of program as it pertains to reducing criminal behavior. By understanding therapists' and teachers'

experiences in this type of program, contributions will be made to research to create more of these programs based on the needs of children with aggression.

This research adds to positive social change by providing perceptions of those who work in the program and those who refer children to the program in order to create and facilitate other programs like it for at-risk children with aggression who are also at risk for future criminality. This gives at-risk children with aggression the skills and therapy they need to be successful in school, in the community, and as they become adults.

Summary

Aggression in children is an indicator of the likelihood of future criminal behavior. Climie (2015) proposed that providing support for children who have mental health disorders, including aggression, may give them the best chance for their future, including lessening criminal offending. Aggression is a serious problem among school-aged children and needs to be addressed (Shepherd & Purcell, 2015). This phenomenological study was conducted to explore a children's mental health program, specifically aggression and how it is addressed, by interviewing both classroom teachers and therapists who work directly with the students. The General Aggression Model is the framework that this study is built on as it explains the aggressive behaviors and interventions that can help to treat children who display aggressive behavior (Anderson & Bushman, 2002).

Chapter 2: Literature Review

There are several indicators that increase the likelihood of young adults who engage in criminal behavior. These may include behavioral, environmental, and/or clinical indicators. Mental illness has been associated with violent offending (Shepherd & Purcell, 2015). Aggressive behavior has been identified as a serious problem among children (Jiminez & Estevez, 2017).

The purpose of this phenomenological study is to explore the experiences of therapists who work in a children's partial hospitalization program in a public school as well as the experiences of teachers who have had these students in class before and after treatment. The experiences of how this type of program is run can help with the creation and facilitation of future programs like it in other school districts.

Literature Search Strategies

For this study, I accessed 108 articles from three databases in search of relevant literature. Each article that I reviewed was peer-reviewed and from the years 2015 to 2020. An exception was made to gain information from original sources, which were older than five years. The databases searched were APA PsychInfo, SAGE, and Taylor and Francis. I also joined Mendeley to have any related articles sent to me daily. The search terms that I used were: mental health programs AND public school AND children; mental health AND aggression OR aggressive behavior OR aggressiveness in children; criminal behavior OR criminal behaviour OR criminal offending OR delinquency AND children AND aggression OR aggressive behavior OR aggressiveness AND mental

health; children AND partial mental health AND hospitalization; and lastly, mental health programs AND children.

Theoretical Foundation

The theoretical framework for this study is the General Aggression Model (GAM). This theory considers the social, environmental, biological, and psychological factors on aggression (Anderson & Bushman, 2002). Aggression is related to experiences and is highly linked to hostility. The GAM also combines the theories of cognitive neoassociation, social learning, script, excitation transfer, and social interaction (Anderson & Bushman, 2002). There are situational factors used in this theory which include frustration and provocation (Anderson & Bushman, 2002). This theory has guided research regarding aggression, violence, and offending behavior. The GAM theory can be used to help create interventions that treat chronically aggressive children (Anderson & Bushman, 2002). This model is useful for this study as it relates to child development and allows school leaders to make decisions about how to handle aggressive behavior in school (Anderson & Bushman, 2002).

Literature Review

This study's literature review is divided into three categories: (a) literature related to children with aggression, including risk factors, (b) literature related to aggression and criminality, and (c) literature related to mental health services in school for children. It was recommended that further research be conducted on therapists' views of school-based mental health programs (Costa et al., 2017) and how to structure them to meet the needs of children (Lambros et al., 2016). Durbin et al. (2017) share that there is very little

research on children's partial hospitalization programs. I found no literature specific to therapist' and teachers' experiences of children with aggression in a partial hospitalization program, run in conjunction with and housed in a public school. This lack of literature determined the gap addressed in this qualitative study.

Children with aggression

Kalvin and Bierman (2017) explain that children with aggression are often socially isolated from peers and are excluded from time with peers. Thus, they do not receive the opportunity to build communication skills, empathy, and social competence, which increases risk for later criminality and violence (Kalvin & Bierman, 2017). Tieskens et al. (2018) hypothesized that there is a developmental association between antisocial behavior, including aggression, and risk taking. Aggression and violence occur because of a disruption in emotional processing (Bannon et al., 2015). Stellwagen and Kerig (2018) explored the possibility of interventions promoting skills to increase emotion regulation. Emotional regulation is defined by Stellwagen and Kerig (2018) as a person being incapable of monitoring his/her affective arousal in response to social and interpersonal demands. Emotional dysregulation does not allow a person to self-soothe which may lead to impulsivity and low emotional tolerance (Stellwagen & Kerig, 2018).

It was determined through a qualitative study that reactive aggression and emotion dysregulation are correlated (Stellwagen & Kerig, 2018). The authors suggested that because of these findings, interventions should promote skills with children to ensure emotion regulation and lessen aggression (Stellwagen & Kerig, 2018). Stellwagen & Kerig (2018) further explained emotional regulation as an ability that is needed when a situation causes emotion, but behavior control and conflict resolutions are used. Emotion

dysregulation in children can be associated with disorganized thinking, problem solving, and irrational anger. This behavior is often addressed with seclusion or restraints (Stellwagen& Kerig, 2018). Self-regulation impacts behavioral problems, especially aggression, and has two forms: organismic and intentional (Liu & Chang, 2018). Organismic self-regulation is an automatic expression of emotion and emotional processing whereas intentional self-regulation is choosing how to express emotion and is associated with sexual risk taking, problem behaviors, and non-compliance with adult (Liu & Chang, 2018).

Effortful control is an effortful component of self-regulation and guided by executive functioning capabilities. It is the ability to have control over one's attention, inhibitory, and activational behaviors (Liu & Chang, 2018). Psychopathology in children is categorized into internalizing and externalizing disorders (Pepping et al., 2016). According to Pepping et al (2016), it has been shown that the prevalence rate for externalizing disorders is 19.1%. Aggression was researched in terms of the connections of theory of mind and moral disengagement to aggression. It is important for school personnel to understand this because of the number of students with aggression (Kokkinos et al., 2016). The understanding of aggression is needed for prevention and a decrease of negative behaviors in school (Kokkinos et al., 2016).

A key to assessing an adolescent's history of aggression and behavior problems is using a violence risk assessment (Matlasz et al., 2020). Matlasz et al. (2020) researched the Peer Conflict Scale (PCS) assessment which is a self-reported measure of aggressive behavior. Their findings, consistent with other studies, proved that the most severe and violent offenders had aggressive backgrounds (Matlasz et al., 2020). The Structured

Assessment of Violence Risk in Youth (SAVRY) and the Youth Level of Service/Case Management Inventory (YLS/CMI) are the two most often used risk assessments (Matlasz et al., 2020).

Risk Factors

While psychopathy is not diagnosed in children, it is important to note that psychopathic traits are highly related to aggression (Leenarts et al., 2017). Neurodevelopmental problems such as impulsivity and hyperactivity overlapping with Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) are high predictors of aggression in children (Aizpitarte et al., 2017; Kerekes et al., 2017). Previous research confirmed that those with deficiencies in impulse control, social interaction, and ODD make up a higher risk of aggressive behavior and are associated with increased relational aggression (Kerekes et al., 2017; Aizpitarte et al., 2017). Further adding Attention Deficit Hyperactivity Disorder (ADHD) to the diagnosis of ODD or OD puts a child at the highest risk of aggressive behavior (Kerekes et al., 2017). Tieskens et al. (2018) hypothesized that risk-taking behavior increased over ages 7-11 and linked to the development of ODD. Their hypothesis was proven true using descriptive statistical analysis. It was also found that children diagnosed with ODD and/or ADHD were more likely to take part in risky behavior (Tieskens et al., 2018). Underwood and Washington (2015) add to this that children with intermittent explosive disorder and mood disorders also display physical aggression, hostility, and anger.

Several mental illnesses produce aggression in children. Psychotic-like symptoms include aggressive behavior (Underwood& Washington, 2015) as well as Autism Spectrum Disorder (ASD) which is shown to be higher in criminal populations compared

to the general population (Kerekes et al., 2017). Additionally, most anxiety disorders, apart from PTSD, do not exhibit aggressive behaviors. PTSD in children is often responded to with aggression (Underwood & Washington, 2015). Research done by Gilbert et al. (2015) suggests that personality disorders are risk factors for aggression and violent behavior. There are several personality disorders associated with aggression, including antisocial personality disorder, borderline personality disorder, narcissistic personality disorder, and paranoid personality disorder (Anderson & Bushman, 2002).

Trauma is another risk factor. Stinson et al. (2016) hypothesized that incidents of childhood trauma are linked to aggression, inpatient hospitalization, and age of arrest. It was concluded that aggression, criminal behavior, and mental illness can be related to early trauma and developmental adversity (Stinson et al., 2016). Identifying children with trauma early enough may lessen future aggression and criminal behavior (Stinson et al., 2016). The effects of trauma in children regarding aggression have been strongly correlated. Flocks et al. (2017) and Altintas & Bicili (2018) found that trauma can cause aggression, hostility, violence, and impulsivity. Trauma impacts approximately 66% to 78% of children (Sullivan et al., 2017). PTSD impacts 15.9% of children (Sullivan et al., 2017). Both are connected to increased risk for aggression (Sullivan et al., 2017). Aggression in children and adolescents increases incarceration and recidivism rates, poor academic ability, and lower socioeconomic status as adults (Sullivan et al., 2017).

Cannon and Hsi (2016) also learned that trauma can cause emotional dysregulation, which may cause anxiety, depression, aggression, conduct problems, or defiant behavior. The relationship between child abuse trauma and aggression shows a positive correlation between the two (Auslander et al., 2016). Traumatic experiences in

children put them at a higher risk of engaging in violent behavior and make them significantly more likely to take part in delinquent behavior, violent criminal behavior, and adult offending (Auslander et al., 2016). Hoeve et al. (2015) conducted a study on the relationship between aggression and trauma and found that intervention that focuses on mental health issues, trauma-related stress, impulse control, and anger management will benefit children with aggression. Simsek and Evrensel (2018) found that aggression in adult prisoners was increased due to childhood trauma.

According to Farina et al (2016) and Johnson (2018), trauma in children increases aggression and pathological behavior, including more violent and continuous criminal behavior. Trauma in childhood is linked to antisocial personality disorder as well as the ability to function at school and at home properly (Farina et al., 2016; Johnson, 2018). Johnson (2018) hypothesized that trauma in childhood increases violent behavior by looking at stress domains. There are five stress domains: performance, conduct, physical, psychological, and coping/expression (Johnson, 2018). Johnson's (2018) study focused on the conduct domain and found that 90% of juvenile offenders in the United States have experienced a traumatic event in early childhood. Johnson (2018) also found that the likelihood of violent criminal offending increased 11% with each childhood traumatic experience.

Schimmenti et al. (2015) also found that there is a strong correlation between aggression and criminality. Two-thirds of the participants in their sample of 78 violent offenders suffered from some type of child abuse, either sexual, physical, or emotional. Stinson et al. (2016) found that there is a high correlation between trauma and aggression and suggest that behaviors of offenders should be looked at in the context of trauma. The

reason is that trauma changes cognitive schema, lessens coping skills, and causes high aggression.

Physical aggression during childhood can be related to heredity, parenting style, and inability to appropriately socialize during childhood (Givens & Reid, 2019). Having a substance abusing mother can also cause aggressive behavior in children (Zhang & Slesnick, 2020). A study conducted by Zhang and Slesnick (2020) examined this phenomenon and found a link. Using quantitative testing measures, they concluded that academic achievement, regarding having a substance abusing mother is lower and aggressive behavior is higher (Zhang &Slesnick, 2020). Non-aggressive rule breaking behavior is often related to the environment (Givens & Reid, 2019).

Another risk factor of aggressive behavior was studied by Banon et al. (2015). They found that structural brain abnormalities caused by Traumatic Brain Injury (TBI), or lesions are associated with aggressive behavior. They further suggest that these same risk factors can increase criminal activity (Banon et al., 2015). Damage to the frontal areas of the brain is associated with aggression and can also result in poor social functioning, substance abuse, personality changes, and behavioral functioning (Banon et al., 2015). Since parts of the brain are associated with emotional processing, 25% of people with moderate to severe TBI have displayed aggressive behavior (Banon et al., 2015).

Academic success is related to aggressive behavior in that higher academic success shows fewer problem behaviors (Zhang & Slesnick, 2020) and children who have higher effortful control can control negative emotions, are more empathetic, and have better social skills. They also accomplish more academically (Liu & Chang, 2018). The

emotions and moods of a child are connected to effective academic achievement (Day et al., 2017) and higher academics show lower aggression in children (Zhang & Slesnick, 2020). This suggests that future studies of interventions are done to improve academic and behavioral outcomes for children and that school should include both therapy and academics for at-risk children (Zhang & Slesnick, 2020).

Aggression and Criminality

Underwood and Washington (2016) communicate that the four public systems: education, child protection, juvenile justice, and mental health, can all take part in criminality. However, it has been recognized that serving children separately does not address all needs because more than one public system is needed at one time (Underwood & Washington, 2016). It would be more practical to focus on prevention of children and criminality and has been shown that community-based alternatives have proven lower crime and lower recidivism (Underwood & Washington, 2015). Kalvin and Bierman (2017) pointed out that the most reliable predictors of aggression caused later crime and that adult violence and criminality come from aggressive behavior in early childhood. They also reiterated that social-emotional dysfunction as a "powerful and direct predictor of violent crimes" (Kalvin & Bierman, 2017, p. 574). Based on their research findings and suggestions, early interventions are imperative in childhood (Kalvin & Bierman, 2017).

Shepherd and Purcell (2015) added to the research on children and criminal behavior. They hypothesized several factors would add to children offending, including substance abuse, PTSD from childhood mistreatments, and poor school attendance. The hypothesis was proven correct as the study showed correlations of the mental health

factors and criminality (Shepherd & Purcell, 2015). Hay et al. (2017) pointed out that there is evidence that parent training programs for aggressive children can reduce criminality. Since parents are expected to take part in the creation of a treatment plan in a partial hospitalization program, they can get the resources they need. Good and stable parenting at a young age decreases later aggression and delinquency, however it must be noted that aggressive children with strong parents many also end up in delinquency later in life (Hay et al., 2017).

Fewer than 55% of children who need intervention receive it (Hay et al., 2017). Childhood aggression often predicts future aggression, substance abuse, arrests, and convictions (Hay et al., 2017; Givens & Reid, 2019). Givens and Reid (2019) state that while not all aggressive children grow to become offenders, a pattern of childhood aggression is shown among offenders, thus there is a strong correlation between aggression in childhood and later criminality (Givens & Reid, 2019; Kerekes et al., 2017). Physical aggression has been shown to consistently peak in early childhood (Givens & Reid, 2019). Liu and Chang (2018) hypothesized that children and adolescents with higher effortful control were less likely to partake in criminal behaviors. Lack of effortful control, emotion regulation, anger management skills, and intentional self-regulation have also been linked to aggression and antisocial behavior (Liu & Chang, 2018; Kalvin & Bierman, 2017).

Early identification of and early intervention for children with trauma will lead to less aggressive and criminal behaviors (Stinson et al., 2016). Tillman et al. (2018) explored the relationship between childhood trauma, aggression, and mental health symptoms. It was learned that criminal behavior due to aggression is related to lack of

coping skills. Criminal behavior is often shown because healthy coping skills related to trauma were never learned (Tillman et al., 2018). Trauma is related to criminal behavior among adolescents, including alcohol abuse, violence, and risky sexual behavior (Tillman et al., 2018). Trauma in young people increased the odds of violent behavior by greater that 200% among juvenile offenders (Altintas & Bilici, 2018). Childhood trauma is related to aggression and criminality in adulthood, including dissociation. Dissociation is another risk factor for developing aggression and later criminal behavior (Altintas & Bilici, 2018). Altintas and Bilici (2018) found that childhood trauma and dissociative disorder were found in almost half of the adult inmates in the study.

About 65-70% of adolescents who have been arrested have at least on mental health diagnosis (Tillman et al., 2018). Leenarts et al. (2017) looked at the relationship between psychopathic traits and violent and non-violent offenses compared between delinquent juveniles and the general population of juveniles. Children and adolescents who have psychopathic traits show delinquent behaviors more often and have higher rates of recidivism than those without psychopathic traits (Leenarts et al., 2017). Adolescents with a family history of criminality as well as psychopathy must be identified so that early intervention can prevent arrests (Tillman et al., 2018).

Understanding aggression and building tools to lessen it are helpful in programs to teach children the outcomes of the harm they may cause others. This could certainly result in a positive adulthood with little or no criminal behavior (Kokkinos et al., 2016). There is a definite need to reduce aggression at a young age to reduce future violence, aggression, and criminal offending (Matlasz et al., 2020) and this can be done with the use of mental health services (Shepherd & Purcell, 2015). The most effective programs

must address risk factors that contribute to later criminal behavior, including aggression, and create treatment programs individually (Flocks et al., 2017). It is important to point out that many youths who have committed mass murders have shown signs of aggression, anti-social behavior, anxiety, and depression (Girard & Aguilar, 2019). More than half of school mass murderers experienced severe depression (Girard & Aguilar, 2019). Sometimes, those who need help for mental illness go unnoticed until it is too late.

Children's Mental Health Services in School

Larson et al. (2017) began their research with sharing the importance of schools in association with mental health. The reason is that schools have the greatest access to students, giving the schools the opportunities to identify, prevent and treat children with mental illness or associated behaviors (Larson et al., 2017). According to Lambros et al. (2016), 25-40% of children who have an intellectual disability also have a mental illness. Due to the number of students who are both intellectually disabled and mentally ill, there is a need for focused interventions in academics and on behavioral and mental health functioning (Lambros et al., 2016). All types of prevention programs are helpful, including child skills training programs, family based, and school based (Farrington et al., 2017). Ritter et al. (2015) defined a day school treatment program as a highly structured non-residential program that has both special education and therapy in a school environment. These types of programs provide education, social needs, and clinical in an environment that is least restrictive. Behavior plans are also in place (Rittner et al., 2015). Programs and interventions are needed to work with children who display externalizing behavior problems including aggression (Vassilopoulos et al., 2015). Vassilopoulos et al. (2015) conducted a pilot study which found that intervention was successful in reducing

hostility in aggressive children. They also found that interventions could lower self-reported aggression significantly (Vassilopoulos et al., 2015).

The federal Mental Health Schools Act of 2015 was adopted to put into law the creation of school-based mental health (SBMH) programs, funding for the programs, and staff development in schools (Brueck, 2016). The act has been endorsed by the American Psychological Association (APA), the American Academy of Pediatrics, and the American Psychiatric Association. It is recognized by these organizations that SBMH programs are needed in schools (Brueck, 2016). Using focus groups, Day et al. (2017) found that teachers had difficulty teaching lessons to those who are challenged academically and those who are more advanced. This caused some students to feel bored and unchallenged, causing behavioral issues in class. The focus group also showed that teachers are not well trained (Day et al., 2017).

According to Swick and Powers (2018) many schools currently have some mental health services available, including on-site social workers, school guidance counselors, and school psychologists, all of which can make referrals. In addition, few schools provide training to staff regarding common mental health issues (Swick & Powers, 2018). School is a highly appropriate place for mental health services to be offered because children are there five days a week, a team of teachers, administrators, and mental health professionals are accessible, it is a less threatening atmosphere, and it is an easier location for parents to attend (Swick & Powers, 2018).

Eckert et al. (2017) justify the need for a school-based mental health approach for children. Mental illness may occur as early as age seven. Children with mental illness miss more school and are suspended more often (Eckert et al., 2017). There is a statistical

difference regarding school suspensions between school-based programs and community-based programs showing that school suspensions were reduced in school-based programs and students' behavior functioning improved (Kang-Yi et al., 2018). SBMH services can help to complete early screening, early identification of mental health issues, provide intervention services and crisis management, monitor progress, support parents and teachers with consultations, and expedite resolution (Eckert et al., 2017). Programs for children should include cognitive skills building, as well as the understanding of others' emotions, perceptions, and beliefs (Kokkinos et al., 2016). There is a need for specific treatment strategies for children with aggression in addition to the co morbidity of ODD, CD, and ASD (Kerekes et al., 2017).

If mental health issues are not treated, there is a higher chance of academic failure, higher absenteeism, higher dropout rate, lower GPA, lower cognitive abilities, and less ability to focus on classroom instruction (Swick & Powers, 2018). When mental health services are offered in school, students are more likely to seek and accept help (Swick & Powers, 2018). Another type of treatment for school-aged children with mental illness, including aggressive behavior, is a residential treatment facility (RTF). RTFs are gaining a larger number of children with behavioral, academic, and emotional problems (Day et al., 2017). These programs are intended to be less restrictive than hospitalization or incarceration and provide drug and alcohol treatment, confidence building, psychological counseling, and military-style discipline (Day et al., 2017). RTFs are a full-time day program placement for children. Education for these children can vary from off-campus, public school, or on-site (Day et al., 2017). To facilitate this type of

approach, the staff of the RTF and school must work together to create and implement appropriate interventions that are consistent (Day et al., 2017).

A systematic review done by Farrington et al. (2017) found that developmental prevention programs decrease aggression by 15-20%. These programs include problem solving, coping skills, school, and class climate, and bullying prevention (Farrington et al, 2017). Early diagnosis allows mental health professionals to identify concerns early and begin to provide care necessary. Doing this in schools will reach the most children as well as give families the services that they would otherwise not receive (Brueck, 2016). School based mental health programs help to overcome barriers such as transportation, long waiting lists, long intake interviews, lack of providers in proximity, and the stigma often associated with mental health (Brueck, 2016; Eckert et al., 2017). Providing services in school increases the acquisition of the appropriate and needed services, whereas they otherwise may not receive help at all (Eckert et al., 2017).

In a study performed by Larson et al. (2017), it was determined that the SBMH programs with a mental health professional on site provided more organizational resources for the program and could offer more services to students in comparison to not having mental health professionals on site. On-site services in school allows for comprehensive evaluation and treatment from a mental health professional (Larson et al., 2017). SBMH programs are needed for children who have had traumatic experiences that cause aggression as these experiences are one predictor of mental health illness and contributes to poor achievement in schools. SBMH programs allow children in lower-income and socioeconomically disadvantaged areas to be reached (Larson et al., 2017). In this same study, it was determined that SBMH programs serviced older children

(secondary grade levels) with mental health professionals, whereas the younger, elementary aged children did not have professionals available (Larson et al., 2017).

It is important for this study to point out that less than 2% of United States schools have this type of service and one-third have no mental health provider on site (Larson et al., 2017). It is suggested that a child psychiatrist be on site to address medications needed and to regulate the medications (Lambros et al., 2016; Rittner et al., 2015). It is also suggested that programs should include counseling in conjunction with medication use, however, according to Rittner et al. (2015), no research has found a program that services both in a public school setting. It was reported that 70% of principals share that the emphasis on academics takes precedence over therapy and behavior management (Rittner et al., 2016). This could be detrimental if the student is not able to act appropriately in an academic setting. Having the mental health professionals on campus and in collaboration with the school district allows for more children with intellectual and mental health needed to be reached (Lambros et al., 2016; Swick & Powers, 2018). This type of program should consist of specialists in counseling education, psychiatry, psychology, special education, and regular education so that all factors are addressed (Durbin et al., 2017). Services in schools are provided in a timelier manner and allow for interaction of children, teachers, administrators, and mental health professionals (Eckert et al., 2017). Vassilopoulos et al. (2015) and Lambros et al. (2016) suggest that future research be done on school-based programs, more in-depth, and include how education, cognitive therapy, and aggression are addressed.

Costa et al. (2018) studied the effects of SBMH programs on teachers' knowledge of metal health by comparing two different programs, the FSS Plus and the Plus. Their

findings show that having therapists in the building increases teachers' understanding of mental health issues and have a source at hand for understanding their students (Costa et al., 2018). Swick and Powers (2018) delivered a discussion of a one-year pilot mental health program in a public school. In this program, a mental health professional is on-site to provide services to students as needed, make referrals to community services as needed, and train staff on mental health topics. Teachers refer students directly to the mental health counselor. The counselor provides individual and sometimes group therapy during the school day by pulling students out of their class (Swick & Powers, 2018). Additionally, the counselor refers children to local doctors if medication is warranted (Swick & Powers, 2018). The concern with this is that children are being pulled out of class, therefore, missing academics.

Capp (2015) conducted a study of another specific program: "Our Community, Our Schools" (OCOS). This specific SBMH program was built on a framework of three tiers. Tier one focused on prevention for all students in the school. Tier two focused on programs specific to at-risk students, and tier three focused on intensive services specific to students with high-risk behaviors. Students in both tiers two and three were provided group, individual, and family therapy, being removed from class (Capp, 2015). This program provides two therapists in each building where one conducts therapy all day while the other conducts therapy for half of the day and consults for the remainder of the day (Capp, 2015). Lambros et al. (2016) also conducted a study on dually diagnosed students in a particular school district and their SBMH program. A dually diagnosed child is one with an intellectual disability and co-occurring mental health problem. This program reduced school absences by one-third and a 50% decrease in suspension among

the group sample (n=61) (Lambros et al., 2016). Furthermore, the authors found that therapists reported that over half of the same sample had all, or some goals met and another 20% made at least some type of progress (Lambros et al., 2016). Parents reported understanding their child's needs better and were overall satisfied with the program. Parents also reported a decrease in symptoms of behaviors such as hyperactivity, self-injurious, aggressive, and overly sensitive behaviors. This showed an increase on the adaptive and compliant behavior scales (Lambros et al., 2016).

A different type of delivery program that was found was a SBMH program where material was given in the regular classrooms (Garmy et al., 2015). This is different from other research regarding SBMH programs done in specific settings. However, the researchers did find that this was beneficial in both interpersonal and intrapersonal understanding to a primary healthy population of students (Garmy et al., 2015). This program is not delivered by mental health professionals, but regular education teachers during their academic time.

Children's partial hospitalization programs (CPHP) have been shown to reduce externalizing and internalizing behaviors from admission to discharge (Durbin et al., 2017). A CPHP provides intense, specialized, and interdisciplinary treatment. The treatment is for children with significant social, behaviors, and emotional needs that need more than what an outpatient hospital provides, but less than full hospital admission (Durbin et al., 2017). Most partial hospitalization programs provide individual, group, and family therapists, medication management, and academics. Children do not live there. The length of treatment varies from several weeks to months, depending on the child's needs and goals being met (Durbin et al. 2017).

In addition, this type of program has been shown to have higher improvements in behavior compared to outpatient care in the community, as well as improvement in aggressive behavior, self-injurious behavior, peer relationships, emotional behavior, and school attendance. There was also a notable improvement in academics and relationships with others (Durbin et al., 2017). In looking at a CPHP, it was revealed that 74.5% of parents/guardians stated seeing significant changes from admission to discharge of the program (Durbin et al., 2017). Research has demonstrated the need for prevention and intervention programs for at-risk children, including those with aggression. There is a need for understanding these types of programs, how they work, and what types of skills are taught (Costa et al., 2017; Flocks et al., 2017). Given the high number of children with mental illness in our country, it is imperative to provide school-based mental health therapy for children. Understanding the benefits of this type of program from the views of the therapists and teachers will help other schools begin this type of program. The more children who receive services, especially for aggressive behavior, the less likely they will engage in criminal behavior later in life.

Summary & Conclusions

After performing numerous searches for the topics of mental health, children, criminality, and aggression for this literature review, it was discovered that while there are many studies that move in the direction of children and mental health, including aggressive behavior, nothing was linking to addressing aggressive behavior to lessen future criminal behavior. The literature review provided historical to current reviews of the relevant literature to support this research study. The literature review was divided

into three categories: children with aggression, including risk factors, aggression and criminality, and mental health services in schools for children.

Children with aggression often do not receive the opportunity to build communication skills, empathy, and social competence. All of these are risk factors for future criminality and violence. Emotion regulation must be increased using interventions. Several risk factors include ODD, CD, ADHD, Autism, brain abnormalities, and trauma.

Many children do not receive the mental help they need and thus grow to continue aggressive behaviors which may lead to incarceration. Identifying trauma early allows children the chance to learn to work through it and may keep them from incarceration later in life. There is a high number of children who are both intellectually disabled and mentally ill, thus having a strong need for focused interventions. School-based mental health programs have been endorsed by the APA, AAP, and APA. On-site services allow for comprehensive evaluation and treatment from mental health professionals (see Table 1 for a comparison of programs).

Table 1

Comparison of Children's Partial Hospitalization Programs in Pennsylvania to Current Program Studied

Program / Service	Intake	Treatment Plan	Group Therapy	Case Management	Psychiatric Intervention	Master's Level Therapists	Full-time Special Education Teacher	Full-time Para-profession al	Anger Management	Educational Service On-Site	Clinical Services On-Site	Housed in Public School	Educational Curriculum Continious with Child's District	Surrounded by Children without Mental Health Needs	Educated with Childeren without IEPs	Ages Served	Area of Pennsylvania (PA) Served
Program Studied	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	5 - 18	Beaver, Butler, Mercer, Lawrence Counties
UPMC	X	X	X	X	X	X	X			X	X				X	8-18	Allegheny County
Children's Crisis Treatment Center	X	X	X	X	X	X	X			X	X				X	5 - 14 (K - 8)	Philadelphia
St. Steven's Academy	X	X	X	X	X	X	X		X	X	X				X	5 - 18 (k - 12)	Western PA (Zelenienople, Utica)
The Light Program	X	X	X	X	X	X	X			X	X				X	12 - 18	Eastern PA
PA Psychiatriac institute	X	X	X	X	X	X	X			X	X				X	7 - 18	Central PA
Glade Run	X	X	X	X	X	X	X		X	X	X				X	12 - 18	Allegheny, Beaver, Butler Counties
Pathways	X	X	X	X	X	X	X			X	X				X	5 - 14	Central PA
Kitestrings (Sharon Regional Medical Center)	X	X	X	X	X	X	X			X	X				X	11 - 13	Western PA
Pathfinders (Sharon Regional Medical Center)	X	X	X	X	X	X	X			X	X				X	14 - 18	Western PA
Kid's Peace	X	X	X	X	X	X	X		X	X	X				X	6 - 18	Eastern PA
Pittsburgh Mercy	X	X	X	X	X	X	X				X				X	up to 18	Allegheny County
Horsham Clinic	X	X	X	X	X	X	X				X				X	4 - 18	Philadelphia

Chapter 3: Research Method

The purpose of this phenomenological study was to explore the experiences of the therapists who work in a children's partial hospitalization program in a public school that focuses on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggression, as well as teachers who have had the students in class prior to treatment and after discharge. Aggression has been shown to be related to future criminality.

Research Design and Rationale

In this study, I sought to explore the experiences of therapists who work in a children's partial hospitalization program in a public school that focuses on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggressive behavior in children. I also looked to explore the experiences of classroom teachers who have had students from the children's partial hospitalization program prior to treatment and after completing the program. The research questions were:

1. What are the experiences of therapists who work in a children's mental health partial hospitalization program in a public school on addressing aggression and at-risk behavior to help reduce future criminal behavior?

2. What are the experiences of classroom teachers who have had students in class before and after treatment in a children's partial mental hospitalization program on addressing aggression and at-risk behavior to help reduce future criminal behavior?

First introduced by Edmund Husserl, phenomenology is described to understand lived experiences, what those experiences mean (Alase, 2017), and to gain a deeper understanding of specific situation or phenomena (Qutoshi, 2018). The reason for a phenomenological approach in this study is to understand teachers' and therapists' experiences who directly work with the children. Husserl developed two main procedures for a phenomenological study. Intentional analysis is how a phenomenon is experienced by a person (Qutoshi, 2018). Eidetic analysis is how one's intuition adds meaning to the experience (Qutoshi, 2018). The purpose of a phenomenological study is to explore the lived experiences from a person's point of view and to understand those experiences at a deeper level (Qutoshi, 2018). A phenomenological approach uses experiences of several participants who have all encountered the same phenomenon (Creswell & Creswell, 2018). Creswell and Creswell (2018) state that this type of research has "strong philosophical underpinnings" (p. 13) and usually uses interviews to gather information.

Role of the Researcher

Data collection and interpretation of data should take place simultaneously (Qutoshi, 2018). The emphasis is on subjectivity and participants knowledge and experiences and should be interpreted using the participants points of view (Qutoshi, 2018). While this investigation took place in the school district in which I am employed, I have no personal relationships with any students or parents in the program. I have very limited relationships with the therapists and teachers being interviewed, only that we work in the same district and occasionally see each other at in service meetings.

In this qualitative research study, I used reflexivity and memos in my research. Reflexivity is the act of reflecting about the researcher's role in the study and how their

own interpretations may be based on their background, culture, and own experiences (Creswell & Creswell, 2018). Memos can be used throughout the research process for the researcher's own reflections (Creswell & Creswell, 2018). Informed consent was discussed with and signed by all participants prior to the start of any interviews. It was revisited throughout and until completion. No names of any participants were used, nor were names of any students used in answering the interview questions. Consent from the school district that the program is housed in and consent from the program director, employed by the mental health agency have been obtained. Privacy for participants was discussed with them and kept throughout the process.

Due to researcher bias, it was imperative that I continually self-reflected during the research process. Confirmation bias can happen if the researcher is not always aware during the research (Norris, 1997). To help alleviate researcher bias, the researcher can have a different person review the information gathered in the study to be sure that the researcher is using the data appropriately (Norris, 1997). Chenail (2011) suggested that journaling through the research process can help to identify biases that the researcher did not realize. Journaling before and after interviews can allow the researcher to identify unrecognized thoughts or feelings (Chenail, 2011). As the researcher, I engaged in both of these strategies, asking Walden University students to review the data gathered. I also kept a journal as I reviewed the data, where I wrote my specific thoughts about the information.

Methodology

Participant Selection Logic

The population being examined for this research study were professionals involved in a children's partial hospitalization program in a public school. The participants were master's degree level therapists who work in the program and teachers who have had students in their class prior to attending the program and upon discharge from the same program. Purposive sampling was used for the teachers. Alase (2017) describes the importance of having participants selected from a homogeneous group. This can give deeper insight into a particular experience (Alase, 2017). In purposive sampling, a typical sample size ranges from one to ten (Starks & Trinidad, 2007).

An alphabetical list of teachers by last name for each building was used to select participants. This list was already supplied to me by the school district. I asked two teachers from each building to participate by sending an email regarding my research. I selected all therapists from each of the three programs to participate (n=13).

Instrumentation

In this study, I had an interview guide already created prior to the interviews, allowing for follow-up questions as the interview progresses. I created an interview guide as I wrote my literature review as that was the information used to guide me on what information I needed to know and ask about in order to answer the research questions. All interviews were recorded for later transcription. I chose a semi-structured interview as I wanted the opportunity to probe into topics not otherwise mentioned in the interview (Tesler & Christiansen, 2009). I wanted the participants to have the opportunity to

provide as much detail as possible. It is important for the researcher to be flexible so they can switch the topic from the interview guide then continue to make sure that all questions are covered (Tesler & Christiansen, 2009). Interview questions were prepared prior to the interviews. The interviews were semi-structured so that the participants can elaborate on questions asked. Rubin and Rubin (2012) explain that a semi-structured interview provides a specific topic for the researcher, prepares interview questions in advance, and plans to ask follow-up questions. This approach encourages the participant to answer questions in detail (Rubin & Rubin, 2012). Interview questions should be written based on the researcher's current knowledge, literature, and research (Rubin & Rubin, 2012).

According to Brod et al. (2009), content validity is "the extent to which one can generalize from a particular collection of items to all possible items in a broader domain" (p. 1263). Content validity measures whether the instrument used in the study clearly reflects the perspectives of the participant (Brod et al., 2009). Directly communicating with the population being researched using a semi-structured interview guide (Appendix C) and appropriate documentation and analysis may help to provide content validity (Brod et al., 2009).

Procedures for Recruitment, Participation, and Data Collection

All participants were given an "Invitation to Participate" letter which explained the purpose of the study and ethical concerns – including privacy and confidentiality. This letter was given to participants prior to the study and then discussed with the participants before the interview began. Data was collected from each interview by the

researcher. Interviews took place by appointments made suitable for the participant and the researcher.

Initial review of responses revealed that follow up interviews would be prudent to clarify some information, so participants were contacted. There was no deviation from the IRB approved interview questions, only a request for elaboration. Thus, it did not appear that reauthorization from IRB for the modification was necessary. However, this raised concerns with my supervising committee. All work was halted until IRB evaluated the situation. IRB determined there was not a substantive deviation of the approved protocols, but IRB should have been consulted before proceeding. A proposal with the modified protocol was submitted, which IRB approved, I then conducted follow-up interviews.

Data Analysis Plan

Primary data for this study was collected using in-depth, semi-structured interviews with the therapists who work in each building (primary, middle, and secondary) and with teachers in each building (primary, middle, and secondary) who have had a student enter the program and return to the same class upon discharge. The interviewees work in a public school setting with children who have aggression due to trauma, as well as other mental health issues. The interviewees were asked questions regarding the program, including how aggression is addressed. Therapists were asked questions regarding each piece of the program. Teachers were asked questions regarding the behavior of their student prior to entering the program as well as upon discharge from the program, returning to class, regarding aggressive behavior. My plan of data analysis followed the guidelines provided by Rubin and Rubin (2012) which included transcribing

and summarizing, coding, sorting and summarizing, integrating, and generalizing. Observation notes taking was also used during the interviews as well as recordings. Recordings also act as a visual cue of the beginning and the end of the interview (Opdenakker, 2006). Interpretive analysis is used in phenomenological studies. The processes of interpretive analysis are decontextualization and recontextualization (Starks & Trinidad, 2007). Decontextualization includes taking the data from its original content and assigning codes to meanings (Stark & Trinidad, 2007). Recontextualization includes looking at the codes for patterns and reorganizing them around central themes (Starks & Trinidad, 2007). I typed the interviews to be able to find the codes and themes presented.

Issues of Trustworthiness

Amankwaa (2016) noted that research is worthless if it does not have trustworthiness, built upon credibility, transferability, dependability, and confirmability (Amankwaa, 2016). Each of these four factors is essential for a valuable and strong research study. Credibility was established by allowing the participants to be open and honest during the interviews, being reflective in my transcriptions and coding, and being self-aware throughout. Reflexivity was done throughout to keep any biases in check. Transferability was accomplished by the researcher providing very detailed information to allow the readers to make decisions if they are able to transfer the results to other settings (Amankwaa, 2016). This was accomplished through very thorough note taking and memos throughout the research process to prepare and present clearer findings.

Dependability was approached in this study by identifying any biases that may arise, describing the study, reporting the findings in detail, and having transcripts of recording interviews for accuracy and consistency throughout the coding process

(Amankwaa, 2016). Confirmability was accomplished by my own reflexivity throughout the research process. I kept a detailed journal form the start of the research process where the researcher can record decisions made and the reasons for them, reflections on what is happening through the process, and writing her own positions, values, and beliefs (Amankwaa, 2016). This is something that can keep bias at a minimum when reporting the findings of the research.

Ethical Procedures

A vulnerable population was not studied; however, confidentiality was kept for both the therapists and teachers who agreed to take part in the study. The informed consent form included: (a) the research goals and methods, (b) the school district affiliation with the researcher, (c) the agency affiliation with the researcher, (d) the right to privacy and confidentiality throughout the research process. Also included in the consent form will be (a) risks and benefits of the study, (b) how to contact the researcher, (c) who to contact with any concerns or complaints, and (d) a brief statement that interviews will be recorded for transcription purposes.

Confidentiality is imperative for any study, but especially for a study that discusses children. No child's or family's names were used in the findings of the study, including any child discussed, any teacher or any therapist. The school district was not named in the findings of the study because it is the only school district with this program. Permission was granted from both the school district and the local agency to perform this research study. It is the researcher's responsibility to safely store all data (Alase, 2017). Alase (2017) suggests destroying any recorded information once it has been transcribed. To file and store data online, it must be password protected (Alase, 2017). Data will be

stored according to the Walden University policy. I stored data online, using a password protected computer. All hard copies are stored in a locked filing cabinet.

Summary

One purpose of this phenomenological study was to explore the experiences of the therapists who work in a children's partial hospitalization program. The program focuses on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggression. The other purpose was to explore the experiences of teachers who have had the students in class prior to treatment after discharge. Aggression has been shown to be related to future criminality. Understanding the experiences of therapists in a CPHP and teachers that have had the students in class will provide other school districts with the opportunity to give their students the help that they deserve.

Chapter 4: Results

This study sought to explore the experiences of therapists who work in a children's partial hospitalization program in a public school that focuses on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggression. It was also to explore the experiences of those teachers who have had the students in class prior to treatment and after discharge. This qualitative study included two research questions: (1) What are the experiences of therapists who work in a children's partial hospitalization program in a public school addressing aggression and at-risk behavior to possibly help reduce future criminal behavior? and (2) What are the experiences of teachers who have had students in class before and after treatment in a children's partial hospitalization program addressing aggression and at-risk behavior to possibly help reduce future criminal behavior?

Demographic information of the research participants will be explored, followed by detailed explanation of data collection. Analysis will be explained in detail and evidence of trustworthiness will be discussed, including credibility, transferability, dependability, and confirmability. The results are then presented, including the four central themes found from the investigation.

Demographics

Six teachers and seven therapists were the research participants (n=13). Each teacher was assigned a code (T1, T2, T3, T4, T5, T6) and each therapist was assigned a code (C1, C2, C3, C4, C5, C6, C7). Each teacher works in a classroom setting and had at least one student attended the children's partial hospitalization and return to their class

upon discharge. Each therapist has a masters level degree and works in one of the three children's partial hospitalization programs in the school district.

Three separate programs were used in this study. The primary school program: grades K, 1, and 2; the elementary school program: grades 3, 4, 5, and 6; and the junior/senior high school program: grades 7-12. Each of the three programs is in a different building in the same school district. Each teacher works for the same school district and each therapist works for the same mental health agency. All therapists are trained in the same skills and attend the same meetings on mental health and counseling topics. Each of the three programs has a set number of therapists and students. The primary school program has two therapists who each service five students. The elementary school program has two therapists who each service five students. The junior/senior high school program has three therapists who each service five students.

Data Collection

This study was completed with interviews with six teachers and seven therapists. Prior to data collection and IRB approval, I gained permission from both the school district and the children's partial hospitalization program director. IRB approval was received on May 5, 2021. After IRB approval, all teachers who have had a student attend the children's partial hospitalization program and return to their class upon discharge, and three therapists who work in the children's partial hospitalization program were given letters of participation asking to be a part of the study. Anyone who expressed interest was provided a consent form via email asking them to reply "I consent" if they chose to. I then sent a follow-up email asking for specific dates and times to complete the interviews. I did provide a choice of in-person or telephone interviews due to Covid-19.

Once the interviews were set up, I assigned codes to each teacher and therapist. The teacher codes were assigned with a "T" followed by a number, 1 through 6. The therapist codes were assigned a "C" (representing "counselor"), followed by a number, 1 through 7.

The next phase in data collection was the semi-structured interviews with the participants. Three participants chose to interview in person and six chose telephone interviews. Each interview was scheduled for one hour. Participants were informed of the interview being audio recorded. I began each interview with a review of the consent. I then informed them that all data would be kept confidential and only I would have access to the information provided. I explained that each of them would have a code represent them that only I would know. Using my interview guide, I asked the open-ended questions prepared prior to the interviews, adding follow-up questions, when necessary, for clarification or more information. Once the interview was complete, I checked with each participant to be sure they are clear on the research project and answer any questions they may have had. I conducted a follow up interview with the three therapists to gain a clearer understanding of the connection between aggressive behavior and criminality. The final study included data collection, using semi-structured interviews, from six teachers and seven therapists.

Data Analysis

The methodology used in the research design was a phenomenological approach using intentional analysis and eidetic analysis (Qutoshi, 2018). Intentional analysis is defined as how a phenomenon is experienced by a person (Qutoshi, 2018). Eidetic analysis is described as how one's intuition adds meaning to the experience (Qutoshi,

2018). The processes used in interpretive analysis are decontextualization and recontextualization (Starks & Trinidad, 2007). According to Bengtsson (2016) and Stark and Trinidad (2007), decontextualization is the first step in the analysis process. In this step, the researcher must familiarize him/herself with the data and find a sense of the whole. Data must be broken down into smaller meaning units, which is also known as the open coding process (Bengtsson, 2016). Bengtsson (2016) also pointed out the importance of repeating the coding process and bracketing.

To perform the first step, I decontextualized the transcripts by listening to the interviews while transcribing them. I listened to the interviews twice and transcribed all nine interviews from each of the interview recordings. The transcriptions were completed using Microsoft Word and each interview transcript was saved separately using the codes T1, T2, T3, T4, T5, T6, C1, C2, C3, C4, C5, C6, and C7. Once the transcripts were completed, I listened to each interview a third time, following along with the transcript to be sure that I did not miss anything. I then listened to the interviews for a fourth time following along with the transcripts and made notes to myself as I listened. This follows Step 2, recontextualization. In this stage, Bengtsson (2016) states to check the original text and make sure all of the content has been covered. The transcripts were kept password protected and hard copies kept in a locked cabinet. I kept a journal for my own notes, including ideas, personal reactions, and thoughts to the interview answers, and possible emerging themes. Not only was this journal helpful for keeping track of information and notes, but it also helped for me to keep any biases in check.

Bengtsson (2016) describes the third step as identifying themes and categories by identifying homogeneous groups. I used structural coding which is described by Guest et

al (2012) as applying a phrase to represent a topic. They also suggest that structural coding is most sufficient for interview transcripts (Guest et al., 2012). I first chose to manually code my data using several different colored highlighters and wide margins to take notes in. I also created a code book which listed the codes that I created to evaluate the interview information. I determined 13 initial codes. Table 2 shows a sample of the initial codes with teacher quotes. After reviewing the categories, I identified several themes period to accomplish this, I reviewed the categories for connections to each other and connections to the research question.

Table 2

Open Coding Examples

Open Codes	Participant	Teacher Quote
CPHP/Program/ Partial Hospitalization Program	T1	"The attention that the students receive in partial hospitalization is very beneficial to those children."
aggression/aggressive/ anger	C1	"Quite often children are referred because of aggressive behavior."
therapy/counseling/group	T5	"It's great because the main focus is therapy."
academics	T1	"The students who returned to my class did better academically."
behaviors exhibited	T5	"I have seen oppositional behavior in all academic classes."
emotion/emotional/feelings	T6	"They learn the skills to calm themselves and address emotional needs to discuss and get to the root of the problem."
criminality	C2	"Several are on probation… because they have mental health issues that result in criminal behavior."

Braun and Clarke (2021) assert that the themes should present data in the appropriate order to tell the story as it happens. Two to six themes/subthemes are recommended and should be detailed, complex, and have a central concept (Braun & Clarke, 2021). I was able to use my code book to establish patterns among the information from the interviews, which led to the creation of categories. The categories then led to a creation of specific themes, which were supported by direct quotes from the interviews. I then used NVivo to re-analyze the data. I entered the 13 interview transcriptions and had NVivo assign codes and themes. NVivo provided several codes that I put under four themes. I interpreted the data by aligning the themes with the research questions.

After analyzing the data four themes emerged: (1) Classroom teachers see benefits of the CPHP in their school district; (2) Classroom teachers and therapists report aggression displayed before and after placement in the children's partial hospitalization program; (3) Therapists see different benefits of the types of therapies used and how the children's partial hospitalization program works in a public school setting; and (4) Therapists have witnessed connections between aggressive behavior and criminality. Table 3 shows the themes used to categorize the data. Next, I continued to identify connections among themes and make necessary additions or revisions. I asked two peers from Walden University to review the data, categories, and themes. Done to establish credibility in the analysis, there were no discrepancies in my coding and theirs.

Table 3

Themes Aligned to Research Questions

Theme	Categories
Classroom teachers describe the benefits of the CPHP in their school district	therapy, group, academics, social emotional, medications
Classroom teachers and therapists describe aggression displayed before and after placement in the CPHP	aggression, coping skills
Therapists explain the types of therapies used and how CPHP works in a public school setting	therapists, individual therapy, family therapy, group, medications
Therapists have witnessed connections between aggressive behavior and criminality	juvies, probation, jail

Compilation is the final step in data analysis, described as finding the central part of the phenomenon and coincide it to the literature (Bengtsson, 2016). During this step, I was able to answer the research questions using the final themes determined. I found no discrepancies that would need further analysis. After completion of defining codes, themes, and subthemes, it was apparent that some of the responses regarding criminal behavior were not as detailed as needed to be able to really understand their perspectives regarding criminality, thus it did not appear saturation was reached regarding this major theme. Given this, additional information was needed. It also seemed prudent to interview all seven (7) therapists instead of one per program providing a richer insight into the criminal behavior associated to aggression. Revised approval from IRB was necessary to conduct these interviews, which was secured and allowed interviews of four more therapists. I used the same interview questions and did the same analysis as earlier. The similarities among all 13 interviews showed that all participants concluded that a children's partial hospitalization program has a positive impact on aggressive behaviors and is beneficial to have in the school district. Addressing aggression at a young age may give children the skills and tools which may possibly lessen later criminal behavior in the children's lives.

Evidence of Trustworthiness

Trustworthiness includes credibility, transferability, dependability, and confirmability (Amankwaa, 2016). Credibility was established by the participants having the opportunity to answer interview questions openly and honestly, reflecting on coding and transcriptions, and continual self-awareness. I maintained contact with participants throughout the process to establish credibility and trustworthiness by conducting follow-

up interviews and updates on the research process. Transferability can be done by using the information and data provided as a foundation for other programs in public schools. The themes were looked at by Walden University peers for additional credibility. I asked three Walden University students from residencies I have attended to peer review my themes and data. Since I have stayed connected with them, I messaged them asking to be peer reviewers, then sent the information via email. This process allowed for a presentation of rich and thick description of the data.

Dependability was completed by using a thick description of the study. The research details were described in detail, which provided the codes from which to draw themes. The transcripts were accurate. The coding process, creation, and use of a code book allowed consistency through the coding process. Confirmability was accomplished by continual reflection throughout the analysis process. I kept a journal as I did the thematic analysis to reflect and record my own thoughts to keep bias at a minimum. I also asked participants to explain or define certain terms that needed clarified. Thematic codes and data were peer reviewed for additional credibility and trustworthiness.

Results

This study began with two research questions: (1) What are the experiences of therapists who work in a children's partial hospitalization program in a public school to address aggression and (2) What are the experiences of teachers who had the students in class prior to treatment and after discharge. These experiences and perceptions can help with the creation of future programs like it for children with aggression who are at risk for future criminality.

Four major themes emerged to answer the research questions using data analysis. The four themes were: (1) Classroom teachers see benefits of the CPHP in their school district; (2) Classroom teachers and therapists report aggression displayed before and after placement in the children's partial hospitalization program; (3) Therapists see different benefits of the types of therapies used and how the children's partial hospitalization program works in a public school setting; and (4) Therapists have witnessed connections between aggressive behavior and criminality. A total of 13 interviews were transcribed and coded to address the research questions. According to Hennink et al. (2017) and Fusch and Ness (2015), there is no specific number of interviews to use to reach saturation. Data saturation is reached when sufficient information has been obtained, and when further coding no longer produces emerging themes. After consulting with my committee, it became apparent that additional clarification was needed to achieve saturation regarding criminal behavior from the therapists. Thirteen interviews did reach saturation as the same themes were coming from each interviewee. Participants answered open-ended questions and were recorded using a voice recorder on a cell phone using Zoom (due to Covid-19) or in person. All participants were assigned a letter-number combination to assure confidentiality.

Central Theme 1: Classroom teachers and therapists report aggression displayed before and after placement in the children's partial hospitalization program

The first theme from the nine interviewees were reports of aggression teachers and therapists have seen in the students before going to the children's partial hospitalization program. T1 stated that poor academic performance and inability to control emotions "were the most common." The same participant sees aggressive

behaviors two to three times per week, while other interviewees reported seeing aggressive behaviors much more often, such as T2, who had seen aggressive behavior daily. T1 described the behaviors as: throwing materials in the room, swearing, and hitting other students. T2 shared the same behaviors, while adding fleeing from the room, biting, scratching, and hitting others. T3 described children with aggression as "a disruption for the rest of the class." T4 contributed to the lists of behaviors "verbal outbursts and fighting," while T5 and T6 also added spitting on others, both teachers and students. All the participants agreed that aggressive behaviors are very common in their classrooms. T5 also pointed out that in addition to these behaviors, students do not complete academic work four out of five days, sometimes all five days. C2 contributed the following thought:

> Behaviors often include defiance, poor focus, lack of coping skills, poor emotion regulation, verbal aggression, and physical aggression. They elope from designated areas, are impulsive, suicidal, show self-harming behaviors, like cutting. They can be promiscuous and often threaten to run away.

C3 believed that "at least 60% of our kids" have shown aggressive behavior. C1 expressed that they are not always made aware of specific behavioral issues prior to a student entering the children's partial hospitalization program. "There's an intake done prior to their being staffed for partial hospitalization. Information is gathered and then added to during the admission to the program." C1 further shared that the aggressive behavior is "significantly more prevalent in the elementary school population." The older population is much less aggressive than the elementary as they turn their aggression

inward more often, such as harming themselves (cutting). C5 listed the aggressive behaviors that the teachers have seen in their classrooms. C4 mentioned a few times that the older children turn inward.

While the number of cases that are referred due to aggression is a large number, C6 shared that they are not aware of an actual number of how many are due to trauma. C1 shared that what cannot be given in the children's partial hospitalization program can be given to the children in other ways. When it is needed, therapists can provide additional services including case management, family-based therapy, trauma therapy, and wraparound services. C7 added that there has been a huge increase in aggression, more in the elementary school grades. Aggression is often the reason for referrals from schools and the personnel are not able to deal with the aggressive behaviors. "We have seen a huge rise in children being referred due to the death by overdose or suicide of a parent, parental incarceration, physical and sexual abuse, and severe neglect." C2 went on to explain that there are times when the aggression is due to trauma, but the therapists are not always aware of this in the beginning. "It is hard to establish as they are not always aware of their triggers to communicate that."

Upon discharge from the program, T1 shared that students have done better academically, socially, and emotionally. "It's almost as if they feel comfortable around others because they don't feel like a failure" is what T1 shared about the return of students after the completion of the program. T2 added that the students who returned to them upon discharge "learned to communicate and cope with their triggers." T2 continued that the students know how to ask for help, ask for breaks, and do breathing exercises for calming, which they did not do prior to the program. T5 shared that most of

the students who return to class successfully finish out the school year. T6 described what has been seen among return to class as:

> Children come out with skills such as breathing activities and tools to deescalate when they are feeling emotionally fragile. They are able to better verbalize they need a break, or the work is too hard. They will be able to express their fears and worries in an appropriate manner. The medicine has been adjusted to better suit their needs as well.

C1 shared how services were helpful for a student with both trauma and aggression: "We had a student with a history of trauma engaging in self-harm aggressive behavior. Cutting. The student was able to do talk therapy in the group, was able to use the help, changed the script or perspective on who she is and how she sees things. She would remember parts of that group and tell them to peers trying to help them do the same thing." Some changes are mild and some are drastic. Children who once scratched, bit, and attacked others became able to handle things in an appropriate way by the end of their time in the program, C2 explained. C7 shared that there have been aggressive children who assaulted other peers and therapists and destroyed property in the beginning, but by the end, those same children were able to manage their feelings, talk, and use coping skills they learned in the program.

Central Theme 2: Benefits of the children's partial hospitalization program according to teachers and therapists

The second theme identified was how a children's partial hospitalization program is beneficial in a public school. All 17 interviewees showed a consensus that a program

such as this is beneficial for the students who need the program, classroom teachers, and their classes of students. Therapists also share their ideas of why the children's partial hospitalization program is beneficial. T6 describes that the students in the program learn coping skills to get to the "root of the problem." The small class sizes and small group sizes are smaller, and medication is managed. All six teachers mentioned how helpful the program is for them as the students who enter the program will not take instruction time away from the class. T2 mentioned always having "a counselor on hand," which is helpful to address situations immediately. T6 mentioned, "as the behaviors are occurring the students can receive immediate therapeutic services."

T1 shared that the staff in the program are very caring and attentive to the students. "The program takes a lot of pressure off the regular ed teachers." Some of the teachers interviewed shared that they are not prepared for dealing with these kinds of behaviors. T1 further state that the program gives students with mental health needs the chance to better themselves and hopefully go back to the regular education classroom. T2 considers the program a safe zone for the kids because it gives them a smaller environment to work in. T2 and T3 reported that the program has a teacher, personal care assistant, and counselors in the program at all times, allowing for more social-emotional learning and more one-on-one instruction in academics. T2 shared other benefits of the program including sensory breaks, counseling, anger management skills, less stressful environment, and coping skills. T4 articulated that the program helps students recognize their problems and teaches them how to deal with them in a healthy way. T4 reiterated what the other teachers have described that the program allows students to learn coping skills to cope with daily life. This is important for them to become educated.

C2 shared that the benefits of the program include learning multiple skills for emotion regulation, and they are accepted to the program at the academic, emotional, and developmental level they arrive with. The teacher does a short placement test for the students and gives them academic work on the level that they will achieve to lessen anxiety.

T5 expressed the main focus being therapy and the academic load being lightened are both helpful for the students in the program. "The academics suffer when the children are having behavioral and/or emotional problems." T5 also pointed out that the children learn relaxation techniques to keep calm. Medicine management and psychiatric services were mentioned by T6 and being helpful for students as well as that the children can receive immediate therapeutic services as things happen. C1 voiced that the program provides safety, consistency, and stability in chaotic, young lives. There are often problems with truancy, technology, anxiety, aggression, and depression: "We try to motivate them and achieve as much as possible."

When asked what it would be like without these services, T6 stated, “these behaviors would escalate and intensify ore rapidly.” T3 talked about how much more difficult it would be for students and teachers to be productive in class. T2 agreed by stating that the classroom would be affected with constant negative distractions. T1 pronounced gratefulness for the children's partial hospitalization program. T2 stated that without the program, classroom management would be more difficult and the students who have mental health issues would become frustrated much more. The classroom would be affected with many distractions and interruptions when a teacher must deal with continuous poor behaviors.

T3 remarked that it would be very difficult to be productive in class in the children's partial hospitalization program was not provided. More time would be taken away from instruction for the class, causing "chaos and frustration from all." T6 indicated that if the immediate therapeutic services were not provided immediately, the behaviors would escalate and intensify in the regular education classroom.

Central Theme 3: Therapists see different benefits of the types of therapy and goals used for aggressive behaviors

The therapists who were interviewed explained the day in the program for the understanding of what types of therapy they do during the day and how the day works from morning until dismissal. C1 shared, "Typically, the children spend half of their day in individual, group, and family therapy and half of their day in academics." The children also have appointments with a child psychiatrist every two weeks for med checks. The therapists complete treatment plans for the children in conjunction with the parents/guardians. C1, C2, and C3 all reported that the specific groups used in the program include community group, anger management, expressive arts, problem solving, relaxation, and coping skills. The therapists are with their specific students all day, from arrival to school until dismissal.

In times of aggressive behavior, the counselors explained the steps in deescalating the behavior. The first step is to ensure the safety of everyone. Therapists will try to calm aggressive children before removing them from the room for everyone's safety. C1 shared, "A component of the daily therapy at the partial hospitalization program is to help the children express their feelings in a safe, socially acceptable manner." All of the staff are trained in crisis management and help to identify and address barriers that are

preventing growth. Aggression in young children is helped the most by behavior intervention while cognitive interventions are more appropriate for the older children. C3 and C6 shared that the therapies used specifically for aggressive children include cognitive behavioral therapy, behavior modification, and reality therapy. Much of the therapy depends on the child's cognitive abilities and age level.

When asked about goals that are given to students with aggression, C1 shared that a goal is to stop, think, and consider the possible outcomes of the current behavior The therapists try to ask questions to the students such as: "How does it influence other people?", "What are you trying to achieve?", and "Does this (behavior) achieve it?" C1 stated that the therapists encourage catharsis and sublimation. Catharsis is communicating the feelings. Sublimation is putting the emotion into something positive for yourself or others. This is a goal for every child with aggression. C2 shared that some goals include learning how to recognize triggers, being able to verbalize feelings, learning how their body is reacting, and gradually work up to calming techniques that the children can do on their own. Other goals, as stated by C3, include positive communication, positive use of coping skills, and understand others' perspectives so they can see how the behavior affects others.

C3 was the only therapist to mention collaboration with the school staff. When it is time to discharge a student, there is a discharge plan meeting which involves school staff, so the child has a smooth transition back to regular classes. There is also a lot of collaboration between the therapists in the program and parents, case managers, behavior specialists, family-based services, and psychiatrists. Students who come from trauma are provided with specific trauma therapy outside of the program. C3 also mentioned a group

that was not mentioned prior, which was Kid Pick group. This group is based on behavioral pointes that the children earn through the day. The kid who has the most points chooses an activity for all to take part in. This is a positive reinforcement group that is helpful with aggressive children.

Central Theme 4: Therapists have witnessed connections between aggressive behavior and criminality

The fourth theme identified was that therapists have witnessed connections between aggressive behavior and criminality. This theme emerged from follow up interviews with the therapists to gain a deeper understanding of the connections they see between aggressive behavior and criminality. The primary and elementary therapists do not see criminal behavior in the students at that age, however, the secondary therapist had described in detail how they see a connection. To reach saturation with this topic, I chose to interview the rest of the therapists who work in the programs (C4, C5, C6, C7). When asked about criminal behavior, C2 shared that it is not uncommon at all. “Several of our kids are on juvenile probation because they have mental health issues that result in criminal behavior.” An example that C4 shared was fighting in the community because they live in unsafe neighborhoods and that is what they have learned to do to survive. C7 stated that, “several of our kids are on probation. They come to our program so that we can address the anger.”

When asked how they see an association between the two, C5 shared that there is often underlying depression or anxiety and once they attend the children’s partial hospitalization program for therapy and medication, the therapists are able to work with probation officers to set goals for these children together. When a student is not

complying in the program, “we are able to call their probation office to get them involved.” C6 shared that there are times when the students are discharged from the partial program and are sent to another alternative education program. However, C2 shared that usually the children come from those alternative education placements to the children’s partial hospitalization program.

When asked about children that are in the criminal justice system when they are in the CPHP, C2 shared that they often come from an alternative placement because they disclosed some type of trauma. C2 stated, “A lot of times there’s at least one parent in jail and the other is on drugs, family members have completed suicide. When they find that significant trauma happened, the alternative program will send them to us.”

During the interview, I asked the three junior/senior high school therapists for examples of the criminal behavior that the see in connection to aggression. C1 shared the example of a 16-year-old girl who was constantly getting into fights, breaking windows at home, and the guardian could not control her aggressive outbursts, so asked Children and Youth Services (CYS) to take her. Once it was delved into deeper, it came out that this child’s father completed suicide and her mother became very ill and passed away. She had no siblings and was sent to live with her grandmother. No one would talk to her about her parents for fear of upsetting her which caused a lot of built up anger in her. She was put into the partial program for anger management and trauma. C1 stated, “had she not come to us, I believe she would have ended up in juvie because she is a tough kid and would end up hurting her grandma.”

C7 provided another example of the connection between aggression and criminality. A 17-year-old boy came to the program while on probation. His father was in

jail and his step-father physically abused him daily. His mother was severely depressed, was given shock treatments, and still would not get out of bed. This young man became her caretaker. The young man had so much anger and aggression that he was on probation for trying to run another young man over with a car. He also tried to stab another adolescent with a broken beer bottle. He was also a heavy drug user, disclosing to us that he had done every drug except heroin. During therapy and medication appointments with the psychiatrist, we got him to stop some of the drugs or lessen the amounts and put him on anti-depressants. He had not had another fight since then. C4 explained that this young man was very smart and could possibly stay out of the criminal justice system in the future if he stayed on him medications and continued to get therapy. C4 followed up with explaining that they see females having a better chance of escaping a future in criminality because they often become pregnant at a young age and are now in charge of their child, where males have a lesser chance of a criminal-free life.

Summary

This qualitative study included two research questions: (1) What are the experiences of therapists who work in a children's partial hospitalization program, in a public school, addressing aggression and at-risk behavior to help reduce future criminal behavior? And (2) What are the experiences of teachers who have had students in class before and after treatment in a children's partial hospitalization program on addressing aggression and at-risk behavior to help reduce future criminal behavior? The participants were six teachers and seven therapists (n=13). I used semi-structured interviews for data collection, follow up interviews for a richer description, followed by thematic analysis of the data. I determined four themes answering the research questions. The results of the

final study indicated that the children's partial hospitalization program being housed in a public school is appreciated and beneficial to teachers in the school, students, and the children who show aggression. Teachers have experienced positive differences in aggression upon their discharge from the children's partial hospitalization program. It is a program that is detailed each day and allows children the types of therapies they need. Therapists have witnessed a connection between aggression and criminal behavior. Though the program cannot guarantee anyone that the aggressive behaviors displayed by some children will keep them out of future criminal behavior, the steps that they take in the programs are certainly done to lead children into a positive direction in the future.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the experiences of the therapists who work in a children's partial hospitalization program in a public school that focuses on coping skills, anger management, cognitive behavioral therapy, and social skills needed to help reduce aggression. It was also to explore the experiences of those teachers who have had the students in class prior to treatment and after discharge. This research was grounded in a phenomenological approach, using intentional analysis (decontextualization and recontextualization) to analyze semi-structured interviews. This research study was necessary because of the gap in literature specifically addressing therapists' and teachers' experiences of children with aggression in a partial hospitalization program, run in conjunction with and housed in a public school. This study allows for a deeper understanding of the need for mental health programs in schools, how the program addresses aggressive behavior, how the therapists provide children and adolescents the tools needed to become productive citizens later in life, and a better understanding of how the program works.

The participants in the study, teachers and therapists, provided their experiences of how the program is run, types of therapies used, and the skills students have learned and need to get back to their regular classrooms. The therapists and teachers provided a comparison of aggressive behaviors they had seen before and after admission to the children's partial hospitalization program. Each teacher was able to provide details regarding aggressive behaviors they witnessed in their classroom and the difference in behaviors before and after being admitted to the children's partial hospitalization program. Each therapist provided details of the same aggressive behaviors they witnessed

as well as how the program is run, including the types of therapy used and skills taught. Finally, the therapists in the junior/senior high school shared what they have witnessed in children who display criminal behavior and how they address those needs.

Next, an interpretation of the findings, including exploration of the limitations of the study. Recommendations and implications for future research are discussed, then a final concluding analysis.

Interpretation of the Findings

Interpreting the findings of this research study was completed using peer-reviewed literature in Chapter 2 and the General Aggression Model (GAM) theoretical framework. This study was completed to answer two research questions: (1) What are the experiences of therapists who work in a children's partial mental hospitalization program in a public school addressing aggression and at-risk behavior to help reduce future criminal behavior? And (2) What are the experiences of teachers who have had students in class before and after treatment in a children's partial mental hospitalization program on addressing aggression and at-risk behavior to help reduce future criminal behavior?

The GAM theory discusses the biological, social, environmental, and psychological factors on aggression. This theory has guided research regarding violence, aggression, and violent behavior. Using this theory can help to create interventions to treat children with aggression. Since this model provides insight into the development of children, it allows teacher sand therapists to understand how to handle aggression in children.

The participants shared their perceptions of aggressive behavior, how it is addressed, the benefits to a children's partial hospitalization program, and how the children's partial hospitalization program is run in a public school. Teachers who participated shared their frustrations of dealing with aggressive behaviors in their classroom and how the children's partial hospitalization program is beneficial in a public school. All of the participating teachers shared that without the children's partial hospitalization program, they would lose instructional time. When they deal with behaviors in class, it takes away from the education they are trying to provide their students. Dealing with the negative behavior is a cause for frustration for everyone. Classroom teachers shared that the program takes a lot of pressure off of them. They felt that without it, classroom management would be much more difficult because students would continue to become frustrated.

Stellwagen and Kerig (2018) determined that reactive aggression can be helped by providing interventions that teach skills to children to ensure emotional regulation. Therapists who participated in the study shared that children with aggression, often due to trauma, have entered the program exhibiting aggressive behaviors such as biting, spitting, hitting, and throwing objects around the room. The therapists also provided how the children's partial hospitalization program is run and how aggression is addressed. Emotional regulation is an ability needed when a situation causes emotion and behavioral control is needed (Stellwagen & Kerig, 2018). This emotional regulation can be addressed in a partial hospitalization program. therapists address this using cognitive behavioral therapy, behavior modification, and reality therapy. Liu and Chang (2018)

discussed the importance of effortful control for self-regulation. Effortful control is the ability to control behaviors (Liu & Chang, 2018).

Therapists also shared the types of therapy groups as well as how the program is run. When asked what types of therapy are used for children with aggression, therapists shared that it depends on the age, developmental stage, maturity, and emotional level of the child. The younger children are helped most with behavioral interventions, which confirms Liu and Chang's importance of effortful control regarding aggression. Cognitive interventions are more appropriate with the older children. My study also confirms the importance of school personnel needing to understand aggression in children as suggested by Kokkinos et al. (2016).

Costa et al. (2017) recommended further research on therapists' views of school-based mental health programs. Durbin et al. (2017) shared that there is very little research on children's partial hospitalization programs. The lack of literature regarding teachers' and therapists' experiences of children with aggression in a partial hospitalization program, run in conjunction with and housed in a public school determined the gap for this research. Kalvin and Bierman (2017) explain that children with aggression are often socially isolated from peers. These children do not receive the chance to build skills in communication, empathy, and socialization, which increase risk for later criminality and violence (Kalvin & Bierman, 2017). Stellwagen and Kerig (2018) suggested interventions to promote skills in emotion regulation. "Occasionally we have children having reactions to medication, stimulants, which can cause emotional dysregulation." A main purpose of the program is to create emotion regulation. Students are encouraged to learn to identify

and verbalize their feelings, feel how their body reacts, and learn calming techniques that students can use upon discharge.

The therapists interviewed shared how this specific program is run. When asked how the program works, therapists explained that the students are split into two groups so that each therapist has an equal amount. The day begins with a community meeting where half of the students (group one) discuss their current feelings and set their own goal for the day. The other half of the class is in academics. Throughout the day, the two groups switch back and forth between group and academics. The students are provided individual therapy as needed. The students are also to attend a psychiatric consultation every two weeks for 30 minutes. These consultations are how the medication changes are kept track of and the doctor is there to make changes as needed. The groups include anger management, coping skills, relaxation, team-building, psychoeducation, expressive arts, resiliency, or social learning. The academics include Math, Reading, English/Language Arts, Science, and Social Studies.

Identifying children with trauma early enough may lessen future aggression and criminal behavior (Stinson et al., 2016). Cannon and His (2016) linked trauma to emotional dysregulation. This may cause anxiety, depression, defiance, and aggression. This significantly raises the risk of delinquent behavior, violent criminal behavior, and adult offending (Auslander et al., 2016). It was shared that this program has seen a rise in children being referred because of traumatic experiences. The program is gaining more children who come from a home where a parent overdose or committed suicide, children who have parents who are incarcerated, children who have been physically and sexually abused, and children who have been neglected. The therapists shared how they deal with

adolescents who are already in the criminal justice system and how they deal with providing them what they need to work through those concerns. Sullivan et al. (2017) found that trauma impacts 66% to 78% of children and is connected to increased risk for aggression. Hoeve et al. (2015) determined in their study that intervention that focuses on mental health issues, trauma-related stress, impulse control, and anger management will benefit children with aggression. This study extends this finding by giving specific examples of how this is done in a particular children's partial hospitalization program.

Larson et al. (2017) determined that the older students get more mental health services than the young, elementary-aged students. C4 shared that the younger the student is, the more time aggression is part of their day. C1 agreed that a major part of the day with the younger children is dealing with aggression. “At the elementary school programs, the children require much more intervention to address physically aggressive or unsafe behavior like trying to climb out of windows.”

Durbin et al. (2017) revealed that 74.5% of parents/guardians have seen significant changes from admission to charge in a children’s partial hospitalization program. In this research study, participants who were teachers also have seen significant changes. T2 shared those significant changes had been noticed upon return to the regular classroom. The children learned to communicate and cope with triggers. The students had learned how to ask for breaks, ask for help, do calming exercises and breathing exercises. T1 also shared that the students who returned had done better academically, had a better social life, and no longer feel like a failure. T6 added that the children can express themselves better. This information extends earlier research done by Farrington et al. (2017) and Rittner et al. (2015) where it was strongly suggested that these interventions

to work to work with aggressive children. Swick and Powers (2018) found that school is a highly appropriate place for mental health services because of the amount of time children are there, because it is a less threatening atmosphere, and because it is an easier location for parents to attend. My study provided more details on how this works in a public school setting.

General Aggression Model

The General Aggression Model (GAM) discusses the biological, social, environmental, and psychological factors of aggression (Anderson & Bushman, 2002). This theory has provided a guide for research regarding aggression and violent behavior. Using the GAM can help to create interventions to treat children with aggression (Anderson & Bushman, 2002). Since this model provides insight into the development of children, it allows teachers and therapists to make decisions on how to handle aggression.

Trauma can increase a person's chance to use aggression as a way of managing fear (Worthington, 2012). Those who have survived traumatic experiences have difficulty making logical decisions because of their automatic responses. Based on the information provided by the research participants and the GAM theory, it is important to recognize the reason for the aggressive behavior and treat it. Treatment to reduce aggression should focus on social scripts, normative beliefs, emotions and the impact of those emotions, and perception errors (Worthington, 2012). Regarding this study, coping skills and cognitive behavior therapy (CBT) are used with children to help change the scripts, beliefs, emotions, and perceptions to address aggression and ultimately hope to alleviate future criminal behavior. Using the GAM, this research may help to design appropriate interventions.

Limitations of the Study

This study relied on participants from one geographical local area, in a specific school district. It cannot be guaranteed that the results of the study are transferable to other locations. Teachers' and therapists' perceptions of treatment effectiveness is constrained by their specific academic training. Unless a teacher has chosen to receive a Master of Arts in Counseling, or equivalent degree, they are not trained professional therapists. They are also limited by lack of exposure to therapeutic settings. Therapists are limited by their specific academic training unless they have a degree in education in addition to counseling. They are also limited by the lack of exposure to the clients once they are discharged from the program. Teachers in grades Kindergarten through twelve who teach core subjects who have had these children before and after entering a children's partial hospitalization program were selected, however a small sample was used. The reason such a small sample was used was that the program is small, however, all therapists who work in the programs were interviewed for this study.

Recommendations

Future research should include a larger sample size of teachers and therapists with a deeper look at these types of children's hospitalization programs. Another recommendation for future research is to include interviews with the teachers of these programs to understand their experiences with aggressive students and how it is handled in the classroom. Additional research is needed to understand the depth of trauma and its relation to children with aggression, which may lead to criminal behavior. This study was done in only one school district. It would be helpful to study how other schools provide mental health services in a similar way.

Academic success has been shown to be directly related to aggressive behavior. Zhang and Slesnick (2020) suggested future studies of interventions be done to improve academics and behavioral issues. The same authors also suggested that schools include both therapy and academics for at-risk children. This research extends this suggestion by showing that these particular skills are taught in the program. Kokkinos et al. (2016) highly suggested that programs for children regarding mental health and aggression include cognitive skills building and the understanding of emotions.

Finally, further research could also be done using a control group to quantitatively study the effects on grades, truancy, and behaviors before and after attending a children's partial hospitalization program.

Implications

This research study impacts positive social change on an organizational level by providing school districts with first-hand information on how a children's partial hospitalization program can be run in a public school with therapeutic agencies to address the mental health needs of children, specifically trauma and aggression. This study also potentially impacts positive social change in an individual and family level. By using these resources, this study adds to the potential understanding of children and aggression, which may ultimately give a child the tools needed to succeed and not become a part of the criminal justice system.

The results of this study provide a possibility of prevention from a child entering a full hospitalization program, RTF, or jail. This study provides school districts and mental

health agencies with resources to provide this level of support to children, as suggested from prior researchers (Durbin et al., 2017).

Additionally, this study provides schools with an opportunity to educate children academically, socially, and mentally by giving research-based data of how a CPHP may alleviate future criminal behavior. Kennedy-Turner (2020) revealed that "education plays an important role in the development of criminal offending" (p. 19).

Finally, using the GAM theory, this research gives readers theoretical-based suggestions to provide children the mental help needed to understand their aggression, trauma, and ways to cope. It allows children with aggression and traumatic backgrounds the skills to be successful in school, the community, and as they become adults. This study supported and advance previous research suggestions by addressing a gap in literature regarding aggression in children, trauma, and criminality. It lays the groundwork for future programs to be created in order to reach more children in need.

This research study impacts positive social change by using teachers' and therapists' experiences to understand how a children's partial hospitalization program is run in a public school. This will help to facilitate future programs for at-risk children who have aggression. Helping these children at a young age will give them the tools and skills necessary to handle their own aggression in a positive way. By understanding this type of program, more of them can be created to reach more children. This gives children with aggression and traumatic backgrounds the skills to be successful in school, the community, and as they become adults. It may also lessen future criminal behavior due to aggression by understanding the types of therapies used and the tools taught to at-risk children. By using the GAM (Anderson & Bushman, 2002), this study helped to

understand aggressive behaviors in children and the interventions that can help them. This study supported the previous research suggestions, finding more details on a program run in conjunction with a public school. It lays the groundwork for future programs to be created in order to reach more children in need.

Conclusion

This study was conducted to explore the experiences of the therapists who work in a children's partial hospitalization program in a public school that focuses on coping skills, anger management, cognitive behavior therapy, and social skills needed to help reduce aggression by analysis of semi-structured interviews. It was also to explore the experiences of those teachers who have had the students in class prior to treatment and after discharge. The perceptions of how this type of program is run can help with the creation and facilitation of other programs. Using the GAM theory, this qualitative study was completed using semi-structured interviews. Purposive sampling was done to interview teachers who have had students in class prior to treatment and after discharge and therapists who work in a children's partial hospitalization program.

Mental health services for children are particularly important to allow them to learn the skills needed to handle aggression appropriately and in a healthy way. This study provided insight to others who want to begin this type of program in a school district. Since there is a direct correlation between aggressive behavior, trauma, and future criminal behavior, based on prior research, it is imperative that children learn as young as possible to control aggression and to understand feelings of other and themselves to become positive members of society and not partake in criminal behavior.

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Appendix A: Interview Guide

Questions proposed to teachers:

1. Tell me about your position in the school district.

2. For how many years did you have one or more students leave your classroom to attend the children's partial hospitalization program?

a. Follow up: How many of those students returned to you upon discharge from the program?

3. Without using any names, describe the behaviors you have seen in these students before they were entered into the CPHP.

a. Follow up: How often do you see aggressive behaviors among those students?

b. Follow up: What are some aggressive behaviors you have seen?

4. Why is the CPHP helpful for students who have come from trauma and/or show aggression?

a. Follow up: What would it be like in your classroom if there were no mental health services offered?

5. How does the CPHP promote benefits to children with aggression?

6. The focus of this research study is children with aggression who are placed in a CPHP to teach them ways to reduce aggression and hopefully not engage in criminal behavior later in life. Describe to me, again without using any names, specific examples of changes in aggressive behavior that you have seen from

putting those students into the CPHP to having them return to your class upon discharge?

7. Is there any other information that you would like to add?

Questions proposed to therapists:

1. Tell me about your position in the school.

2. Tell me about the age group of children that you work with.

3. Without using any names, describe the behaviors you are made aware of in these students before they entered the CPHP.

    a. Follow up: How often is a child referred because of aggressive behavior?

    b. Follow up: How often is the aggressive behavior due to trauma?

    c. Follow up: Describe the aggressive behaviors that you have seen.

4. As a therapist in the CPHP, walk me through a day's schedule.

    a. Follow up: How much of the day involves working through aggression with children in the program?

    b. Follow up: What types of therapy do you use for children with aggression?

    c. Follow up: What are some goals that you give students with aggression to help them find more ways to deal with the behavior?

5. How does the CPHP promote benefits to children with aggression?

6. How does the CPHP promote benefits to children with trauma?

7. The focus of this research study is children with aggression who are placed in a CPHP to teach them ways to reduce aggression and hopefully not engage in criminal behavior later in life. Describe to me, again without using any names, specific examples of changes in aggressive behavior that you have seen from the student's start date to discharge date.

7. Is there any other information that you would like to add?