SURVIVING THE "YELLOW DOOR" - AN ANALYSIS OF POST-TREATMENT PSYCHOSOCIAL RESILIENCE

by

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DEDICATION

To Bill and Polly Randall, whose devotion and dedication to education became the framework for my educational goals, thank you for your guidance, love, and never waning belief in me as I navigated, sometimes rather poorly, my way through this world. Words cannot begin to express the special place which you both hold in my heart. You are truly an inspiration to me both as mentors and as human beings. Thank you for being the parents in my life and for finally showing me where I belong.

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ABSTRACT

Although research has been conducted on residential treatment centers, there has been little research that explores how this experience impacted former students in terms of their psychosocial and life skills functioning post-treatment. Moreover, research has failed to include the student's interpretation of their experience and perceptions in outcome findings. Using Interpretative Phenomenological Analysis and Framework Method, interview questionnaires of 41 former Sonia Shankman Orthogenic School students were subjected to qualitative analysis in order to identify common themes across participants. Identified themes included psychosocial functioning deficits, reduced life skills functioning, and long-term emotional sequelae. Results from the present study suggest that participants disassociated the positive achievements attained in life, such as academic achievements, healthy relationships, successful careers, and positive self-esteem, from their experience and treatment received at the Orthogenic School. They also identified long-term effects, such as significant emotional scarring, need for increased mental health treatment, reduced functioning skills, and inability to form healthy or intimate relationships that they attributed to their experience and treatment at the Orthogenic School. These descriptive accounts can be utilized to improve and update therapeutic policy within residential treatment centers, minimizing ineffective treatment or negative long-term effects.

CHAPTER I.

INTRODUCTION

Statement of the Problem

Mental illness in children and adolescents is on the rise. In the United States, one in every four to five adolescents meets the criteria for a mental disorder (Merikangas et al., 2010). Additionally, as of 1999, 8% of the emotionally disturbed children and/or adolescents in the United States are being treated in a residential treatment center (Burns, Hoagwood, & Mrazek, 1999). Although these may not seem like large numbers, they indicate that a large number of the youth population are struggling with mental, emotional or behavioral issues which require some sort of professional intervention and the use of residential treatment centers has become the treatment of last resort when other methods have failed.

One of the most popular options for the most difficult children in this population is placement in a residential treatment center (RTC), a center with specific levels of care distinguished by the services and setting of a long-term care facility (Frensch & Cameron, 2002). One of the most controversial types of therapy employed within RTCs is milieu therapy. The research performed on therapeutic outcomes associated with milieu-based RTCs for emotionally disturbed children, specifically the Sonia Shankman Orthogenic School, is very limited and mostly quantitative to date. Available research has focused on interpersonal relations (Henry, 1957), the use of electronic language as a part of therapeutic milieu (Zimmerman, 1989), and use of the Rorschach technique in predicting treatment outcomes (Zimmerman, Myers, & Epstein, 2001). Historically, there has been limited research conducted specifically on the student experience as a

component in the success of the Orthogenic School or similar RTCs using milieu therapy. Thus, a significant gap exists in evaluating the subjective impressions of treatment effectiveness of RTCs, and an examination of student perceptions may enrich our understanding of the treatment success of the Orthogenic School milieu, informing the design, implementation, and evaluation of residential treatment.

Purpose of the Study

This study focuses on identifying characteristics of treatment models that contribute to or hinder students' development and progression towards socially acceptable functionality in their adult lives. The students' perspective is an important factor in the evaluation of the success of the Orthogenic School milieu. By understanding what factors contribute to positive and negative treatment outcomes, we can better understand and predict student needs, better preparing them for successful social, emotional, and executive functioning post-treatment. The primary objective of this research was to provide a synthesis of student's experiences as they pertain to treatment outcomes at the Sonia Shankman Orthogenic School. The information gained can be used to evaluate the effectiveness of the milieu, as well as to educate providers and guide the design and implementation of future treatment models for RTCs.

In therapeutic treatment, the ultimate goal is rehabilitation or improvement, allowing the patient to achieve a more fulfilling and successful life. This determination is typically assessed by measures associated with socioeconomic status or similar quantifiable variables such as education level or grades, income level, and/or court recidivism rates (Whittaker & Pecora, 1984). However, in their research of mental health placements for children and youth, Frensch & Cameron (2002) suggested that

demographic measures are not typically reliable predictors of post-discharge adaptation. Holistic, defined as "relating to or concerned with wholes or with complete systems rather than with the analysis of, treatment of, or dissection into part" (Grasso & Burkins, 2010, p. 4) is useful in this research because it allows for the inclusion of student's perceptions and experiences as an additional component in the complete system rather than utilizing the previously mentioned methods.

Therefore, the current study sought to examine therapeutic success by using a qualitative approach to discover treatment outcomes through students' own descriptions of their experiences in residential treatment. Because the Orthogenic School served students with both emotional and behavioral deficits, it was important to adopt an interdisciplinary approach in order to provide an accurate characterization of the school, its milieu, and its students. In order to remain within this comprehensive realm, a diverse selection of literature from the social sciences was reviewed in order to provide an overview of the concepts associated with adolescent behavior and the facility's treatment structure.

Significance of the Study

The results of this study will serve to offer a more informed understanding of what students want and need from an RTC, and can guide administrators in how to better serve residents through a comprehensive plan of treatment. These findings may be utilized to implement diverse and effective institutional practices that encourage rehabilitation and therapeutic healing for students. Moreover, the results of the study may

compel facilities such as the Orthogenic School to consider students' input when developing treatment plans, resulting in a more holistic therapeutic experience.

The significance of this research lies in the need for practice guidelines to be updated and designed with specific benefits in place to cultivate relational interactions and life skills functioning, as well as activities which influence both (e.g., recreational opportunities). Collectively, these areas impact long-term emotional effects. An additional benefit of this study is that it represents a rare opportunity to conduct much-needed follow-up research on outcome results for former students. The length of time which has passed between school attendances, ranging from one to approximately fifty years, allowed the students to reflect upon their lives and experiences as they have progressed since attendance. This will provide insight into how the school's experience and treatment methods have affected their lives over the long-term.

Research Question and Hypotheses

The study attempted to answer three questions which collectively speak to the efficacy of the RTC treatment in terms of functioning and success post-treatment. First, the study sought to determine whether social interactions while at the Orthogenic School impacted social functioning post-treatment. Second, the study sought to determine whether the Orthogenic School adequately prepared the students for life skills functioning post-treatment. Lastly, the study attempted to describe the long-term emotional effects of attending the Orthogenic School. It was hypothesized that social interactions at the school positively impacted social functioning post-treatment, but that the school did not adequately prepare the students for long-term functioning.

Consequently, it was hypothesized that subjective experiences of long-term emotional effects of the Orthogenic School experience would be negative due to overall student dissatisfaction with social and life skills functioning. With these research questions in mind, the claims made by Dr. Bruno Bettelheim, the originating founder of the Orthogenic School and its form of milieu therapy, were compared to the students' own perceptions about treatment efficacy.

Overview of Methodology

This study represents a qualitative analysis of the descriptive experiences of children who attended the Orthogenic School. Using different perspectives of a shared experience allows for a deeper, richer analysis of the participants' perceptions. Because measures of therapeutic success can be assessed differently dependent upon the purposes of a study or the biases of a particular investigator, outcomes that incorporate a descriptive component of the student's thoughts about their experiences will enrich our understanding of treatment success in these milieus.

Qualitative research is an effort to understand the nature of a setting or situation and its shared experiences. Morse (1994) explained the process as consisting of four stages: 1) comprehending the phenomenon under study, 2) synthesizing a portrait of the phenomenon that accounts for relations and linkages within its aspects, 3) theorizing about how and why these relations appear as they do, and 4) recontextualizing, or placing new knowledge about phenomena and relations into the context of existing knowledge. Thus, qualitative methods are well-suited for the current study examining student perceptions of their experiences at the Orthogenic School.

Interpretive phenomenological analysis (IPA) was used in order to extract a deeper understanding of the students' experience of milieu therapy. IPA consists of three key components: phenomenology, the understanding of lived experiences; hermeneutics, the interpretation of an experience; and idiography, the deeper meanings of the context. Each of these key components is expanded upon further below. As the aim of the current study was to explore the experiences of these former Orthogenic School students, IPA was felt to be an appropriate analytical tool in order to allow an unbiased view of the experiences of these students.

Phenomenological research, a method influenced by Husserl, Heidegger, Merleau-Ponty, and Sarte (Smith, Flowers, & Larkin, 2009) and subsequently developed by Johnathan Smith (1996), is an approach to the understanding of lived experiences through the perceptions of participants (Creswell, 2003). It allows the researcher to examine subjective experiences, which are an important component of this method because they offer the opportunity of understanding "lived experiences" involving small sample sizes by developing patterns and relationships of meaning (Moustakas, 1994). The use of phenomenological analysis via IPA allowed for a better understanding of how attending the Orthogenic School felt for each of the participants by allowing them to convey their perceptions of the experience. Capturing the subjective experiences of students will allow for an understanding of the nature of their shared experience (Bogdan & Biklen, 2003, p.23), allowing for a richer and more meaningful interpretation of treatment success.

Hermeneutics relate to the subjective interpretation of events and how the perceiver makes sense of their experiences. Essentially, an IPA study consists of the

researcher “trying to make sense of the participant trying to make sense of what is happening to them” or what’s considered a “double hermeneutic” (Smith et al., 2009, p.3). Although each participant experienced being at the Orthogenic School and shared many of the same events (e.g., activities, arrival, interactions), each student interpreted the experiences differently. Hermeneutic analysis enables the researcher to capture each individual interpretation providing for data that can be later compared and used to identify emergent themes in the data.

Idiography is the component of IPA that examines the data in detail to understand underlying patterns in responding. It focuses on common themes that emerge in narratives as experienced by a small group, or in the case of the current study, this sample of students who attended the Orthogenic School. This allowed the researcher to summarize the analyzed portions of each individual experience and examine the results for themes or repetitions among experiences that can then be used to examine participants’ responses as a whole.

IPA involves two stages of coding. In the descriptive phase of coding, very basic coding is conducted. Any transcript quotes or sentiments relating to key objects, events, or experiences are coded. Smith et al. (2009) describe this as “face value” coding in that the coder is highlighting content which frames the participant’s experience. The goal of this stage is to generate a list of codes with which to code the remainder of the data. In reviewing the data, the objective is to focus upon linguistic and conceptual material that provide a deeper understanding of the data. Linguistic coding focuses on language use and how the comments reflect the meaning of the participant (Smith et al. 2009). This approach focuses on metaphors and tone, allowing the researcher to draw inferences

about what the writer is trying to express, for example, anger or despair. In contrast, conceptual coding addresses the interpretations of a statement and can be an interrogative form of coding because one is searching for a meaning without having a basis or general knowledge of the data (Smith et al., 2009). At this level, one is analyzing beyond the level of the words and searching for a deeper meaning or larger theme.

Summary

To summarize, this chapter sought to provide an introduction to the study and overview of the research methodology in an attempt to describe the purpose of the research. In view of the fact that current research lacks the inclusion of the student or patient's perspective regarding treatment or treatment outcome (Thomas, Shattell, and Martin, 2002), a descriptive account of a student's experience is a missing integral component of evaluating treatment outcomes. Inclusion of the student's perceptions of the treatment milieu and its effect upon their lives post-treatment offers directors and administrators a body of knowledge with which they can draw upon to effectively structure their milieu in a way so that it focuses upon providing efficacious skill development to become successful post-treatment.

Allowing students to describe their experiences in terms of positive and negative effects towards treatment plan design supports the idea of "person-centered care," the notion that patient involvement in treatment is an important component in patient satisfaction and participation (Rathert, Wyrwich, & Boren, 2012). This reflects upon Carl Rogers' idea of "client centered" treatment which expresses the need to involve patients in their own treatment (Kirschenbaum & Jourdan, 2005). Expanding upon Rogers' "client centered" approach, Peplau (2004) further stated that the ability to

understand a patient's experience and more importantly, the meaning of that experience, is a necessary component of educative and therapeutic treatment. These potential differences between patients' experience and the intended treatment experience underscore the importance of qualitative accounts of student perceptions in evaluating treatment effectiveness.

CHAPTER II.

REVIEW OF THE LITERATURE

The purpose of this chapter is to review the literature relevant to the treatment of emotionally disturbed children in RTCs, the use of milieu therapy as a method of treatment, the benefits and drawbacks of the milieu, and treatment evaluation. The review is framed in the context of the Sonia Shankman Orthogenic School, which was selected as the focus for this research because it is considered a pioneering school for milieu therapy within a RTC (Maluccio & Marlow, 1972; Whittaker, 1986).

The treatment at the Orthogenic School was based upon a psychoanalytically-oriented milieu therapy developed by Dr. Bettelheim. The current chapter addresses a selection of these intentions and therapies as they apply to the current study. This literature review attempts to provide a basis for the research in order to support two ideas: (1) that a comprehensive analysis of the treatment success of a RTC should incorporate the student's perspective of the experience into the complete model, and (2) that the measure of treatment success cannot merely be measured in quantitative terms. Treatment efficacy must include the social, emotional, and executive functioning of the individual post-treatment. The examination of these outcomes is attainable through qualitative analysis. Utilizing this method, resilience, or the ability to become strong, healthy, or successful despite challenging experiences, can be considered using the internal psyche of the student and how their personal world has changed as a result of treatment (Zimmerman, Myers, & Epstein, 2001). The use of this method may indicate which of Dr. Bettelheim's methods achieved their intended goal and which were ineffective and/or detrimental. Only through the comprehensive analysis of treatment outcomes can the

methods and milieu of the Orthogenic School and similar RTCs be evaluated. Therefore, including the students' or residents' subjective perspectives on what they felt was effective or detrimental in terms of specific elements of the milieu is extremely beneficial in determining an accurate representation of treatment efficacy.

Residential Treatment Centers

The purpose of a RTC is to help each child master the adaptive skills necessary to return to and function successfully in his or her community (Frensch & Cameron, 2002). The basic structure consists of 24-hour therapeutically planned behavioral health interventions, highly supervised and structured group living, and an active learning environment where individualized therapies and related services are provided. RTCs require a multidisciplinary team of clinically licensed professionals (including psychiatrists, psychologists, social workers, nurses, special education teachers, activity therapists, and others), that administer diagnostic processes addressing the psychiatric, social and educational needs of the student. The primary goal is for patients to receive individualized assessment, treatment planning, and aftercare.

Despite having a long history of use, this method of treatment does not have a consistent definition in the literature (Lyons, Bornstein, Navarro, Rowe, & Vasiliadis, 2010). There are several reasons to explain this confusion; however, the primary reason suggested by Lyons et al. (2010) is that residential treatment is a combination of three separate components – a residential setting, a milieu, and a treatment. Each component can vary from center to center, making each component even more difficult to define or

operationalize. It is difficult to evaluate efficacy of treatment or milieu if the definitions are not definable.

Significant confusion exists regarding what constitutes a typical RTC. A commonly accepted definition is that it is a venue which consists of a total therapeutic program for children whose emotional problems preclude treatment on an outpatient basis (Hylton, 1964). However, this only provides a broad definition for the intention and goals of an RTC; it does not provide concrete or detailed directions or guidelines of what is expected or required in any particular milieu, nor does it provide definitive explanation of what a RTC is expected to be in terms of treatment goals or plans. Therefore, consistency cannot be achieved or maintained across RTCs. A significant problem identified by the Child Welfare League of America (1964) is that institutions represent themselves as RTCs; however, they fail to meet minimum standards in regards to treatment, program or staffing. This creates variability in the quality of treatment provided and represented as residential treatment. The need for a definitive definition and expectation of residential treatment is crucial to ensure consistency and effectiveness. This is especially important when reporting treatment efficacy across therapeutic methods.

Determining the efficacy of a residential treatment program involves reviewing data collected from the individuals at any individual treatment center. Historically, few controlled studies on what actually happened to "real" students have been conducted (Kazdin, 1993; Ryle, 1995). Zimmerman, Shapiro, Welker and Pierce (2000) emphasized the need for non-laboratory studies to be completed on this population in order to obtain a realistic or naturalistic view of the results and effects. The use of data capturing student's

perceptions of their experiences in these RTCs provides a qualitative component which would provide this alternate, student-centered view of the results and effects, enriching our understanding of the therapeutic utility of RTCs.

Seminal Treatment Approach/ Milieu

During the post-depression era, residential treatment homes moved away from hospital settings and embraced a less restrictive model. Diggles (1970) reported that this group-living model was structured around the child living in a group home environment where interaction and socialization were encouraged and staff members represented the primary therapeutic caregivers. Embracing the close-knit family bonding experience, the family-style therapy model was one that was highly experimental in the 1940's but spawned similar programs around the country. Milieu therapy can be loosely defined as the strategic use of physical and social surroundings to promote therapeutic interactions and positive patient outcomes (Visher & O'Sullivan, 1970). In other words, it is the therapy or treatment which takes place in the context of a residential treatment facility. However, the milieu of each residential treatment facility can vary and judgments about its effectiveness can be very subjective.

According to Thomas et al. (2002), milieu therapy operates on the idea that all aspects of the environment should contribute to the patient's care and recovery. However, since there is no definitive definition or requirement for what milieu therapy should be, confusion exists regarding its implementation and evaluation. Without empirical evidence of its success and effectiveness, milieu therapy remains an ideology whose implementation varies from facility to facility and whose success is difficult to determine. Milieu therapy was identified 30 years ago by G. Sills (1975) as being an ideology

without technology and 30 years later, this conception has changed very little. The lack of a consensus on a definition of milieu therapy causes confusion in evaluating outcome success.

Dr. Bettelheim, considered a pioneer with vision of using a contrived family environment as a method of stimulating emotional and psychological healing, structured a milieu upon his experience in concentration camps. Immersed with total strangers who learned to trust and rely upon each other for comfort, support, and other needs, Bettelheim explained that he used this experience as a model for the Orthogenic School as a method of building trust and relationships (Bettelheim, 1991; Fisher, 2010). Because Dr. Bettelheim's therapeutic milieu placed such a high emphasis upon interaction, physical environment, and unity, these areas will be discussed individually to illustrate how each was applied within the milieu.

The Orthogenic School and Structure

Because the Orthogenic School is the focus RTC in this research, a brief overview of its history is provided in order to provide information about its structure and development. Dr. Bettelheim, an Austrian child psychoanalyst who studied under Freud, earned a reputation for his work with emotionally disturbed children. After spending years in a Nazi concentration camp, Bettelheim took those experiences as a prisoner and developed a therapeutic milieu (Bettelheim, 1991). According to Sanders, (2011):

> He had often told us that the two most important experiences in his life were the concentration camp and his analysis. The concentration camp taught him the power of the external environment to effect change on the individuals psyche, and his analysis taught him the power of internal forces. So he applied this to the O.S. [sic] the external environment of the concentration camp was designed to tear down the psychic structure, destroy autonomy, the external environment of the Orthogenic School was designed to nourish the growth of the psychic structure, build autonomy.

> Every effort would be made to understand the internal forces at work in each individual so as to help the individual gain mastery. (p. 2)

In 1944, Dr. Bettelheim was named director of the then named Orthogenic Clinic and remained the director for 29 years. When taking over the Orthogenic School, Bettelheim redesigned its focus to provide an environment that supported the needs of emotionally and behaviorally disturbed children. In doing so, he designed a milieu that consisted of four components: a human environment, a physical environment, a theory and a therapy (Sanders, 1985). Together, he believed that these components would contribute to positive treatment outcomes in his students.

The Sonia Shankman Orthogenic School website (The Sonia Shankman Orthogenic School, n.d.) states that the school serves as a coeducational residential treatment program for children and adolescents in need of support for profound emotional issues. The school provides young people with a therapeutic and educational environment that recognizes their strengths and needs while challenging them to grow by achieving important developmental and behavioral outcomes. An affiliate of the University of Chicago, the Orthogenic School is operated by the Leslie Shankman School Corporation, which is supported by the Foundation for Emotionally Disturbed Children. It is dedicated to the education and training of its staff as the next generation of clinical scholars in the mental health field. The interrelated missions of clinical care, inquiry, scholarship and training assist the Orthogenic School in creating the best possible therapeutic and educational model for its students. Although Dr. Bettelheim received high accolades as a successful provider during his time at the Orthogenic School, at the time of his death in 1990, his methods had been subject to considerable scrutiny.

Social Control

Dr. Bettelheim's design for a RTC was based upon an environment of sheltering and control. His milieu was intended to protect the child from potential outside harm, immersing them within a safe, structured, and predictable environment. Sanders (1985) stated that Bettelheim hypothesized the children would focus their positive and negative energies toward their environment at school if all contact from family and the outside world was immediately removed, thus enabling them to develop new coping skills. Dr. Bettelheim created a sheltered space of protection by implementing strict restrictions on family visitation for the initial year, as well restrictions on telephone calls and on home visits in subsequent years. Access to the school grounds beyond the main living room was also restricted to staff and students, creating an environment truly isolated away from the outside world. Sanders (1985) justifies Bettelheim's tactic by saying "The dramatic tactic of having them not see their families for a year ensures that they will direct their energies, both constructive and destructive, towards people in their immediate environment so that they can develop new modes of coping." (p.3).

By sheltering the child from the outside world, Bettelheim created an environment where every aspect of a child's life could be controlled and regulated. Their daily routine, activities, friends and even interactions with family were monitored and controlled. Travis Hirschi's (1969) Social Control/Bond theory suggests that societal bonds are created upon attachment to others, commitment to follow rules, involvement in typical social behaviors, and a belief in a basic value system. According to Hirschi (1969), an individual who does not share these sentiments is more likely to participate in undesired behaviors. Similarly in attachment theory, early attachments are also significant because

they represent a guide for future relationships and expectations of intimacy (Marshall, Hudson, & Hodkinson, 1993). In Social Bonds Theory, the loss of these early bonds or attachments would increase the risk for an individual to participate in undesirable behavior; therefore, this increased risk for undesirable behavior suggests that control was a necessary element within the Orthogenic School.

Social control (Hirschi, 1969) was achieved at the Orthogenic School through a system of punishments and rewards and was used to control delinquency. Direct control was achieved through the threat of undesirable behavior being reported back to loved ones, while indirect control was achieved by framing these behaviors as disappointments for parents. In contrast, internal control was achieved through the student's conscience or guilt preventing them from performing undesirable acts. These levels of control encouraged the students to create a positive environment for themselves, alleviating the need for undesirable behavior.

The importance of a family or home-style environment was a large element of Bettelheim's milieu, as he saw this as a means of encouraging interaction and bonding within a controlled setting of peer interactions. This control removed all facsimiles of familiarity, limiting distractions and promoting rehabilitation. While this reduction in distraction allowed the children to focus on their treatment, it also came at the expense of a sense of normalcy and the removal of the opportunity for positive interactions with society, families, and non-institutionalized peers

Children at the Orthogenic School represented all races, creeds, religions, socioeconomic statuses, and countries. The children were housed in 6 dormitory-style

rooms which housed 6-7 children per dorm. Students were placed into dorms as space was available, eliminating any possibility for matching in terms of age, personality, or condition. Housed as strangers, students were forced to accept one another and cooperate as a cohesive group. The intention was for the children to learn to trust and rely on their fellow dorm mates, forging relationships in a healthy, controlled manner. On average, ages would range from ages 5-18; however, some children would arrive at a younger age and others would stay beyond the age of adulthood. Sometimes students would extend their stays at the Orthogenic School while working on continuing education or simply because they did not feel ready to reintegrate into society. This created a living situation with significant variations in age across students and dorm mates.

A significant concern with the varying ages within a dorm or classroom is the question of whether this is a healthy or safe environment. At any given time, a dorm or classroom could house children ranging from 5 to 20+ years old, which may pose developmental problems because children are not interacting with age appropriate peers. Additionally this could also pose a problem in terms of learned behaviors, with younger children modelling behaviors of older dorm mates. Edwin Sutherland's Differential Association Theory (1939) theory inferred that people learn deviant behaviors from others; that they are not inherently learned. Similarly, Modeling Theory also suggests that individuals learn by watching the behavior of others. Rosenthal & Bandura (1978) suggest that the impact on behavior is dependent upon the reward or punishment as an outcome. Therefore, housing students of differing ages or disturbances may create a milieu that increases this risk of learned behavior, which could impact the student's behavioral outcomes in a negative manner (Dinges et al., 2008). Thus, this adverse effect

of the milieu may have been a secondary effect which Bettelheim did not intend or expect.

In contrast to Dr. Bettelheim's methods with minimized contact with families, research suggests that emotionally disturbed children have better outcomes in terms of successful treatment and functioning when they have continued familial involvement during the treatment process (Frensch & Cameron, 2002; Kazdin, Siegel, & Bass, 1990; Lyman & Campbell, 1996). Parental involvement not only provides a sense of support, it also provides the parent an understanding of their own troubles and provides them resources to reduce stress and tension within the relationship with the child and home (Doroshow, 2012). Familial interaction in the form of weekly calls, letters and regular home visits prepare the child for coping with a dysfunctional or stressful family environment. Through home visits, the child learns to reintegrate into the home and society after discharge, building positive relationships and associations wherein all family members learn how to rejoin as a family, and practice coping skills. These short, controlled visits promote the development of appropriate social and functioning skills.

The importance of family involvement in therapeutic outcomes is supported by several lines of evidence. Erker, Searight, Amanat, and White (1993) followed up on 61 children 10 years after they had received day or residential treatment in a private facility. Forty-five out of the 61 children showed a ratio of 2:1 or more treatment sessions with parental involvement. Of these children, 66% showed greater improvements, suggesting that parental involvement in a child's treatment plan has a positive influence on treatment success. Lakin, Brambila, and Sigda (2004) found that recidivism (reinstitutionalization) rates were reduced in children with high parental interaction rates. In addition, family

functioning and personal functioning increased significantly with increased parental involvement (Lakin et al., 2004). These findings support the benefit of continued parental support and interaction in improving positive relationship-building skills, creating a positive impact of treatment on social skills and relational interactions post-treatment. As mentioned, the milieu of the Orthogenic School did not encourage family involvement in treatment with the rationale that this would encourage growth and rehabilitation. However, our current understanding of the positive role of family support in treatment success does not support this idea. Rather, the lack of family involvement may have inadvertently contributed to negative therapeutic outcomes.

Physical Environment

The physical appearance and surroundings of the Orthogenic School are important in terms of treatment design because Dr. Bettelheim believed that physical surroundings should be safe and nurturing. This was achieved by furnishing the grounds with antiques and symbolic objects. In accordance with Bailey (2002), Bettelheim believed that the physical characteristics of a facility would influence the behavior and mental health of its residents, creating a positive, uplifting and homelike environment where even the most disturbed child could find peace and sanctuary in pleasant and comfortable surroundings.

Interpersonal Relationships

The ability to interact and learn healthy relationship building skills is an important part of milieu therapy in a RTC (Hawkins-Rodgers, 2007). The development of these skills prepares the child for successful bonding and relational exchanges in adulthood, increasing the likelihood of successful functioning. For children placed in residential treatment, the removal of existing interpersonal relationships becomes a significant

concern because humans have an inborn need to be social that is necessary for healthy functioning: to give and receive caring, to share a positive sense of attachment, and/or to bond with others (Hazan & Shaver, 1994). Without healthy, positive relationships, humans struggle with detrimental emotional and physical consequences. Therefore, students in RTCs like the Orthogenic School may have failed to develop attachments with others which are necessary to develop healthy relationship skills. Attachment theory suggests that this failure to develop or maintain significant attachments early in childhood increases the risk for dysfunctional attachment and relationships later in life (Moses, 2000). Moses (2000) explains that this might arise because the individual projects their skewed expectations onto relationships and interactions later in life.

In its attempt to maintain a home or family setting that promoted attachment and bonding, the Orthogenic School implemented many group activities for students that allowed them to participate in normal family-style activities. Each individual leisure activity provided a small but meaningful opportunity to build upon social skills, and have been shown to increase life satisfaction in a residential setting (Gilligan, 2007; Gassaway, Dijkers, Rider, Edens, Cahow, & Joyce, 2011). Romans, Martin, Anderson, O'Shea, and Mullen (1995) also suggested that increased activities help to promote children's feelings of competence, affecting a child's self-perception of their capabilities in a positive manner and boosting their motivation to continue with their improvement. Students in such close proximity to one another, living in a dormitory structure and sharing group activities with staff counselors also fostered opportunities for peer bonding and attachment building (Hazan & Shaver, 1994). Opportunities for social interaction are a crucial component of therapeutic design (Gulak, 1991) and at the Orthogenic School,

interaction amongst staff and peers was an opportunity to form these attachments. A primary goal of the current study was to examine how the milieu affected the quality of the patients' relationships during treatment and how it affected the students' quality of relationships post-treatment.

Overview

Overall, the literature identifies several key areas that affect the life functioning of a RTC student post-treatment. Psychosocial functioning and the ability to develop and maintain successful and healthy bonds are imperative in lifelong functioning. Additionally there are specific life skills that should be developed in order for students to be successful in society post-treatment. Life skills are generally defined as skills which are associated with the management of daily personal affairs. For example, individuals should possess the ability to seek, secure, and maintain employment, establish a household, maintain finances, and exhibit problem solving skills. As a third component, the emotional experience is a collective measure of the overall experience and can be influenced by both the social and life functioning experiences both during and post-treatment. The current study will focus on these areas by performing a qualitative assessment of student perceptions of the Orthogenic School after graduation.

Previous research suggests that the potential for students of an RTC to develop positive psychosocial and attachment skills is benefitted by continued interaction with family and friends, including family-involved therapy and regular home visits, peer interaction, extracurricular activities fostering peer and staff interactions, and interaction with society (Allen, Pires, & Brown, 2010; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). These interactions foster the development of social and life skills,

which in turn increase both treatment satisfaction and success. Therefore, the goal of this study was to determine how social interactions at the Orthogenic School affected global and social functioning post-treatment. A related goal was to evaluate the long-term emotional effects of residency. Both demographic and qualitative indicators of success were considered. Demographics were included to examine completion of higher education, income, and relationship status. The qualitative approach analysis extracted more personal measures of success from the students. For example, meaningful relationships, daily emotional coping, being a parent, positive self-image, failure to attempt suicide, and functioning as a successful adult were predominant markers of success as reported by the students. These personal achievements or accomplishments detailed by the student illustrate the depth and richness which qualitative analysis contributed to the research. Additionally, it indicated that success post-treatment extends beyond demographic measures.

CHAPTER III.

RESEARCH DESIGN AND METHODOLOGY

Participants

Participants were over the age of 18 and completed consent prior to completing the interview questionnaire. Methods and procedures were approved by the Texas State University Institutional Review Board (IRB). Participant selection was obtained through multiple efforts. Recruitment was conducted by utilizing the membership group lists of the Sonia Shankman Orthogenic School alumni groups on Yahoo and/or Facebook groups that are closed groups whose access is monitored by former students. Former student status must be verified prior to membership in these groups. Email invitations were sent via Qualtrics to the email addresses of members of the Yahoo and Facebook groups. Additional participants were captured through announcements and reminders posted on Yahoo and Facebook sites. Orthogenic School alumni who opted to participate in the study were sent a link to the online survey on Qualtrics.

Research Instrument

A Qualtrics-based online questionnaire was used which consisted of 3 short answer, 20 open ended questions, and 12 demographic questions (35 questions in total). The questionnaire took approximately 30 minutes to complete, depending upon the complexity of the participant's responses (see Appendix B). Two questions pertained to consent and information about the study (see Appendix A and B) and were not subjected to analysis.

Open-ended questions pertained to experiences at the Orthogenic School, arrival and exit, most significant memories, accomplishments, and associations with pictures of

individuals and items. One question each was asked about arrival and departure from the school, four questions were directed at the experience of being at the school, two questions asked about accomplishments and success and three questions asked about former directors, specifically Dr. Bruno Bettelheim, Dr. Jacquelyn Sanders, and Dr. Frank Lani. Finally, five questions asked about specific items at the school to include the front façade, statues, and antiques. Questions directed at the experience and arrival/departure from the school were related to the overall effect of the milieu, it's long term effects, and how those experiences were associated in terms of relevance to psychosocial and life skills functioning. The questions directed at accomplishments were directed at evaluating the psychosocial and life skills functioning of the students based upon their interpretation of success. The questions pertaining to directors and items or structures at the school were directed at the analysis of long term effects of the experience at the school and also psychosocial functioning in terms of interactions with the individuals.

Questions were designed as open-ended in an effort to obtain candid personal accounts from the participants without pre-conceived notions or bias (see Appendix B). Constructing the questions in an open format allowed the participants to offer spontaneous, detailed accounts of their experiences and perceptions without being guided, offering them the opportunity to interpret and answer the question as they chose. This allows participants to develop their own thoughts and feelings to convey rather than be led, creating optimal data for qualitative analysis (Smith et al., 2009). According to Patton (2002), open-ended questions allow the researcher to understand the data as the participant experienced the event without pre-existing biases or opinions. Participants

were allowed to complete the questionnaire at their own pace, reducing any anxiety associated with rapid responding and promoting thorough and thoughtful responses to the open-ended questions. They were also able to move back and forth within the questionnaire and edit their responses prior to submission.

Analytic Strategy

Demographic data, including age, occupation, and educational attainment were subjected to frequency analyses in order to provide a better picture of participants, as well as objective markers of success.

Quotations obtained from open-ended responses were parsed at the level of sentiment: quotes could contain anywhere from a phrase to a few sentences that captured a complete representative thought or idea. Codes were not limited per question; therefore, all of the open ended questions were available for analysis. In the event that a quotation fit a theme that emerged in one area, but the quotation also matched another them, the quotation was given multiple codes.

Qualitative analysis consisted of two stages: an open coding stage and an axial stage. During the open coding phase, the researcher and a co-coder read the open-ended responses and created codes or explanatory descriptors that labelled the meaning of specific quotations from participants. Codes referred to emotions, values, and perceptions, implications of shared experiences, as well as the substance or topic of the experience itself. Descriptive comments that captured the subject matter or main topic of quotations were identified, including linguistic comments or symbolism used by each participant to describe their experiences and conceptual comments or the implied/

suggested meaning of the quotations given the context (Smith et al., 2009). To organize the coding methodology, framework method (Gale, Heath, Cameron, & Rashid, & Redwood, 2013) was used. Framework method is a type of qualitative content analysis used to provide a deeper understanding of the data by identifying similarities and themes in a subset of the data prior to coding the entire dataset and associating relationships among themes. Using the framework method, the first 10 transcripts were initially coded to identify recurrent themes, yielding several open codes that were then organized into a coding schema.

The remainder of the transcripts were coded using the framework schema derived from the first coding stage. After initial coding, the codes derived were refined and categorized, also known as the axial stage (Strauss & Corbin, 1990). During this stage, the researcher and co-coder refined codes created in the first stage by coming to a consensus about code definitions and categorizing codes into schemas. Consensus was reached about the codes by one coder reading and coding the rest of the transcripts using the established framework, with the second coder reading and agreeing or challenging the application of those codes per quotation. Both coders also discussed changes, additions, categorization and deletions of codes during the axial stage in order to reach consensus about the final coding schema. In other words, the relationships between codes were mapped so that some codes formed more overarching themes, while others were dimensions or subthemes within those themes. Through these methods, a set of codes were created that were then used to characterize themes and subthemes that arose naturally from open-ended responses. The questionnaires were then transferred into

Nvivo10 (QSR International Pty Ltd., Australia), qualitative data analysis software, for analysis with the final coding schema.

CHAPTER IV.

RESULTS

This chapter includes an overview of results, both qualitative and demographic. Demographic results are included to characterize the sample according to other, more traditional, measures of success (e.g., occupation, educational attainment).For qualitative results, emergent themes and corresponding codes are provided. Examples of quotations for specific codes are also included. The qualitative results are organized by theme, which consisted of codes and sub codes. An overview of the coding and data examples is also included, providing the reader with information about the coding scheme and how the codes were applied. Each code is listed with its coding terms (i.e., ideas associated with the code) and a description of how the code was used in association with the research. Quotes from the data that typified codes were included for clarification.

Demographic Results

Demographic results indicated students were relatively successful in the areas of education and relationships. Of the 40 students who participated, ages ranged from 18-64 with the average age between 45-54. Attendance at the school ranged from 1960-2014 with the mean length of stay at 4.6 years. Mean age at time of arrival at the Orthogenic School was 13. Of the 41 students who answered the question, 58% successfully graduated from the Orthogenic School. 34% earned a high school diploma while 49% earned a baccalaureate or higher. When asked about social relationships, 33% reported they were single or never married while 66% reported having been in a long term relationship at some point. Additional demographic results are displayed below.

Table 1. Demographic Results

Ethnicity	
White	88.57%
Hispanic	0.00%
Black/African American	8.57%
Native American	2.86%
Asian	5.71%
Multiracial	8.57%
Other	8.57%
Occupation	
Management	14%
Administrative	3%
Licensed professional (physician, attorney etc.)	3%
Skilled laborer	9%
Education/Academia	6%
Medical	6%
Retail	3%
Other	31%
Total	100%
Annual income	
0-29,999	47%
30,000-39,999	15%
40,000-49,999	3%
50,000-74,999	15%
75,000-99,999	6%
100,000-150,000	6%
Over 150,000	9%
Total	100%
Children	
Yes	46%
No	54%
Total	100%
Education level	
High school	34.29%
GED or equivalent	0.00%

Table 1. Continued

Associate degree	17.14%
Bachelor's degree	28.57%
Master's degree	8.57%
Professional degree	8.57%
Vocational/Trade school	2.86%
Total	100%

Qualitative Results

Overall, themes emerged in the areas of relationships, life skills functioning, and long term emotional effects. A theme is a pattern or set of connections which result from the interpreted data (Smith et al., 2009). A summary of themes, codes (and sub codes), and brief definitions are shown in Figure 1. Codes and sub codes assigned to those themes are described, and examples are provided. Themes are described in further detail below.

Theme 1. Use of Recreational Activities Increased Interaction and Supported Social Skills Development:

This theme represents the positive association between relational bonding, interaction, and skill development and recreational activities provided by the Orthogenic School.Social deficits were reported as a concern for many students post-treatment. Students described being unprepared in social skills and experiencing difficulty developing meaningful relationships, many experienced confusion about expectations.

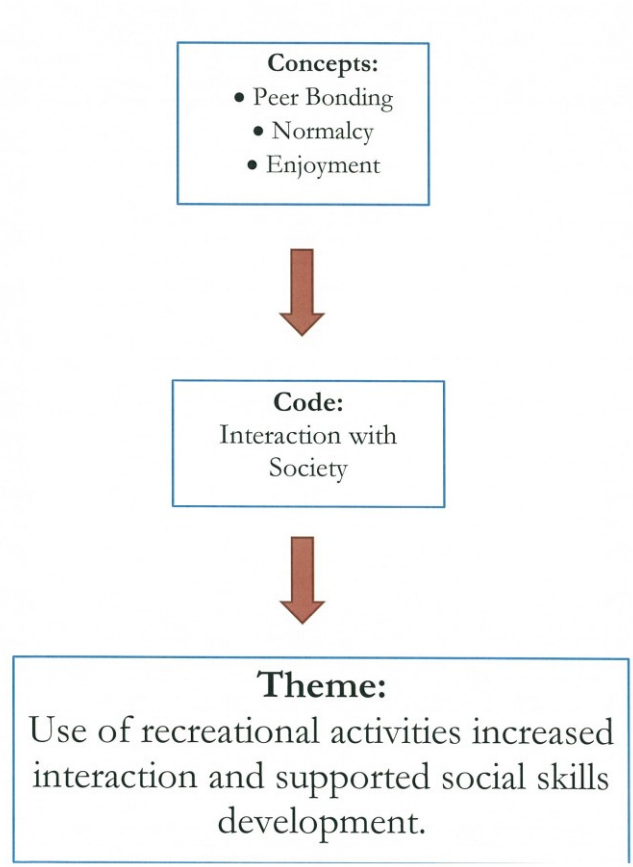

Figure 1. Theme 1 Flowchart: Initial Concepts That Appeared in the Data Leading to the Creation of Codes for Overall Theme Which Was Represented.

The following excerpts from the data help to illustrate the experiences and perceptions of this struggle with reintegration and psychosocial skills post-treatment. In this example, the student details their struggles with social skills.

> I left the School socially unprepared and 'socially stunted' …I was akin to someone raised on a desert island and then inserted back into modern society. While I had strong educational and problem-solving skills, I had abysmal relationship, friendship-formation, and sexual, social and some behavioral inappropriateness going directly into a college and urban environment. I was hobbled by expectations that all future relationships and discourses would be

> akin to those experienced at the O.S., i.e., being manageable, possessing known and desired expectations… I was highly insightful and had better ethical values than many of my peers, but a dreadful deficit in experiential/coping skills appropriate for peers my age.

This student accounts the departure from a controlled environment and the benefit they experienced as a result.

> I think the trips out into society were the most beneficial for me. I was given the opportunity to interact with normal people and feel as if I was somewhat normal. …shopping trips, trips to the yarn store…Walgreens, or the field trips during the summer...we were allowed to be away from the confinement of the school and for a few moments to feel as if we were normal kids, it kept me grounded.

Interestingly, participants who responded positively about their relationships during treatment tended to account a significant portion of their bonding and interactions with recreational activities provided by the Orthogenic School. One student wrote "I feel like the best therapy I ever received was from group activities (it didn't seem so forced)" which illustrates how group activities were the motivating force for his/her recovery, but does so in a way that suggests autonomy. The Orthogenic School utilized social functions, field trips, and daily group interactions in an attempt to foster bond building interactions. Students indicated that these opportunities were vital and pivotal in their treatment and development. This student describes initial resistance to the milieu, resulting in eventual acceptance and appreciation. In doing so, the participant illustrates how student activities

and participation fostered not only interaction and social skills, but also provided a sense of normalcy.

> I resented the traditions for a long time, but I do have fond memories of certain events and activities. I'm sure every student has memories of going for Chinese food, long holiday walks, the grand march, talent shows, etc. I always loved those moments when all the kids were excited and engaged in a shared moment of happiness, not just holidays. Indiana dunes. Bike rides along Lake Michigan. Football on the midway. Video games at the International House. Ice skating in the winter. Regenstein Library. Book shopping at Powell's Books and 57th Street Books. Chicago style hot dogs after a haircut. Ordering and eating an entire Chicago style stuffed pizza from Edwardo's.

A component of the milieu that supported this theme was the dormitory style living arrangement which allowed for constant interaction and bonding. Participants generally held attitudes of trust and companionship related to their peers and many gained a sense of compassion towards those with significant mental disabilities. Students reported sharing monumental moments (e.g., loses, abuse, sexual exploration, and breaking rules together). Additionally, the availability of staff counselors and teachers provided additional opportunities for interaction. One participant describes this sense of constant interaction and support by saying:" I liked how we could be social at all times of the day." The importance of relationships in student's responses demonstrates the importance of relationship building opportunities. As previously discussed, the need for these children and adolescents to interact and learn healthy relationship building skills is a crucial element of milieu therapy as it fosters their long term bonding skills (Hawkins-Rodgers,

2007). The peer relationships that were developed at the school were building blocks and learning tools for long term functioning; however for many, they also served as long term bonds. One student highlighted this point in his/her statement" The relationships we had. The bonds that were forged. The family that we were. We grew up together, lived together for years." This student describes an intense attachment with peers, and does so in a way that shows a resemblance to the family bond that was lacking in this sheltered environment. Another accentuated the importance of the interactions and the similarity to the home or family structure which was the intention of the milieu. Here they compare peers to out of town relatives whom they are excited to see.

> It was some of my favorite times especially because we got to get together with all the other dorms typically. And instead of that feeling like "Oh look, it's the ____ dorm." it was more like you were having much loved out of town relatives come visit that you haven't seen in a while and were looking forward to catching up with even though we all went to school together.

Table 2. Theme 1 Explanation of Concepts & Codes

Interaction with society	This code was associated with activities allowing interaction and integration in society. This was defined as the ability to be "out in the real world", interacting with non-institutionalized people, doing normal everyday things, and allowing the students to experience societal expectations.

Theme 2. Difficulties with Social Functioning Post-Treatment:

This theme represents the responses reporting difficulties with forming or maintaining successful relationships to include difficulties with boundaries, trust, and intimate exchanges.

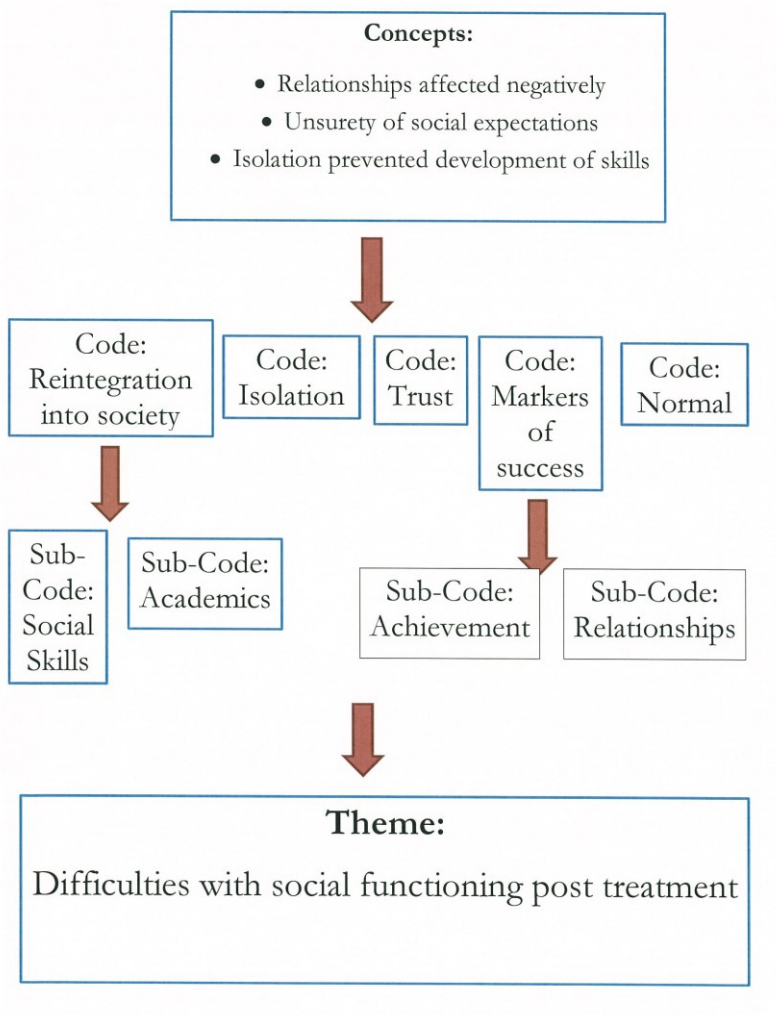

Figure 2. Theme 2 Flowchart: Initial Concepts That Appeared in the Data Leading to the Creation of Codes for Overall Theme Which Was Represented.

As shown in figure 2, this theme emerged as a result of students reporting difficulties with forming or maintaining successful relationships. Overall, students faced difficulties with boundaries, trust, and intimate exchanges, but they also experienced self-doubt and emotional detachment. Many of the students expressed difficulty in building and fostering healthy relationships. Many also reported experiencing estranged relationships with family members following treatment. Others shared uncertainty in

relational expectations. For example, one participant commented “A great deal of the social and personal relationships in my life since have been negatively affected by my stay, mostly due to confusion about healthy relationships, and trust issues.” Here, the participant describes poor relational growth and development, and does so in a way that reflects a lack of proper foundation in interpersonal communication skills. Others seemed to display a preference for fewer friends but more meaningful bonds as seen in the following statement “I live a pretty private life, preferring a few really good friends to a wide range of acquaintances, but that has worked well for me.” In this quotation, the participant is indicating a deeper level of attachment, while perhaps showing a latent difficulty with larger trust. Thus participants described instances where they may have not fully or positively developed their social relationship building skills.

Other students indicated a sense of isolation at the school, from family, “normal peers” and even peers within the school due to restrictions on interactions. Sentiments like “I was completely cut off from my family once I was placed at the O school.”, “Not being allowed to be integrated with society by being kept on grounds except with groups.”, and “We were, after all, living in a controlled environment, away form [sic] our homes, with circumscribed freedoms, and not among our peers.” illustrate the feelings of being removed from society. Another accounts the demise of the family relationship describing their feelings of isolation and rebellion against the restriction.

> The total control and monitoring of our every move was in no way beneficial for me. This made me rebel and push the envelope in every way I could imagine. I engaged in behavior which I do not think I would have ordinarily simply because I broke free and ran out. Being isolated from my family may have been an even

bigger negative effect for me. My family was already estranged and the complete break for a year and then minimal contact (2 visits in 4 years) was completely unhealthy for me.

In question number 30 of the questionnaire, students were asked for suggestions in ways to design a RTC based upon what they felt was beneficial or least beneficial for them. This student explains what they view would be a beneficial compromise and how the lack of this opportunity affected them negatively as a young adult. “more [sic]ability to cultivate relationships (albeit supervised) between students, as long as things are relatively healthy. Not having this experience in high school certainly hindered by [sic] ability to deal with relationship related issues in my early 20s.” Another student shares the same sentiment regarding the lack of a “normal” high school experience and how it impacts them long term. “…..I missed a normal high school, have no high school friends.” Another student addresses concerns of educational consistency and standards and the lack of “normal” school environment, hindering transition later in life.

> “the [sic] education was terrible. I was very fortunate to attend a regular high school nearby. Without it, transitioning to college would have been difficult. It made little sense to have kids of a wide age range in the same classroom.”

In contrast to the negative comments, many students responded favorably in terms of functionality post-treatment. In question number 28, students were asked if they viewed themselves as a success or failure and in number 34, how they evaluated success in their lives. This student, although expelled, details their rationale for why they determined themselves to be a success, indicating the possibility for multiple definitions to success beyond traditional graduation.

> Being expelled I am, by definition, a failure in terms of the treatment plan. I also see other students who have success or failures in their adult lives but are influenced in different ways by the school. If you graduated and resent the school are you a success? Jacqui always told me that I benefitted from the school by resisting the treatment structure. That I was defined and matured by my resistance to authority. That's counterintuitive. But I know "graduates" who are angry, resentful, and unhealthy. What did the school do for them? I got kicked out. But I went on to graduate from college. I worked for many years with SED kids and teenagers. I trained staff in crisis prevention and intervention...The Orthogenic School doesn't define my success. In therapeutic terms I'm more than a handful. On paper I was both a failure and a success.

Another student describes her definition of successful outcome on a more personal level, a sentiment shared by many. "I'm alive; something that experts didn't think was gonna [sic] happen. I am a mother. I like who I am. Those things might not seem like much but getting to this point was no easy task." Similarly, another student describes success as being a parent, building lifelong relationships, being a happy person, and pursuing higher education.

> I built a beautiful family and lifelong relationships. With no help exceptions. I managed to get through school and earned a degree and I did it with no help from anyone. I am overall a happy person and that is not because of the OS it is in spite of them or despite them.

This student indicates that they have managed to develop positive relationships, building strong bonds and family ties. “I built a beautiful family and lifelong relationships.”

Building bonds and attachments while at the Orthogenic School was a sentiment that was also prevalent. These relationships that were formed were opportunities to develop social skills and relational development skills for post-treatment success. Students were able to learn to trust and build intimacy. Many students referenced these relationships and bonds as being instrumental in their preparation for post-treatment social functioning. Others stated that the relationships formed at the school remained strong bonds. This student details how the relationships were not merely forged with peers, they were also forged with staff and teachers. These interactions with staff members also facilitated bonding and interaction and was viewed as beneficial. “The relationships I made with the dorm staff and teachers were extremely beneficial, as well as the support I received”

Another student describes the impact of how some staff members treated him/her, expressing their feelings of normalcy that the interactions provided.

> The kitchen and housekeeping staff were wonderful. 100% non-judgmental treated us with respect and normalcy. I can only name 4 or 5 other staff who always gave me that. In the grand scheme of things, that's sad. Those people helped us to know or [sic] self-worth.

Another student describes how the experience of being away from his normal life affected their sense of normalcy and how that affected them long term. “a [sic]Ten-Year absence from normal family life, age peers, age experiences and a sense of being'

Normal' caused cascading problems and unresolved issues." The student describes their attitude towards the staff. "the [sic] approachability of the staff" Another student relays a sincere feeling of trust and bonding with a therapist.

> One of the therapists, Patrick Zimmerman. He was different from every therapist I'd seen to date, and we seemed to mesh instantly. He made me feel like the Orthogenic School was the safest and best bet for me, and I fully trusted him from the first day I met him.

In a similar instance of trust and bonding, this student details an interaction between their case manager and themselves signifying concrete levels of trust.

> When I came clean with my case manager about a Xanax habit. That was the day everything seemed to change in me. I changed the way I thought about things, accepted the fact that I couldn't, and still can't, change how people think [sic] just the way I do. It was the first time I think I had ever been totally open and forthcoming with a person of authority.

Table 3. Theme 2 Explanation of Concepts & Codes

Code Name	Concepts
Isolation	This code captured sentiments of isolation, either from family, society, and/or "normal" peers while at school.
Reintegration into society	This code captured sentiments of struggling with participating in society as a functioning adult
Subcode: Reintegration into Society: Social Skills	This sub code was associated with the student's ability or lack of to interact, form bonds, cultivate relationships, and develop acceptable interaction skills.
Subcode: Reintegration into Society: Academics	This sub code captured student's disappointment in the lack of a typical high school experience and memories and a lack of adequate age appropriate learning and environment.
Markers of success	This code represented the overall success students had achieved in their lives. These milestones were their interpretations of what made them successful.

Table 3. Continued

Subcode: Markers of Success: Achievements	This sub code captured the specific achievements that students listed as successes in their lives. Examples of these achievements were academic achievements, personal growth, and professional careers.
Subcode: Markers of Success: Relationships	This code was used for statements that focused on relationships with peers, family, providers, and relationships during and post-treatment. It indicated the capacity to forge positive bonds thus indicating positive social skill development.
Normalcy	The normalcy code represented the student's association with "being normal" at home, at the school, or in society. "Normal" was defined as socially acceptable and expected.
Trust	This code represented interactions between student and staff or student and peers, either trusting or not trusting, methods of building trust, or the feeling of being able to trust someone.

Theme 3. Impact on Life Skills Functioning:

This theme represents deficits in life skills such as securing employment, arranging for housing, and conducting financial transactions in a successful manner.

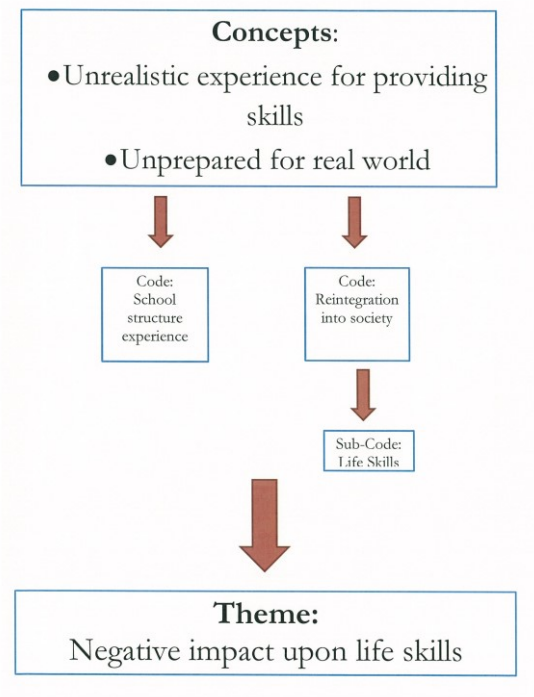

Figure 3. Theme 3 Flowchart: Initial Concepts That Appeared in the Data Leading to the Creation of Codes for Overall Theme Which Was Represented.

The data in figure 3 revealed a theme of deficits in life skills functioning among students post-treatment. One of the primary purposes of residential treatment is for the student to develop into a fully functioning individual upon completion. Being placed in a RTC due to adverse childhood experiences, students are expected to develop "resilience" or the "capacity for recovery and maintained adaptive behavior" (Garmezy, 1991). Based on this concept, students emerging from the Orthogenic School, or consecutive facility if transferred, should have accumulated and retain the functional skills necessary to become positive, contributing members to society. This excerpt from one student highlights feelings of unpreparedness and having unrealistic expectations of society post treatment. In describing their overall experience, the student details deficits that affected them the most. "The OS. did nothing to prepare me for what the world really was. How to pay to live how t [sic] cook clean were never something taught." Another student said "Wasn't really prepared for dealing with the outside world at 19."

Retaining a sense of what is expected in a society requires one to remain a part of that population in order to be immersed within the culture and expectations of behavior. Without this experience, one is left with a skewed sense of expectations. One student details this feeling of inadequacy associated with isolation from society and societal expectations and how it can inflict difficulties with the development of appropriate social skills and a sense of normalcy. "Interaction with the outside world is integral not only to keep students feeling normal and not cut off from the world but it also helps them to assimilate and integrate back into society. Complete removal is unhealthy and causes a false sense of existence, thus causing huge problems for kids when they get back into society and are not acclimated."

Another student explained how the basic needs of maintaining a household were overlooked: “The OS did nothing to prepare me for what the world really was. How to pay to live how to cook clean were never something taught.” The student describes the inability to function in the “real world” due to a lack of real world skills, and does so in a way that shows a critical deficit in the developmental skills of these students who are transitioning from these RTCs and are unprepared to enter the world as functioning adults. This student shares their positive experience with the newer transitional living center (TLC), designed to help students transition from the Orthogenic School into adulthood. “the [sic] opportunity given in TLC to start venturing back out into the real world, while still having a safety net there if needed.” Another details the opportunities they would like to see in a better planned model.

> one [sic] element I would make, would be more "transition" classes. More emphasis on "life after the school". For example, how to sign a lease, interview for a job, write a check. I was lucky and figured out a bunch of this stuff, but there were plenty of people who could have benefited from help.

Confusion about the intent of the Orthogenic School and its milieu was an emergent sentiment among students. This student shares a sentiment describing their experience as a period of “nothingness”. He/she describes feelings of insignificance and unimportance in terms of treatment goals and an overall sense of lack of purpose.

> I think I benefited from the structure of the place, but I think this was somewhat unintended. All of the actuators - the rare things the school tried to do - never made sense to me. But this was mainly the occasional therapy session. Other than

that, they didn't really "do" anything. You just existed there in a class by day, dorm by night, in many ways warehoused without a clear goal and overseen by grad students often in over their heads. I didn't really understand the model at the time and -- though undoubtedly helpful for students getting respite from a dangerous or difficult home environment -- I'm not sure what in that constituted "treatment".

Table 4. Theme 3 Explanation of Concepts & Codes

Code Name	Concepts
Reintegration into Society	This code was used to capture the ability or inability of students to function as expected upon return to society. This represented the concept of their overall development of life skills and preparedness for reintegration post-treatment.
Subcode: Reintegration into Society: Life Skills	This sub code addressed the development of the life skills needed to function in society post-treatment. For example, the ability to seek employment, secure housing and the ability to make important decisions were items that were considered life skills.
School Structure Experience	This code captured the student's perceptions of their experience at the school milieu and experience overall.

Theme 4. Long Term Emotional Effects:

This theme emerged from students responses revealing significant impact, both positive and negative, as a result being at the school. Some students discussed a sense of healing and personal growth that impacted their adult lives while others reflected upon negative memories causing emotional distress long term.

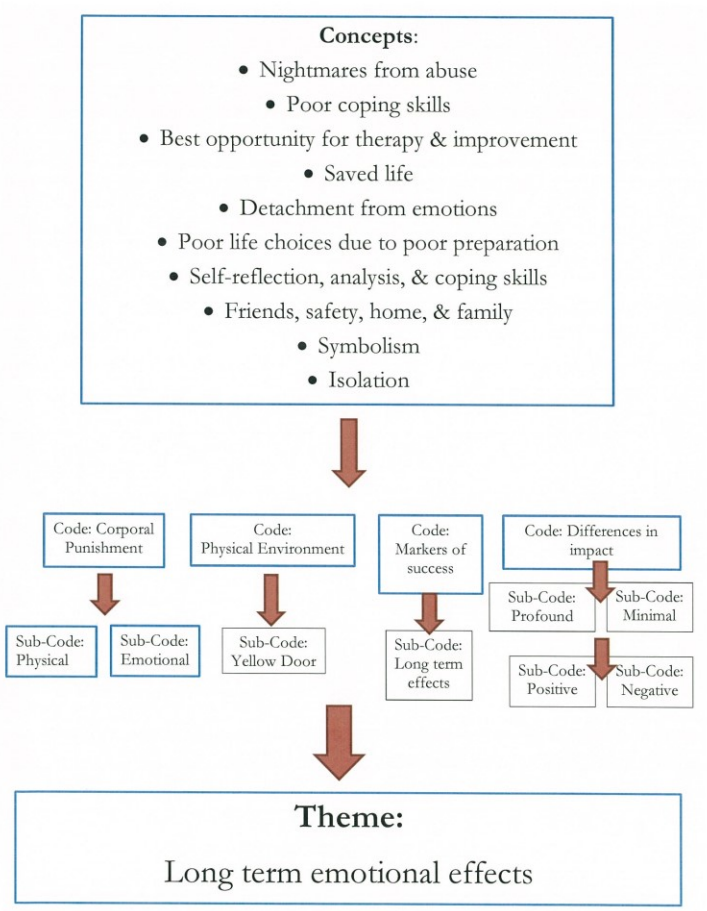

Figure 4. Theme 4 Flowchart: Initial Concepts That Appeared in the Data Leading to the Creation of Codes for Overall Theme Which Was Represented

The data revealed that being at the Orthogenic School created long term emotional effects for many of the students. Some of these were very profound, both positive and negative. One student stated "When I left the O School I left there even more confused and emotionally disturbed from my experience there than I was before I ever entered. The emotional trauma in the control both confused and damaged me immensely." Here, the participant described a deep and lasting emotional impact associated with the experience of being at the Orthogenic School, and does so in a way that generates questions as to why this student left with significant more "damage" than

when they arrived. Another student shares their account of emotional trauma by stating. "When I left the O School I left there even more confused and emotionally disturbed from my experience there than I was before I ever entered. The emotional trauma in the control both confused and damaged me immensely."

Another shares "Another equally ineffective routine was the practice of humiliation that was practiced. Forcing us to wheel our cakes around to the entire school on our birthdays was cruel, especially when we asked not to have to do so and were forced to or be punished. Not cool." As a result of statements such as these, emotional abuse was a sub code that was created to capture these sentiments.

The purpose of a RTC is to help each child master the adaptive skills necessary to return to and function successfully in his or her community (Frensch & Cameron, 2002). According to Mirin & Namerow (1991:p.1007) this expectation is for the individual to attain "symptom relief, reduction in illness, and improvement in functional adaptation" Because the intention for the individual is improvement and healing, overcoming their difficulties allowing them to return to society with empowerment and renewed opportunity is important. Therefore, leaving a facility with the feeling that one has sustained emotional damage is not an indicator of successful treatment outcomes. However, this was a sentiment reported in the feedback of the participants. In general, the students reported long term negative effects associated with their experience at the Orthogenic School. Many students reported memories of being physically abused, verbally denigrated, and feelings of being isolated. One student recalls their most prominent memory of the school; "Being beaten, restrained, and sexually abused." Another describes his as "Watching a staff member beat a naked autistic boy at the

director's order for smearing feces all over his bed is my strongest memory." Another student shares a similar memory of being physically and emotionally beaten while watching others suffer the same. "It sucked. Aside from being beaten and humiliated by the director and staff, I witnessed autistic children subjected to the same." This overall negative sentiment was captured well by a student who said, "I had a great deal of emotional collateral, and damage to deal with after my stay. Much like my life before I entered the school. Some much more damaging." Confirming the larger recurring theme of ongoing emotional impact which seem to be connected with association to the Orthogenic School, this student suggests that further emotional trauma was incurred.

The long term negative emotional effects of being at the school were illustrated in statements such as "The distant I have for it lives inside my veins every day. They added injury to insult." This student blatantly displays anger and hostility towards his/her memories and experience relaying a continued daily impact. Another student describes how their experience resulted in self-removal from the experience and themselves, affecting their coping skills long term; "I learned how to detach from my emotions and I live my life mostly detached. It's not healthy."

These statements expressing profound negative impact initiated the need for a code indicating levels of impact created by the Orthogenic School experience. Organizing the code into two codes (profound and minimal) allowed the data to be organized according to each individual perception of the experience. The code was further sub coded into positive and negative experiences for each parent code. For example, the following statement detailing terror of physical, sexual, and emotional abuse was coded under profound negative impact. "Being raped and beaten in the middle of the night. it

[sic] haunts my every night to this day. Watching new arrivals and fearing one more child to try and protect from evils only nightmares are made of."

Although not as prevalent as the profound negative results, several students' statements were coded under the profound positive codes either because they explicitly said that the school had a profound effect or because the statement suggested such. The following self-reflection from a student indicates that the student utilized what they learned at the school as a coping skill post-treatment: "I learned how to self-analyze, understand a great deal of sub and possibly unconscious meaning, as well as how to cope, negotiate and deal with a wide range of challenges and situations requiring negotiation, discretion, restraint and planning." Here, the participant described learned skills and self-analysis, and did so in a way that demonstrates that he/she used the experience as a learning tool. Reflecting upon the skills used at the school, the student learned to apply these skills inward and better understand themselves creating a positive outcome. "In this example, the student outwardly states that despite complications, the school made a profound impact upon them. "my [sic] overall experience is complicated but in the end I think it was (perhaps not by its own design) a profound and positive memory." Another student recalls a beneficial journey and starting point. Despite struggles both during and post-treatment, this student identifies the experience as a positive one.

> I credit the O'School with a lot of the success I have today, in multiple aspects of my life...Even though I've continued to struggle and be in and out of hospitals since I left, I still feel that my time there helped tremendously. I learned a lot, built meaningful relationships and made great memories. There were definitely

difficult times, arguing with staff or teachers, punching walls and getting restrained, etc., but overall it was a positive experience.

The association with the "Yellow Door" was a common response throughout the data which warranted the creation of a sub code capturing the student's association with this physical and symbolic attribute. In an attempt to understand the meaning of its significance, several quotes were analyzed for interpretation. Many students shared the sentiment of this student who said "I associate this image with safety, friends, and family. I hate yellow, but this door represents so many positive memories." Another student discussed feelings of disappearing behind the yellow door, isolated away from the world. This student summarized the important periods when a student encountered the door, perhaps resulting in the lasting impact it holds for students. "The yellow door, the first and last thing you saw as an Orthogenic School student. Certainly symbolic." As such, it was the first thing a student saw when they come to the school, leaving their family and entering an unknown and sometimes scary environment. Conversely it was the last thing that they saw when they left again, leaving another family, transitioning into another environment, leaving behind an experience (different for all) and forging ahead with expectancy of renewed health and functioning. Both events can be monumental experiences in a student's life.

Though a portion of the feedback was positive, the commonality in feedback raises the question of whether the treatment or milieu effectively supported and helped or whether it caused further damage and if so, how? Claims such as the one this student made raises questions regarding the long term emotional effects upon the students; "I will never forget the ways the school affected me. I still have nightmares about it as I am sure

many of us do." Another shares in detail why the experience was negative for them. "The entire experience. Total isolation, being belittled, controlled, and lied to by a fraud whose followers could not think for themselves and see that his methods were cruel, sadistic and outright wrong." Finally this student describes the long term effect they struggle with as a result of their time at the Orthogenic School." I learned how to detach from my emotions and I live my life mostly detached. It's not healthy."

Table 5. Theme 4 Explanation of Concepts & Codes

Code Name	Concepts
Corporal Punishment	This code was applied to students discussing periods of physical or mental abuse.
Subcode: Corporal Punishment: Physical Abuse	This sub code was specifically used in association with data discussing physical abuse either experienced or witness by the participant and the feelings or effects associated with the experience.
Subcode: Corporal Punishment: Emotional Abuse	This sub code was used in conjunction with data discussing emotional abuse either experienced or witnessed by the participant and the feelings or effects associated with the experience.
Differences in Impact	This code was used to capture the different ways in which students reported their impact.
Subcode:Differences in Impact: Profound Impact	This captured student's statements that being at the Orthogenic School left a profound impact upon them.
Subcode: Differences in Impact: Negative	This captured student's statements that indicated being at the Orthogenic School left a profound negative impact upon them.
Subcode: Differences in Impact: Positive	This captured student's statements that indicated being at the Orthogenic School left a profound positive impact upon them.
Markers of success	This code represented student interpretations of overall life success and their perceptions about what made them successful.
Subcode: Markers of success: Long term effects	This code captured the overall effects associated with the school (e.g., better coping skills, nightmares associated with the school, emotional trauma, poor life choices, and overall self-improvement).
Physical Environment	This code examined many different physical attributes of the Orthogenic School.
Subcode: Physical Environment: Yellow Door	This code was developed in association with the item that represented most participants' association with the physical features of the school.

CHAPTER V.

DISCUSSION

The purpose of this study was to examine the student's perceptions of being at the Orthogenic School via qualitative analysis. The ultimate goal was to assess the treatment efficacy of this particular milieu and to improve student treatment and outcome in RTCs. This chapter reviews the findings, discusses limitations, and outlines recommendations for future treatment design. The chapter concludes with suggestions for further research. Three questions framed this study: whether social interactions while at the Orthogenic School impacted social functioning post-treatment, whether the Orthogenic School adequately prepared the students for life post-treatment, and describing the long term emotional effects of being at the Orthogenic School. Examination of the demographic results of the study suggests that the students were successful in the long-term with respect to socioeconomic outcomes; however, with the addition of the qualitative data, the results offer a somewhat different and more in depth view of their experiences.

The research questions above were informed by four themes that emerged from qualitative analysis of the data. The first theme that emerged was that the use of recreational activities increased interaction and supported social skills development. The second theme was that students experienced difficulties with social functioning post-treatment. Theme three indicated that students experienced a negative impact on life skills functioning post-treatment. Theme four reported that students experienced long-term emotional effects resulting from their experiences.

Overall, qualitative results suggest that students who transitioned from the Orthogenic School into society did struggle with psychosocial functioning. Perhaps this result can best be explained by the effect of theories such as Hirschi's Social Bonds and

also by Attachment theory, in that the Orthogenic School changed the attachment and involvement bonds of children upon their arrival in the form of restrictions from family and society. The act of severing those early attachments formed with family, friends, and society as a whole when arriving at the Orthogenic School provoked conflict within the child increasing the likelihood that they would suffer later difficulties with the formation of healthy attachments and relationships. Interestingly, this effect seemed to be reduced through the bonding and relational skills development fostered by the recreational opportunities central to the treatment. These activities allowed students to participate in normal family style activities, interactions with society, and exchanges of bonding and communication; while fostering deeper personal connections and contentment in their experience. Whether the Orthogenic School adequately prepared the students for life post-treatment was addressed by reports of life skills having been affected negatively for many students who struggled with integrating into the workforce, household expectations, and day to day functioning. The existence of lifelong effects was an emergent theme in the qualitative analyses: most students indicated experiencing a profound and lasting impact, either negative or positive, from their experience at the Orthogenic School.

The study also uncovered additional key commonalities within the data. For example, students reported mixed feelings regarding the level of control in the environment and its effect upon their potential for positive interactions. This result supports previous mentioned literature suggesting that excess control and restriction creates the removal of the opportunity for positive interactions with society, families, and non-institutionalized peers reducing the sense of normalcy. Theme two associated with social skills functioning and isolation was well captured in this statement by one student.

The least positive and most detrimental element was the lack of social mainstreaming and social skills development with peers in and out of the School. A complete sheltering of ' real' life as experienced by ' real' adolescents was extremely detrimental…

An additional discrepancy found was in the efficacy of Dr. Bettelheim's use of antiques and symbolic objects as a method of creating a safe and comforting environment. The findings of this study challenge Dr. Bettelheim's method insofar as the observation that furnishings, though enjoyed and noticed by some students, made minimal impact upon the sense of comfort and safety among the students. In opposition, one item in particular was mentioned by 68% of the participants. The "yellow door", which adorned the entrance of the 1365 E. 60th St building, and its symbolism, was described in many different ways. For some, it exemplified comfort and safety; for others, it represented a home. One student reported that it was the first and last thing one saw of the Orthogenic School which may explain the impact that this "yellow door" left upon the students. For many, they reported its symbolism being strong enough to imbed within their skin as a tattoo. For the remainder, they reported the door being imbedded in their memories.

The study uncovered a contrast between the demographic and qualitative data that explains the benefits of using qualitative analysis to enrich our understanding of treatment outcomes. The demographic findings suggest that the students were reasonably successful in many areas including education and employment. 49% of the students reported earning post-baccalaureate degrees, 15% reported an annual earnings of $50,000-$74,900, and 66% reported having been involved in a long term intimate relationship (married, divorced, separated, widowed, involved) at some point in their lives. Based upon many of these

demographics, it would appear that these students attained relative success and that the school may have been successful. However, the contrast of the qualitative results provides an additional view of the outcome and of the ways which the students view themselves and the Orthogenic School in term of success. This disparity explains the benefit of using qualitative data to supplement other measures to allow richer context to emerge, providing a more comprehensive view of the experience or phenomenon.

Limitations of the Research

This study examined the perceptions of 41 former students of the Sonia Shankman Orthogenic School. While this number of questionnaires provides a generous amount of data, it does not permit generalization to the experiences of all former students of this institution or of all RTCs, especially due to variability in practices across sites. Beyond the issue of generalizability, another limitation is the basis of data upon participant recall. Because the participants were asked to recall experiences, in some instances from 50 years ago, it is difficult to know what problems with accuracy may exist. Recollections and perceptions often diminish or change over time and people adjust them to explain or fill in the gaps. Essentially, these recollections can be skewed or tainted, especially over longer periods of time and memory biases may be a concern. Additionally, participants were given to opportunity to answer as they chose, which offered them the ability to structure their responses to create any perception they chose. As these are accounts retold by participants, their accuracy cannot be verified and the true accuracy of the events or depth of their experiences could potentially be very different than what they reported.

Development of Better Treatment Options

The practical implications for this research lie in the use of patient or student feedback in developing better treatment models. User feedback in experience is not a new phenomenon and has in fact been mainstream since the 1960's both in North American and the United Kingdom (Anthony & Crawford, 2000). Patients have been asked to provide feedback for medical care and following mental health services as a means to further the quality of medical service to patients; however, very little feedback has been gathered from former students of RTCs. In this case, the feedback from residents can be informative in guiding patient-centered care in mental health. Recommendations can be taken from this study and implemented in future design. For example, the results have indicated that recreational activities both within the school and within the community were most beneficial to the students. This can be implemented in future designs as a method of enhancing interaction and bonding among students with peers, staff, and the community. In doing so, the students achieve appropriate interaction skills through modeling and experience, developing appropriate skills and expectations.

Additionally, there is a need for increased involvement of the family in the student's treatment. Lack of family involvement was reported as a primary factor in the feeling of isolation and lack of normalcy therefore increased parental involvement could increase morale and self-motivation amongst the students to increase their effort within treatment. Finally, implementing transitional training opportunities in all RTC's in imperative in assisting students to be successful in transitioning from a controlled milieu setting back into society, Focusing on obtaining housing, jobs, and conducting transactions are skills that need to be learned by students in order for them to be

productive. Providing opportunities such as increased opportunities for bonding and proper attachment skills, familial support during treatment, and daily functioning skills are benefits that increase functioning and success and can influence the long term emotional outcome from being negative to being positive.

Recommendations for Future Research

This research study increases our understanding of psychosocial resilience and executive functioning post-treatment for students of a RTC by demonstrating deficits in treatment models suggesting the need for restructuring and improvement. The lack of literature regarding students' personal experiences hinders school directors and administrator's potential for improving the structure and assessment of the treatment through the inclusion of student feedback. This study serves as a starting point for developing a larger body of research that examines the student's experience as a component of treatment in an effort to move towards a more patient or client centered approach for examining treatment efficacy.

Future research should begin to focus on obtaining providers perspectives on what deeper issues hinder the interpersonal relationship development within RTCs. Research should question what methods are available to reduce these obstacles in attachment and skills development. One area of concern is the effect that housing children of multiple ages in a single dormitory has upon social development and interpersonal skills. An added component is the effects associated with housing emotionally disturbed children and behavior disordered children, within the same dormitories and classrooms. Examining potential concerns for transference or learned behavior is an area that would also benefit from further research. Additionally, there may be benefit in investigating how recreational

activities foster therapeutic change and examining ways of implementing additional opportunities for these activities. This focus could be part of a larger study about therapeutic activities and how group interaction plays a role in building attachment and positive relationship building skills.

Finally, it would be beneficial to compare data among multiple RTCs to investigate the methods used for providing psychosocial and life skills development. Such a comparison would reveal the strengths and weaknesses of different centers and produce a database of what is currently being implemented allowing for further outcome studies of what is effective to be conducted. Recording what is successful in existing RTC's and implementing these in other RTC's would be a step towards standardizing methods and design consequently providing a method of measuring treatment outcome and success.

Concluding Remarks

The use of qualitative methods to examine the student's perceptions of their experiences in a RTC allowed for a deeper and richer analysis of treatment efficacy, beyond traditional demographic information. Each student's contribution in some way reflected on how the Orthogenic School affected them on a personal level. The greater benefit of this data is in the richness of information provided in sharing how the experience affected them as a student and also the personal feelings associated with this experience and its long-term effects.

The results of the study suggest that the overall theme of the Orthogenic School experience is that students were left with a profound effect upon their lives in multiple ways. In an effort to sum up the sentiment of the research findings; the impact of the

sheltered environment, the bonds that were severed and built, and the long term emotional effects, I offer this passage from the data.

> While I was at the O School, I felt it was the worse experience in my life. I felt as if I was in jail....In fact, I called it my "Alcatraz". I entered an environment where every little thing was controlled and monitored, and I rebelled most profoundly. My antics and escapades served to satisfy my refusal to be controlled and restrained and consequently diminished what little relationship I had with my family. In looking back now, some of the best times of my life were experienced at the O School. Whether acting out or engaging in traditional activities, some of my memories of the O School have made me miss the experience as I have aged. This past year, the need to return and walk through the school one final time, meeting old friends and acquaintances, the experience pulled me back to Chicago when I had originally decided not to attend the reunion. The O School experience made a lasting memory on me, both good and bad.

APPENDIX SECTION

Appendix A

Orthogenic School Interview Questionnaire Consent

Dear Participant:

You are invited to participate in a research study that will attempt to understand the experiences of former Sonia Shankman Orthogenic School students. You are eligible to participate in this study because you are a former student of the Orthogenic School. The following information is provided in order to help you make an informed decision whether or not you would like to participate. If you have any questions please do not hesitate to ask. Full contact information for myself, the researcher, and the study supervisor is provided at the end of this consent.

Project: Behind the "Yellow Door" – The Student's Experience

Purpose of the Project: This study will investigate the experiences of former Orthogenic School students in order to 1.) Contribute to the understanding of the effects that the Orthogenic School had on its residents and 2.) Provide a resource for better methods to be implemented not only at the Orthogenic School but in similar institutions. Utilizing the wealth of information the student experience can provide, I believe this knowledge can lead to new ways of improving the therapeutic structure and policies of these types of institutions. If you agree to participate in this study, you will be asked to provide information in the following areas: * Basic demographics - education, marital status, age, etc. * Experiences and memories while at the Orthogenic School. * Your views about your Orthogenic School experience. * Your suggestions on ways to improve residential treatment centers.

Procedure: You will be asked to participate in a 36 question online questionnaire associated with your experience at the Orthogenic School. The questionnaire should take approximately 30 minutes to complete depending upon the depth and length of your answers. There is no limit to amount of text you may enter so please feel free to write as much as you like. You may choose not to answer any of the questions for any reason and you may also take breaks as needed.

Risks and/or Discomforts: The risks of participating in this study are minimal. Answering questions regarding your experience at the Orthogenic School may evoke minimal emotional discomfort. A range of emotions including sadness, fondness, happiness, anger, or other related emotions may be experienced during memory recall. This risk is minimal and can be minimized by taking breaks or choosing not to answer uncomfortable questions. Should any discomfort be experienced, this feeling should dissipate within a period of several minutes to hours. Should any of these symptoms cause you prolonged concern or distress following the survey, you are advised to contact your local mental health clinic for services. Although this task may be an emotional one, please know that your thoughtful and honest answers will provide significant value to this research and is very much appreciated.

Benefits: There are no direct benefits in participating in this study, other than the knowledge that you will contribute to science in focusing on the effects of the Orthogenic School as experienced by its students. To date, all research completed on the Orthogenic School has focused on the clinical benefits and outcomes as viewed by its supporters. Through this study you will be helping

to expose the true emotions and effects as experienced by you, the students. The primary benefit associated with participation in this study is the benefit of broadening the available research and data currently associated with the Orthogenic School which to date has failed to include the student's perspective or experience: a critical component in the overall efficacy of treatment. With this information, better treatment models can be developed for similar schools, to include the Orthogenic School, in an effort to improve therapeutic models and services serving this population of children.

Compensation: Participation in this study is completely voluntary. There will be no monetary compensation for any component of the study.

Confidentiality: I want to assure you that your responses are completely anonymous. Responses to anonymous surveys cannot be traced back to the respondent. No personally identifiable information is captured unless you voluntarily offer personal or contact information in any of the comment fields. No individually identifiable information (e.g., name, birth date, identification numbers, mailing address, email address, etc.) is being collected as part of the survey instrument. Additionally, your responses are combined with those of many others and summarized in a report to further protect your anonymity. If the information obtained during this study is to be published in scientific journals or presented at scientific meetings, the data will be presented as group aggregate data. Should you choose to share further information with me in a non-anonymous form, that information and your identifying information will then remain confidential. At any time you may choose to provide additional information to me about your experience either via an anonymous or personal email account at oschoolstudy@gmail.com.

Access: Individuals who will have access, during or after completion, to the results of this study, whether they are published or unpublished include the researcher, Adrienne M. Koller and thesis committee members. A summary of the findings will be provided to the participants upon written request.

Right to Withdraw: At any time, you may choose not to participate in the study. If you withdraw from the study, no new data about you will be collected. You may also withdraw your agreement for me to use your data that has already been collected (other than the data needed to keep track of your withdrawal). You may do this by informing me of your decision by email at oschoolstudy@gmail.com. If you decide to stop participating, I encourage you to please contact me first.

Statement of Consent:

"The purpose of this study, the procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask any questions I have in mind, and my questions have been answered to my satisfaction. I have been told to contact Adrienne M. Koller if I have any additional questions or concerns. I have read this consent form and agree to be in this study, with the understanding that I may withdraw at any time. I may print this form for my own records."
"In my judgment I am voluntarily and knowingly giving informed consent and possess the legal capacity to give informed consent to participate in this research study."

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This project IRB Reference number 2014T9076 was approved by the Texas State IRB on June 6, 2014. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Jon Lasser (512-245-3413 - lasser@txstate.edu) and to Becky Northcut, Director, Research Integrity & Compliance (512-245-2314 - bnorthcut@txstate.edu).

Appendix B

Orthogenic School Interview Questionnaire

1. Consent (Appendix A)
2. The following questions will give you an opportunity to talk openly about your experience. There are no wrong or right answers! There is no limit to how much you can write so please write freely. Please answer openly and honestly. Your answers are completely anonymous and your input is greatly appreciated. Please ensure you have completed the survey before exiting or submitting as you will not be able to return to the survey. Thank you!
3. Age when you arrived at the Orthogenic School
4. Living situation when you arrived at school.
5. Dates of your stay at the Orthogenic School
6. Which of the following apply to your exit from the Orthogenic School?
   Graduated – Returned to society, Kicked out, Graduated/Transferred to another facility, Runaway, Other
7. Please tell me about your arrival at the Orthogenic School.
8. Please tell me about your exit from the Orthogenic School.
9. Please tell me about your favorite aspects of the Orthogenic School (activities, traditions, furnishings, rooms, people, rules, etc.)
10. Reflecting on your Orthogenic School experience, please describe your overall experience.
11. Please tell me about your most memorable Orthogenic School experience, whether good or bad.
12. Reflecting on your Orthogenic School experience, what do you feel was most positive and beneficial in your overall treatment?
13. Reflecting on your Orthogenic School experience, what do you feel was least positive or beneficial in your overall treatment?
14. Reflecting on your personal experiences and life achievements, do you feel that you are a success or failure of the Sonia Shankman Orthogenic School treatment? Please explain why, in detail.
15. If you could design a school, in your vision, based on what was successful for you and what you think would have helped you, what would this milieu look like?
16. Has being at the Orthogenic School impacted or affected your life long term and if so, in what ways?
17. Describe your greatest accomplishments.
18. Describe your life since leaving the school.
19. Please tell me anything else you would like to about the Orthogenic School or your experience there.

Q. 20-22
Tell me about this person.

Q. 23-27
Tell me about this picture.

Q. 28-34
Marital Status
Do you have children?
- If yes, how many.

Current income level
Gender
Ethnicity
Age
Education Level

Q. 35 Thank you for your participation

Appendix C

Facebook and Yahoo Groups Announcement

This message is an approved request for participation in research that has been approved or declared exempt by the Texas State Institutional Review Board (IRB).

My name is Adrienne Koller and I am a Master's candidate in the Department of Psychology at Texas State University in San Marcos, Texas. I am conducting research that will be used in completing my master's thesis and am asking for your participation in my research. My specific research interest is the student perspective of the Sonia Shankman Orthogenic School. You have being asked to participate in this study because you are a former student of the Sonia Shankman Orthogenic School formerly located at 1365 E. 60th Street, Chicago, Illinois. If you are not a former student of the school please disregard this post. Your participation is completely voluntary and all information provided by you is strictly anonymous.

I am asking for your participation because you can offer valuable insight into which treatment methods you felt were successful and unsuccessful while at the Orthogenic School. The results of the study will add to the body of knowledge about the Orthogenic School, by exploring the student's perspective about the effects that being a resident at the school had on its students. In addition it will provide Orthogenic School students an opportunity to contribute to and broaden the available research and data which currently has focused solely on clinical research results. Finally, the information derived from your participation can be used to structure and implement better models for therapeutic treatment not only at the Orthogenic School but similar institutions. Participants are being asked to participate in an online survey questionnaire about their experience at the Orthogenic School. During the survey you will complete a variety of questions about your experience at the Orthogenic School, your perceptions of the school's methods, perspectives on methods that would be beneficial in similar schools, and basic demographics.

Qualifications: This study is open to all former Orthogenic School students. If you know of a former student who may be interested in participating, please forward the link to this survey to them or have them contact me. In order to participate in the study you must have access to a computer and the internet. The study is composed of an online survey questionnaire utilizing Qualtrics software. Your participation is completely voluntary and anonymous. No identifying information will be collected from your participation in the survey. However, if you feel that you would like to share more information with me about your time at the Orthogenic School or its impact on you, you are welcome to email any additional comments or thoughts to oschoolstudy@gmail.com. Please remember that in order to keep your personal identifying information anonymous you will need to create a fictitious email address from which to send this email and never include your name or identifying information. If you are not concerned with remaining anonymous, you may send your email from your personal email address. All personal responses although not anonymous will be held confidential and although information shared may be used in my research or for publications, names and identifying information will never be shared. Results of the study will be made available to you upon your written request.
Compensation: There will be no monetary compensation. The primary benefit associated with participation in this study is the benefit of broadening the available research and data currently associated with the Orthogenic School which to date has failed to include the student's perspective or experience: a critical component in the overall efficacy of treatment. With this information, better treatment models can be developed for similar schools, to include the Orthogenic School, in an effort to improve therapeutic models and services serving this

population of children.

Sample Survey Questions:

- Sample Survey Questions:
- Please tell me about your arrival at the Orthogenic School.
- Please tell me about your favorite aspects of the Orthogenic School (activities, traditions, furnishings, rooms, people, rules, etc.)
- Length of stay at the Orthogenic School?
- If you could design a school, in your vision, based on what was successful for you and what you think would have helped you, what would this milieu look like?

If interested in participating in this study, please follow the link provided.
Online questionnaire is available until 11:59 p.m. on January 18th, 2015.

Thank you for your time and consideration.

This study is being conducted by Adrienne M. Koller, a Master's candidate, and supervised by Dr. Reiko Graham of the Department of Psychology at
Texas State University
601 University Drive
San Marcos, TX 78666

Questions about this research should be addressed to Adrienne M. Koller at 512-245-2526 or oschoolstudy@gmail.com

This project, IRB Reference Number 2014T9076, was approved by the Texas State IRB on June 6, 2014. Pertinent questions or concerns about the research, research participants' rights, and/or research-related injuries to participants should be directed to the IRB chair, Dr. Jon Lasser (512-245-3413 - lasser@txstate.edu) and to Becky Northcut, Director, Research Integrity & Compliance (512-245-2314 - bnorthcut@txstate.edu).

Appendix D

December 23, 2014 Facebook and Yahoo Groups Reminder Post

For those who have not yet completed the survey and want to, please do so. The deadline is coming quickly and I know everyone will get busy with the holidays. I greatly appreciate all that have done so far. Your input has been WONDERFUL and informative. Happy Holidays!

https://txstatecla.az1.qualtrics.com/SE/…

Appendix E

January 14, 2015 Facebook and Yahoo Groups Reminder Post

Happy New Year!! Okay, last chance to take the survey about the Orthogenic School. Your input and thoughts will provide significant data on how the school and its experience affected students thus providing the students a voice which has previously been ignored and left out of research.

Because the survey is anonymous, it does not keep a record of who has completed the survey so if you have already taken it, thank you.

To take the survey, follow the link. This will close at 11:55pm on Jan. 18th!

https://txstatecla.az1.qualtrics.com/SE/…

Appendix F

January 14, 2015 Reminder Email

This is the final reminder to participate in a study about the experiences of former Sonia Shankman Orthogenic School students. Your input and thoughts will provide significant data on how the school and it's experience affected students thus providing the student's a voice which has previously been ignored and left out of research.

Due to the anonymity of the survey, the survey does not keep a record of who has completed the survey so if you have already completed the survey; please disregard this email and thank you for your participation.

Thank you for your time and consideration of this study. I know you are busy and that going down memory lane to the school is not the easiest thing.

Follow this link to the Survey:
${l://SurveyLink?d=Take the Survey}

Or copy and paste the URL below into your internet browser:
${l://SurveyURL}

Follow the link to opt out of future emails:
${l://OptOutLink?d=Click here to unsubscribe}

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