



# Understanding How School Climate Affects Overall Mood in Residential Care: Perspectives of Adolescent Girls in Foster Care and Juvenile Justice Systems

By Cheryl L. Somers, Angelique G. Day, Jenna Niewiadomski, Casey Sutter, Beverly A. Baroni, and Jun Sung Hong

## ABSTRACT

The aim of the study is to understand the perceptions of court-involved adolescent girls in residential treatment (40% delinquency, 60% foster care/child abuse and neglect) on school climate and factors that affect their mood in school. Participants included 27 adolescent females in residential care for both types of court involvement in a large urban area in a Midwestern state. Age of the participants ranged from 12 to 18. Four major themes from the three focus groups that were conducted included relationships and interactions with peers, interactions with staff and

---

Cheryl L. Somers, Ph.D., is a Professor in Educational Psychology and School Psychology focusing on contextual predictors of academic success among disadvantaged youth and interventions that promote resilience.

Angelique G. Day is an Assistant Professor in social work, specializing in national policy in emotional and education well-being for youth in foster care.

Jenna Niewiadomski and Casey Sutter are practicing school psychologists in the Detroit metropolitan area, working with youth of all backgrounds to achieve highest academic and personal potential.

Beverly A. Baroni is a principal at a residential treatment center school in the Detroit area that has primarily court-involved students in attendance. She is emphasizing the implementation of trauma informed teaching interventions.

Jun Sung Hong is an Assistant Professor in social work focusing on youth bullying, victimization, and violence.

Compliance with Ethical Standards: The study was fully compliant with all ethical standards and followed all IRB-approved procedures.

Conflict of Interest: The authors all declare that there is no conflict of interest.

Human Participants/Animals: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards

Informed Consent: Informed consent was obtained from all individual participants included in the study.

teachers and their perceptions about these interactions, the demands of the learning environment, and sensitivity to being touched. Practice implications are discussed.

**Key words:** foster care, mood, perceptions, residential care, education, juvenile delinquency.

The unpredictable and traumatic events that adolescents, particularly girls in the foster care and juvenile justice system, experience precede their placement in out-of-home care (e.g., residential care programs) and often leads to emotional and behavioral problems (Conn, Szilagyi, Alpert-Gillis, Baldwin, & Jee, 2015). Many studies have shown that in general, youth in the foster care (Conn et al., 2015; Jones, 2012; Tarren-Sweeney, 2017) and juvenile justice system (Callahan, Coccozza, Steadman, & Tillman, 2012; Vincent, Grisso, Terry, & Banks, 2008) exhibit higher rate of behavior problems and academic risks relative to their peers in the general population. In a representative sample of 230 adolescents residing in foster care, Tarren-Sweeney (2017) reported that about half of adolescents in foster care have mental health problems that require referral to treatment services. Based on the level of mental health need, youth in the foster care and juvenile justice system are commonly placed in residential care (American Academy of Child and Adolescent Psychiatry, 2016; Hammond, 2007; Landsverk, et al., 2006). In the course of mental health service delivery, these residential treatment facilities often prioritize child safety over education well-being (U.S. Department of Education & U.S. Department of Justice, 2014). To holistically support these adolescent girls, there needs to be an equitable balance between the student's safety, mental health and education well-being, broadly conceptualized to include academic achievement but expanded to also include reduction in suspension/expulsion, reduction in school absences, and improved school climate.

Behavioral and emotional problems can seriously undermine an adolescent's academic performance. Adolescents involved in foster care and juvenile justice systems face more behavioral and academic challenges than those not involved in the court system. Foster care and juvenile justice-involved adolescents exhibit a significant level of academic problems, such as high dropout rates, grade repetition, suspension, and lower scores on standardized tests (e.g., see McMillen, Auslander, Elze, White, & Thompson, 2003; Zima et al., 2000). Youth in the foster care system are also more likely than non-foster care youth to have lower IQ scores, be diagnosed with a learning disability and be placed in a special education program in school (Crettenden, Wright, & Beilby, 2014; Delaney-Black et al., 2002; Jones, 2012). In fact, 37% to 55% of youths in foster care earn a high school diploma or a GED (Jones, 2012), and the rate of school dropout among youth in the juvenile justice system is as high as 40% (Aud et al., 2011). Academic success for adolescents in the foster care and juvenile justice system is critical.

The aim of the present study was to qualitatively explore the perceptions of the educational environment of both juvenile justice and foster care court-involved girls in residential care using focus groups. An important characteristics of focus group is that groups are the unit of the analyses (Stewart & Shamdasani, 1990). The main advantage of focus group is the researchers (moderators) having the opportunity to observe interactions in a naturalistic setting, which provides them an opportunity to collect data on a

large range of behaviors (Morgan, 1996). Researchers also can identify the full range of perspectives of the study participants, allowing them to clarify or expand upon their insights that might be left underdeveloped in an in-depth interview (Powell & Single, 1996). In addition, group discussions from the focus groups can provide evidence about similarities and differences in the study participants' perceptions and experiences, as opposed to reaching conclusions from separate statements from each interviewee from individual interviews (Morgan, 1996). Further, the ability to give the group control over the direction of the interview is highly useful in exploratory research and focus group can produce concentrated amounts of data on the topic of interest (Morgan, 1996). And finally, another major advantage of focus group is the reliance on group interactions to produce data, and the comparisons that student participants make among each other's perceptions and experiences are an invaluable source of insight into complex behaviors (Morgan & Krueger, 1993).

### Residential Care: Education and Treatment

Residential care facilities provide services for youth who are experiencing behavior and emotional problems. In addition, court-involved adolescents who do not respond to outpatient treatments often need to be in a restrictive setting to receive their education (American Academy of Child and Adolescent Psychiatry, 2016). As stated by Lee and Barth (2008), residential education is an “[a]cademically focused school setting that integrates both home and school life” (p. 155). Residential educational programs, which are designed to provide a comprehensive education program with supportive services, have been found to be a promising strategy for ensuring school completion and positive youth outcomes (Jones, 2008; Jones & Lansdverk, 2006; Lee & Barth, 2006; Leloux- Opmeer, Kuiper, Swaab, & Scholte, 2016; Leloux- Opmeer, Kuiper, Swaab, & Scholte, 2016). In Jones' (2008) study, which consisted of three years of outcome data for foster youth ( $n = 106$ ), respondents who attended college after finishing residential education were reporting much lower rate of criminal justice involvement, homelessness, and victimization than other foster care youth. Shorter lengths of stay, and the availability of community-based resources (for the student and their family) are also found to be associated with more positive outcomes (Hooper, Murphy, Devaney, & Hultman, 2000).

*Adolescent Girls in Residential Care:* The number of adolescent girls placed in a residential treatment as a result of mental health needs has significantly increased over the past 20 years (Zelechowski et al., 2013). Although there are significant number of females in residential care, much of the research in this area has focused on treatments for male adolescents (Crangle, Underwood, Parks-Savage, & Maclin, 2013). Adolescent girls' presence in residential care may be due to an increase in sexual abuse cases reported (Connor, Doerfler, Toscano, Volungis, & Steingard, 2004; Milne & Collin-Vezina, 2014), which can subsequently lead to delinquency and juvenile justice involvement (DeLisi, Kosloski, Vaughn, Caudill, & Trulson, 2014). In addition, a study on gender differences of adolescents in residential care found that female youth were more troubled than male youth (Handwerk et al., 2006). The study also found that females showed a significantly higher rate of internalizing problems over the first year of the program (Handwerk et al., 2006).

This has created a need for residential care that can hold and adequately service the needs of adolescent girls.

Females in residential care housing accounted for 10% of all residential care facilities (U.S. Dept. of Health and Human Services, 2015). Because many girls in residential care report traumatic pasts, it is important that they are placed in a setting where their behavioral and academic needs are adequately met. Residential care is designed to provide services that reduce re-victimization, delinquency, and status offending (Morash, 2016).

*Trauma-Informed Services in Residential Care:* Youth with histories of traumatic exposure consist of a substantial portion of youth in residential care (LeBel & Stromberg, 2004; Zelechowski et al., 2013). Moreover, higher prevalence of traumatization is found in adolescents who are court-involved (Krischer & Sevecke, 2008). Trauma-informed care involves a broad understanding of traumatic stress reaction (Center for Substance Abuse Treatment, 2014). Traumatic-informed care addresses the impact of trauma with a focus on avoiding re-traumatization (Hummer, Dollard, Robst, & Armstrong, 2010). As youth move through the foster care and juvenile justice systems, they often encounter additional stressful and emotionally overwhelming experiences through “system-generated traumas” (Ryan, Bashant, & Brooks, 2006), including frequent changes in schools and peer groups (Ko et al., 2008). However, the mental health of adolescent girls who had experienced trauma are often unrecognized and not addressed while they are in a residential care (Crabbe et al., 2013). Further, the use of restraints and seclusion and the lack of staff training are frequent in residential care, which can reinforce re-victimization, particularly for girls with a history of sexual trauma (Crabbe et al., 2013).

*Academic Performance and Attainment of Adolescents in Residential Care:* Academic achievement is critical, as research literature consistently suggest that academic achievement is associated with greater likelihood of higher education, employment, and psychosocial well-being (Bryant, Schulenberg, O'Malley, Bachman, & Johnston, 2003; Forsman, Brannstrom, Vinnerljung, & Hjern, 2016; Katsiyannis, Ryan, Zhang, & Spann, 2008; National Working Group on Foster Care and Education, 2014; Okpych & Courtney, 2014). Although youth in residential care often have serious problems with the school systems, there has been a serious dearth of research on the academic performance of these youth (Behrens & Satterfield, 2007). Among the extant studies, findings have been inconsistent. While a bulk of the extant studies have reported poor academic performance and lower than average intelligence level of youth in out-of-home care (see Trout, Hagaman, Casey, Reid, & Epstein, 2008, for a review), one study found that the participants in the study have average-to-good school performances (53.8%), and students with an average intelligence level, good academic motivation, and/or few externalizing problems showed high academic achievements (Harder et al., 2014).

Nevertheless, numerous studies have identified several barriers to academic performance of adolescents in residential care, including placement disruptions and mobility (Leloux-Opmeer et al., 2016). Multiple out-of-home placements can exacerbate trauma (Liu et al., 2016; Riebschlenger, Day, & Damashek, 2015) and can negatively impact an adolescent's school engagement and academic performances (see Perfect, Turley, Carlson, Yohanna, & Gilles, 2016, for a review). Notably, school mobility is another barrier

(Jones, 2012). According to Jones (2012), with school mobility, students lose their social support system (Jones, 2012). Another study (Day et al., 2017), which examined girls' perceptions of their school climate, also reported that disrespectful behaviors and negative attitudes from the staff members and teachers were serious barriers to their academic success. The study found that when the girls were upset, they would become disengaged from the classroom setting, which resulted in punishment from the teachers. The girls also reported that distractions in the classroom, particularly the fights in class made it difficult to concentrate in their schoolwork. And finally, a study conducted by Undheim, Lydersen, and Kayed (2016) found that teachers are unlikely to identify when a student had a psychiatric disorder.

A handful of recent study findings (Crosby et al., 2017; Somers et al., 2016) suggest that academic development can be enhanced by social supports from caregivers in their home as well as from a non-family adult outside of the school (e.g., educators, school staff). A recent study found that social supports from caregivers (Somers et al., 2016) and non-family adult (Crosby et al., 2017) were positively related to higher school grades. The school in the residential care in the study focuses heavily on not only academics and high-quality teaching, but also on supportive staff members who encourage the students (Crosby et al., 2017; Somers et al., 2016).

### **The Current Study**

For adolescent girls in residential care to succeed academically, it is important to first understand their mental health. Understanding the mental health of the girls in residential care has been understudied in the past, although girls are more likely to have higher levels of psychopathology and suffer from physical and sexual abuse than boys in residential care (Connor et al., 2004). The current study builds upon a previous study (Somers et al., 2016) by exploring adolescent girls' perceptions of their learning environment in a residential care facility and supporting prior research with an expanded sample, expanded questions targeting more depth in responses, and providing replication of prior results. Also, we spent time on their perceptions about the Monarch room. The ultimate goal was to glean insights into how best to set the learning and living context for girls in residential treatment; there are significant implications for the adults that scaffold the girls in their environment every day.

## **METHOD**

### **Study Participants and Site**

In this study, 27 adolescent girls in residential care located in a large urban area in a Midwestern state were asked to participate in focus groups. The facility is comprised of a campus with multiple residential and treatment buildings and one, on-site public, charter school in the center, which is operated independently. The charter school serves students enrolled in grades 6 through 12. The girls ranged in age from 12-18 ( $M =$

15.5), and identified as African American (65%), White (24%), Hispanic (5%), American Indian (5%), and Arab American (1%). One focus group was comprised of the middle school students (6<sup>th</sup>-8<sup>th</sup> graders), and the other two included only high school students (9-12<sup>th</sup> graders).

Of the students in this sample, 40% entered the facility through a delinquency petition and 60% through a child abuse and neglect petition. Similar to the rates of foster care youths in the Midwest, over 60 percent of the study participants were African American (U.S. Department of Health and Human Services, Administration for Children and Families, 2012). The racial and ethnic composition and age of the study participants is representative of the school enrollment as a whole and is consistent with the national prevalence rates of juvenile justice-involved youths of color who experience placement in RT facilities (Office of Juvenile Justice and Delinquency Prevention, 2013).

The charter school utilizes the Monarch Room (MR) as an alternative to traditional school discipline practices to increase classroom seat time. Full details are available in Baroni et al. (2016) but essentially the purpose of the Monarch Room is to manage distractions that can interfere with classroom learning; however, it is a support rather than a punishment, and this is well known in the school. When students become too escalated to remain in the classroom setting, they are either sent to the MR for redirection and de-escalation or to the MR on their own. Once students are in the MR, a trauma-trained paraprofessional helps them de-escalate, re-focus, and return to class. Various intervention strategies are employed in the MR, including problem-solving, talk therapy, and sensorimotor activities. The MR is available throughout the school day, with each specific MR episode lasting approximately ten minutes. Additional details describing the Monarch room intervention are described in Baroni and colleagues' (2016) study.

## Procedure

Information about the study was distributed to participants and their legal guardians during school registration. Consent was obtained for all research projects at the time of enrollment in the facility, and students, their caregivers, or both could opt out of participation at any time. The girls were informed of the purpose of the focus group discussions and that their participation was strictly voluntary. The girls discussed their perceptions of their school climate within the residential care treatment center. There were three focus groups, each led by a trained facilitator. Each group had approximately nine girls, one facilitator and two graduate level research assistants. Each focus group lasted about an hour. Trained graduate assistants took notes during the sessions to supplement recordings, which were transcribed, and these notes facilitated accuracy of transcription. Each girl was given a code number, so their name could not be associated with their responses. The research assistants examined each of the transcriptions, looking for themes in the responses. All study procedures were approved by the authors' university institutional review board.

The focus group questions were used to inquire about the girls' moods and what makes it change. Students were allowed to define mood based on their own self-conceptualizations. Our questions simply referred to one's "mood." However, based on what

they reported, mood was indeed defined as we had hoped, reflecting a host of feelings including but not at limited to happiness, sadness, anxiety, anger, as the students reflect a wide range of feelings typically thought of when the term “mood” is used as a prompt. Also, their perceptions of the teachers and staff members at the school were addressed. Questions also included students’ thoughts and opinions about the school’s “Monarch” room, a place in the school where the girls can go and use sensory technology items in order to de-escalate. The girls were also asked questions about their reactions when they get upset as well as about their sensitivity to touch and sound. The girls were also asked questions relating to their mood and what makes it change. Also, their perceptions of the faculty and staff at the school were inquired.

## FINDINGS

The purpose of this study was to explore a specific group of adolescent girls’ perceptions of their learning environment in order to try to secure a deeper understanding of their experiences in the residential care school contexts. The responses of the residents were all regarding negative moods and experiences. Specifically, they were asked, “If your mood changes throughout the day, what makes it change?” and “When you’re having a bad moment at school, what makes it worse?” In sum, the residents did not highlight positive mood changes or experiences. We specifically explored why they hold these perceptions.

The phenomenological approach provides the opportunity to uncover hidden processes and phenomena (Palmer et al., 2010), which is critical to understanding the unique needs and experiences of this vulnerable population. After the qualitative analysis and use of the “constant comparison” method between two coders/raters, four pervasive themes were found across all three focus group sessions. The themes are shown in table 1 and discussed in the paragraphs below. Again, given that the girls chose to identify only those experiences that negatively affected their moods, all themes below reflect reasons for these negative perceptions of their environment.

*Theme 1: Peer Relationships and Interactions:* The girls stated that peer relations and peer interactions significantly affect the school climate “in a powerful way”. Negative interactions were more likely to impact the school climate than positive interactions. Thus, the focus remained on those negative interactions. In addition, most of the interactions were negative in nature; for example, fighting was found to be the most common type of interactions these girls had mentioned. In general, these girls felt that altercations or the anticipation of altercations, both verbal and physical, were a prominent reason for their moods declining throughout the day. This is exemplified in statements, such as:

...When other peers try to mess with you.

...Um the residents [affect mood] cause it’s basically like when you come here, it’s nothing but gossip and drama, so when you come through the doors, you have one female saying this and another saying that. ...

...People calling you names and saying shit that they don’t have business saying.

...And I was sitting down all day in class and this girl ran up on me while I was sitting down, like whipped my head down.

...A girl tried to kick me down the stairs!

...Like at least if you get a little like, if you get in arm's reach, you gotta get hit, if you walking up to me, you get too a little too close I gotta hit you cause I feel threatened.

...If somebody get too close to me, I feel like I should defend myself.

To explore their feelings more deeply, we included the following probing questions, "So how would you describe your reactions when you're really upset at another student at school? What does it look like?" Their responses included:

Most people just like really take it out on fighting.

I be wanna to hit 'em.

I be fighting to leave a scar or something.

I fight to kill.

*Theme 2: Student Perceptions of Staff's Attitudes and Actions:* The girls perceived their teachers and staff members as negative and overall unpleasant. Factors most likely to adversely affect the residents' moods were the actions and behaviors of the teachers and staff at the school, such as their verbal comments and perceived lack of concern for the girls. Examples demonstrating these feelings and interactions can be seen in the following quotes:

...the staff literally do nothing and if you try, if, if say there's a fight that goes down, then they wanna be all up in all that. It's just, it's too much

...staff is petty, very petty. They'll talk shit to you and they'll expect you not to talk shit back and some of the staff will make comments like, "at least I get to go home at the end of the day

...The staff don't even talk to us really, they blow us off

...I don't think staff just chose, 'Oh I wanna work with kids,' but you got your own kids, you work with them but they only come here because they want the money and the checks, cause they know that they gonna get a check every Friday

...yea, like last week there was a situation where, it has nothing to do with anybody else, but it was a situation where i needed help with my reading for my test and the teacher that would normally read with me was not able to read with me that day and the teacher that I was with, he wouldn't read it to me and then when I asked the staff, they're like "No, I don't like you."

...They think they can talk to you any kind of way.

*Theme 3: Learning Environment and Curriculum Rigor:* The girls also voiced their feelings, opinions, and concerns over the quality of the education they receive at school.



Overall, they expressed feeling that they are not receiving a quality education and stressed their desires for an education comparable to that of a public-school education. Similarly, the girls reported how a classroom environment riddled with fights, distractions, and constant disciplinary actions (also known as “clears” and involving the room literally being “cleared” of all students) make for an ineffective learning environment. The girls reflected on their fears of not being able to become successful and achieve higher education as means to better their lives due to low-quality high school education they were receiving. Many of the girls stressed that they do not feel like the education they are receiving is comparable to a regular public-school education; thus, they do not feel prepared to be out into society. The girls’ opinions of their education and learning environment are reflected in the following quotes:

...The stuff that I’ve been taught here, I already know, so when I go into the community, it’s like I’m gonna be lost because the stuff they do in the community, the community I didn’t do here, so I’m lost.

...I like my education, and I wanna learn and I wanna go to college, things I still wanna do to further my education and I feel like being at this school, it, it’s like, it’s, this is a joke.

...cause I feel like everything here is just dumbed down

...Yeah, and it’s too easy. Like it’s not challenging.

*Theme 4: Sense of Touch:* Sensitivity to touch was reported to be a strong trigger for these girls. For the most part, the girls made references to this sensitivity due to their traumatic past experiences. The girls reported how they felt when they were touched by either a peer or a staff member. In general, they want staff members to be considerate of their past experiences and understand how even a simple touch can cause re-victimization and flashbacks. The girls want the staff members to learn how to approach and interact with them in “a less triggering way”. The quotes below show how the girls were averse to touch:

...Like don’t touch me, I will break your wrists. I don’t like to be touched

...I don’t ‘em like I don’t like being touched and my supervisors like, they can trigger some of the kids if they ask you don’t touch them, then don’t touch them’ and that’s why staff be wondering, like why we swing on them. . . .

...and some staff, they don’t get it because like some, some residents here, like they’ve been touched in a wrong way when they were young- and that’s why people, that’s why they don’t like being touched now. Because it reminds them of what happened to them. And some people don’t get that.”

*Theme 5: Monarch room as an alternative place for intervention:* The Monarch room was frequently mentioned as a place where the girls elected to go when learning to step out of situations that were escalating, or they otherwise needed time to themselves to process feelings or thoughts. The ultimate goal was to help them regroup and rejoin the academic learning environment. This is exemplified in the following sample quotes:

...Like my, my mood changes when some of these females try me or if um bullying occurs or when somebody has something smart to say. And my mood change for the better when I get work that I understand and when I go to the Monarch Room.

...Um, so in here, like this school they have like a Monarch Room to go to and they have-like in the Monarch Room like it's like a little team, it's like bean bags, it's like things you can do to help like calm down your energy...

...the fidgets that they have, like bean bags and them talking while I'm there, like understanding you, they not like just not listen, they'll listen to you.

## DISCUSSION

The aim of the present study was to examine how adolescent girls' perceptions of their school climate within the residential care impact their everyday mood. The questions included in this study asked the girls about their moods and what makes their moods change throughout the school day. The girls instantly came up with negative things to say, even though the questions were not inherently negatively focused. However, these questions could have been interpreted either way. Despite additional probing, the residents overwhelmingly emphasized experiences and events that served to deteriorate their moods.

A common theme that was found was peer interactions and relationships. Peer relations and peer social supports are increasingly important in adolescence (Brown, 2004); not surprisingly, many of the girls in the study reported feeling that negative interactions with peers is a main contributor to their decline in mood throughout the school day. It is plausible that many of the girls in the residential center encounter additional stressors due to frequent changes in schools and peer groups (Ko et al., 2008), making it difficult for them to form positive peer relationships. Many of the peer interactions the girls reported were negative and aggressive in nature. In addition, many of the girls reported aggressive acts and tendencies towards their peers, which could be due to history of trauma. Research has demonstrated that adolescents who experienced past trauma are likely to act out aggressively (Ford, Chapman, Connor, & Cruise, 2012; Steiner et al., 2011), as trauma can adversely affect adolescents' biopsychosocial development and attachment (Ford et al., 2012).

Anticipation of someone trying to fight them, or a fight breaking out amongst other girls was another highly reported theme, which they perceived to strongly affect their mood in their classroom. Not surprisingly, aggressive behavior is one of the most frequent reasons for transferring adolescents from their home to placement in a

residential care, and aggressive behavior and fighting often continues to be a problem within the residential care facilities (Knorth, Klomp, Van den Bergh, & Noom, 2007). There is a critical need for appropriate training and education for students in residential care on how best to promote self-regulation and problem-solving strategies. In order to improve the school climate amongst peers, schools need to consider training program for the girls that are designed to improve their social skills and interactions. This would teach the girls how to handle disagreements and confrontations more positively.

It was also noteworthy that many of the residents stated that staff behaviors and interactions also cause a decline in mood. Similar to interactions with peers, the girls reported that the staff interacts with them in a negative and hostile manner. It was found in Somers et al. (2016) that adult support was associated with better academic outcomes. In addition, numerous study findings indicate that positive teacher-student relationships and teacher supports are positively associated with student engagement and higher grades (Brewster & Bowen, 2004; Klem & Connell, 2004; Murray & Malmgren, 2005). The girls in this school reported feeling that they do not have the support from the teachers and staff that they need. Rather, they reported receiving hostile verbal comments and very little concern. The girls also noted that to them, it feels like the staff did not seem to care about the students' well-being in the school. Just as the students need the education and training necessary to form positive relationships with their peers, the teachers also need proper training on how best to interact with these girls. Although this may be a unique to this particular context, the features of this residential treatment center appear to this research team to be typical of similar contexts. It is also necessary to ensure that these teachers are receiving proper self-care, which can prevent burnout and teacher turnover. This is a demanding teaching environment with a unique population and more supports are needed for teachers.

The learning environment and the rigor of the curriculum was another common theme among the students' responses. Many students reported that they did not feel challenged in the classroom, and that the materials they were learning from were not comparable to what a public-school would use. This indicates that many girls are not motivated to learn because they do not feel like the material will help them when they are out in society. It is important for schools, especially those in residential care, to make the students feel successful and feel like they are taking the educational steps they need to succeed. As with interpersonal training, teachers will also benefit from professional development in the instructions. These classes vary across academic skill levels and thus intervention needs. It is difficult for teachers to differentiate instruction on such a wide level, despite that these classes are typically about half the size (approximately  $n = 15$ ) of classes in most public K-12 middle and high school settings ( $n = 25$  to 50).

Finally, a strong trigger for these girls was what they described as sensitivity to being touched. It was a common concern for the girls, particularly those with past history of sexual abuse and assault. Although they were asked if they were sensitive to light, touch, or sound, being touched was the greatest problem for them. Many of the girls reported that when they are touched by anyone, students or teachers, they are reminded of their past experiences. It is vital that schools in residential care consider alternatives to touching while still maintaining order and safety in the school. Teachers unknowingly

trigger students' trauma when they try to comfort them in ways that are fairly common, such as, for example, a touch on the arm or even a hug. However, these tactics, although possibly comforting to others, may not function in the same way for the adolescents studied here. Teachers may need more help developing alternative strategies for comforting students that minimizes the use of touching.

### **Limitations and Directions for Future Research**

The issue of reliance on interactions in the group to produce data that is inherent in focus group can be both a strength and weakness. The inherent weakness of the focus group is that the group itself may shape the nature of the data it produces and might generate concerns about the tendency toward conformity (see, e.g., Sussman, Burton, Dent, Stacy, & Flay, 1991). Also although the study participants were located in a residential treatment center in urban Midwest, the present study did not consider relevant factors, such as socio-economic status and poverty, which can seriously undermine their educational experiences. These limitations aside, the study findings have major implications for future research.

The focus groups conducted in the present study focused primarily on themes, such as students' perceptions of teachers and staff members, academic rigor and a sense of touch, which might have prompted negative response. Future research might build on the current study by exploring, for example, whether the girls needed to be specifically prompted to think about positive mood changes, as opposed to focusing on negative factors, and things that ameliorate their moods. However, the fact that the girls only focus on the negatives does tell us something about their daily experiences in the residential care center school. Future research should also explore if negative experiences outweigh any positive ones and how much positive experiences the girls have in their daily school life.

A main limitation of this study is that focus groups were only conducted at one site. It is recommended that the authors conduct focus groups at additional sites and review transcripts for common themes. This would allow the authors to make stronger conclusions. It might also be interesting to consider developmental differences, e.g., whether middle versus high school girls perceive differently, or if perceptions gradually change across the approximate six year age range in middle and high school.

## **CONCLUSIONS AND APPLICATIONS**

Findings of this study revealed factors that impact adolescent girls' mood within the school setting, as well as what educators can change to reduce the effects of these factors. This is important information, as it can be used by schools and other residential care schools as well. This study provided us with vital information about what affects mood and what needs to be addressed so that students can be in a more successful and productive learning environment. Insights gained from the study findings are essential in making schools a safer place for students. It is important that teachers and school staff utilize the findings from this study so that they can assist students in residential care school settings realizing their goals.

Consistent with past research, this study demonstrates that being cognizant of adolescent girls' past experiences, as well as providing proper training for educators are necessary for the academic success of these girls (Crabbe et al., 2013). Proper training for the teachers and staff can help reduce re-victimization among these at-risk girls. In conjunction, research has shown that positive, healthy relationships help to promote success for at-risk youth (Jones, 2012). This study further affirms that it is necessary for the teachers and staff to be informed about how they can form trusting, positive relationships with the girls, which is a key component to the well-being and future success of adolescent girls in residential care.

## REFERENCES

- American Academy of Child and Adolescent Psychiatry. (2016). *Residential Treatment Programs* (Report No. 97). Washington D.C.: American Academy of Child and Adolescent Psychiatry.
- Aud, S., Hussar, W., Kena, G., Bianco, K., Frohlich, L., Kemp, J., & Tahan, K. (2011). *The condition of education 2011* (NCES 2011-033). U.S. Department of Education, National Center for Education Statistics. Washington, DC: U.S. Government Printing office.
- Baroni, B.A., Day, A.G., Somers, C.L., \*Crosby, S., & Pennefather, M. (2016). The adoption of the Monarch Room as an alternative to suspension and expulsion in addressing school discipline issues among court-involved youth. *Urban Education*. <https://doi.org/10.1177/0042085916651321>
- Behrens, E. N., & Satterfield, K. M. (2007). Longitudinal family and academic outcomes in residential programs: How students function in two important areas of their lives. *Journal of Therapeutic Schools and Programs*, 2(1), 81–94.
- Brewster, A. B., & Bowen, G. L. (2004). Teacher support and the school engagement of Latino middle and high school students at risk of school failure. *Child and Adolescent Social Work Journal*, 21(1), 47–67. <https://doi.org/10.1023/B:CASW.0000012348.83939.6b>.
- Brown, B. B. (2004). Adolescents' relationships with peers. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of Adolescent Psychology* (2<sup>nd</sup> ed., pp. 363–394). New York: Wiley.
- Bryant, A. L., Schulenberg, J. E., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (2003). How academic achievement, attitudes, and behaviors relate to the course of substance use during adolescence: A 6-year, multiwave national longitudinal study. *Journal of Research on Adolescence*, 13(3), 361–397. <https://doi.org/10.1111/1532-7795.1303005>.
- Callahan, L., Cocozza, J., Steadman, H. J., & Tillman, S. (2012). A national survey of U.S. juvenile mental health courts. *Psychiatric Services*, 63(2), 130–134.
- Center for Substance Abuse Treatment. (2014). Chapter 3, understanding the impact of trauma. *Trauma-Informed Care in Behavioral Health Services*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Conn, A., Szilagyi, M. A., Alpert-Gillis, L., Baldwin, C. D., & Jee, S. H. (2015). Mental health problems that mediate treatment utilization among children in foster care. *Journal of Child and Family Studies*, 25, 969–978. <http://dx.doi.org/10.1007/s10826-015-0276-6>
- Connor, D. F., Doerfler, L. A., Toscano, P. F. Jr., Volungis, A. M., & Steingard, R. J. (2004). Characteristics of children and adolescents admitted to a residential treatment center. *Journal of Child and Family Studies*, 13(4), 497–510.
- Crabbe, A. R., Underwood, L. A., Parks-Savage, A., & Maclin, V. (2013). An examination of a gender-specific and trauma-informed training curriculum: Implications for providers. *International Journal of Behavioral Consultation and Therapy*, 7(4), 30–37.
- Crettenden, A., Wright, A., & Beilby, E. (2014). Supporting families: Outcomes of placement in voluntary out-of-home care for children and young people with disabilities and their families. *Children and Youth Services Review*, 39, 57–64.

- Crosby, S., Somers, C., Day, A., Zammit, M., Sheir, J., & Baroni, B. (2017). Examining school attachment, social support, and trauma symptomatology among court-involved, female students. *Journal of Child and Family Studies*, 26(9), 2539–2546. <https://doi.org/10.1007/s10826-017-0766-9>.
- Day, A. G., Baroni, B., Somers, C., Sheir, J. M., Zammit, M., Crosby, S., Yoon, G., Pennefather, M., & Sung-Hong, J. (2017). Trauma and Triggers: Students' Perspectives on Enhancing the Classroom Experiences at an Alternative. *Residential Treatment-based School. Children and Schools*, 39(4), 227–237. <https://doi.org/10.1093/cs/edx018>.
- Delaney-Black, V., Covington, C., Ondersma, S. J., Nordstrom-Klee, B., Templin, T., Ager, J., Janisse, J., & Sokol, R. J. (2002). Violence exposure, trauma, and IQ and/or reading deficits among urban children. *Archives of Pediatrics and Adolescent Medicine*, 156, 280–285. <https://doi.org/10.1001/archpedi.156.3.280>.
- DeLisi, M., Kosloski, A. E., Vaughn, M. G., Caudill, J. W., & Trulson, C. R. (2014). Does childhood sexual abuse victimization translate into juvenile sexual offending? *New evidence. Violence and Victims*, 29(4), 620–635. <https://doi.org/10.1891/0886-6708.VV-D-13-00003>.
- Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex trauma and aggression in secure juvenile justice settings. *Criminal Justice and Behavior*, 39(6), 694–724. <https://doi.org/10.1177/0093854812436957>.
- Forsman, H., Brannstrom, L., Vinnerljung, B., & Hjern, A. (2016). Does poor school performance cause later psychosocial problems among children in foster care? Evidence from national longitudinal registry data. *Child Abuse & Neglect*, 57, 61–71. <https://doi.org/10.1016/j.chiabu.2016.06.006>.
- Hammond, S. (2007). Mental health needs of juvenile offenders. National Conference of State Legislators. Retrieved from <https://www.ncsl.org/print/cj/mentaljjneeds.pdf>
- Handwerk, M. L., Clopton, K., Huefner, J. C., Smith, G. L., Hoff, K. E., & Lucas, C. P. (2006). Gender differences in adolescents in residential treatment. *American Journal of Orthopsychiatry*, 76(3), 312–324. <https://doi.org/10.1037/0002-9432.76.3.312>.
- Harder, A. T., Huyghen, A. M. N., Knot-Dickscheit, J., Kalverboer, M. E., Kongeter, S., Zeller, M., & Knorth, E. J. (2014). Education secured? The school performance of adolescents in secure residential youth care. *Child & Youth Care Forum*, 43(2), 251–268. <https://doi.org/10.1007/s10566-013-9232-z>.
- Hooper, S. R., Murphy, J., Devaney, A., & Hultman, T. (2000). Ecological outcomes of adolescents in a psychoeducational residential treatment facility. *American Journal of Orthopsychiatry*, 70(4), 491–500.
- Hummer, V. L., Dollard, N., Robst, J., & Armstrong, M. I. (2010). Innovations in implementation of trauma-informed care practices in youth residential treatment: A curriculum for organizational change. *Child Welfare*, 89(2), 79–95.
- Jones, L. (2008). Adaptation to early adulthood by a sample of youth discharged from a residential education program. *Child & Youth Care Forum*, 37(5/6), 241–263. <https://doi.org/10.1007/s10566-008-9061-7>.
- Jones, L., & Lansdverk, J. (2006). Residential education: Examining a new approach for improving outcomes for foster youth. *Children and Youth Services Review*, 28(10), 1152–1168. <https://doi.org/10.1016/j.childyouth.2005.10.015>.
- Jones, P. L. (2012). Predictors of success in a residential education placement for foster youths. *Children and Schools*, 34(2), 103–113. <http://dx.doi.org/10.1093/cs/cds024>
- Katsiyannis, A., Ryan, J. B., Zhang, D., & Spann, A. (2008). Juvenile delinquency and recidivism: The impact of academic achievement. *Reading & Writing Quarterly*, 24(2), 177–196. <https://doi.org/10.1080/10573560701808460>.
- Klem, A. M., & Connell, J. P. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health*, 74(7), 262–273. <https://doi.org/10.1111/j.1746-1561.2004.tb08283.x>.
- Knorth, E. J., Klomp, M., Van den Bergh, P. M., & Noom, M. J. (2007). Aggressive adolescents in residential care: A selective review of treatment requirements and models. *Adolescence*, 42(167), 461–485.
- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., Brymer, M. J., & Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396–404.

- Krischer, M. K., & Sevecke, K. (2008). Early traumatization and psychopathy in female and male juvenile offenders. *International Journal of Law and Psychiatry, 31*(3), 253–262. <https://doi.org/10.1016/j.ijlp.2008.04.008>.
- Landsverk, J. A., Burns, B. J., Stambaugh, L. F., & Rolls-Reutz, J. A. (2006). Mental health care for children and adolescents in foster care: Review of the research literature. Retrieved from [http://dcfs.lacounty.gov/katieA/practices/docs/Foster%20Care%20MH%20Review%20\(Casey\\_2006\).pdf](http://dcfs.lacounty.gov/katieA/practices/docs/Foster%20Care%20MH%20Review%20(Casey_2006).pdf)
- LeBel, J., & Stromberg, N. (2004). *State initiative to reduce the use of restraint and seclusion and promote strength-based care*. Boston: Massachusetts Department of Mental Health.
- Lee, B., & Barth, R. P. (2008). Residential education: An emerging resource for improving educational outcomes for youth in foster care? *Children and Youth Services Review, 31*, 155–160. <http://dx.doi.org/10.1016/j.childyouth.2008.7.007>
- Leloux-Opmeer, H., Kuiper, C., Swaab, H., & Scholte, E. (2016). Characteristics of children in foster care, family- style group care, and residential care: A scoping review. *Journal of Child and Family Studies, 25*, 2327–2371. <https://doi.org/10.1007/s10826-016-0418-5>.
- Liu, D., Chu, C. M., Neo, L. H., Ang, R. P., Tan, M. Y. L., & Chu, J. (2016). Multiple trauma exposure and psychosocial functioning in Singaporean children in out-of-home care. *Psychological Trauma: Theory, Research, Practice, and Policy, 8*(4), 431–438. <https://doi.org/10.1037/tra0000098>.
- McMillen, C., Auslander, W., Elze, D., White, T., & Thompson, R. (2003). Educational experiences and aspirations of older youth in foster care. *Child Welfare: Journal of Policy, Practice, and Program, 82*(4), 475–495.
- Milne, L., & Collin-Vezina, D. (2014). Disclosure of sexual abuse among youth in residential treatment care: A multiple informant comparison. *Journal of Child Sexual Abuse, 23*(4), 398–417. <https://doi.org/10.1080/10538712.2014.896841>.
- Morash, M. (2016). The nature of co-occurring exposure to violence and of court responses to girls in the juvenile justice system. *Violence Against Women, 22*(8), 923–942. <http://dx.doi.org/10.1177/1077801215614973>
- Morgan, D. L., & Krueger, A. (1993). When to use focus groups and why. In D. L. Morgan (Ed.), *Successful focus groups: Advancing the state of the art* (pp. 3–19). Newbury Park, CA: Sage.
- Murray, C., & Malmgren, K. (2005). Implementing a teacher-student relationship program in a high-poverty urban school: Effects on social, emotional, and academic adjustment and lessons learned. *Journal of School Psychology, 43*(2), 137–152. <https://doi.org/10.1016/j.jsp.2005.01.003>.
- National Working Group on Foster Care and Education. (2014). *Fostering success in education: National factsheet on the educational outcomes of children in foster care*. Retrieved from <http://cdn.fc2success.org/wp-content/uploads/2012/05/National-Fact-Sheet-on-the-Educational-Outcomes-of-Children-in-Foster-Care-Jan-2014.pdf>
- Office of Juvenile Justice and Delinquency Prevention. (2013). Statistical briefing book [Data file]. Retrieved from <http://www.ojjdp.gov/ojstatbb/court/qa06201.asp?qaDate=2010>
- Okpych, N. J., & Courtney, M. E. (2014). Does education pay for youth formerly in foster care? Comparison of employment outcomes with a national sample. *Children and Youth Services Review, 43*, 18–28. <https://doi.org/10.1016/j.childyouth.2014.04.013>.
- Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology, 7*, 99–121. <https://doi.org/10.1080/14780880802513194>.
- Perfect, M. M., Turley, M. R., Carlson, J. S., Yohanna, J., & Gilles, M. P. S. (2016). School-related outcomes of traumatic event exposure and traumatic stress symptoms in students: A systematic review of research from 1990 to 2015. *School Mental Health, 8*(1), 7–43. <https://doi.org/10.1007/s12310-016-9175-2>.
- Powell, R. A., & Single, H. M. (1996). Focus groups. *International Journal for Quality in Health Care, 8*(5), 499–504. <https://doi.org/10.1093/intqhc/8.5.499>.
- Rieschler, J., Day, A., & Damashek, A. (2015). Foster care youth share stories of trauma before, during, and after placement: Youth voices for building trauma-informed system of care. *Journal of Aggression, Maltreatment, & Trauma, 24*(4), 339–360. <https://doi.org/10.1080/10926771.2015.1009603>.
- Ryan, B., Bashant, C., & Brooks, D. (2006). Protecting and supporting children in the child welfare system and the juvenile court. *Juvenile & Family Court Journal, 57*(1), 61–69. <https://doi.org/10.1111/j.1755-6988.2006.tb00115.x>.

- Somers, C. L., Day, A. G., Chambers, M. M., Wendler, K. A., Culp, H. A., & Baroni, B. A. (2016). Adolescents in residential treatment: Caregiver and peer predictors of risk behavior and academic performance. *Current Psychology, 35*, 131–141. [http:// dx.doi.org/10.1007/s12144-015-9371-5](http://dx.doi.org/10.1007/s12144-015-9371-5)
- Steiner, H., Silverman, M., Karnik, N., Huemer, J., Plattner, B., Clark, C. E., Blair, J. R., & Haapanen, R. (2011). Psychopathology, trauma and delinquency: Subtypes of aggression and their relevance for understanding young offenders. *Child and Adolescent Psychiatry and Mental Health, 5*, 1–11. <https://doi.org/10.1186/1753-2000-5-21>.
- Stewart, D. W., & Shamdasani, P. N. (1990). *Focus groups: Theory and practice*. Newbury Park, CA: Sage.
- Sussman, S., Burton, D., Dent, C. W., Stacy, A. W., & Flay, B. R. (1991). Use of focus groups in developing an adolescent tobacco cessation program: Collective norm effects. *Journal of Applied Social Psychology, 21*(21), 1772–1782. <https://doi.org/10.1111/j.1559-1816.1991.tb00503.x>.
- Tarren-Sweeney, M. (2017). The mental health of adolescents residing in court-ordered foster care: Findings from a population survey. *Child Psychiatry & Human Development*. <https://doi.org/10.1007/s10578-017-0763-7>
- Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review, 39*(9), 979–994. <https://doi.org/10.1016/j.childyouth.2007.11.019>.
- Undheim, A. M., Lydersen, S., & Kayed, N. S. (2016). Do school teachers and primary contacts in residential youth care institutions recognize mental health problems in adolescents? *Child Adolescent Psychiatry Mental Health, 10*(19), 1–11. <https://doi.org/10.1186/s13034-016-0109-4>.
- United States Department of Education and the U.S. Department of Justice (2014). Guiding principles for providing high quality education in juvenile justice secure care settings. Retrieved from <https://www2.ed.gov/policy/gen/guid/correctional-education/guiding-principles.pdf>
- U.S. Department of Health and Human Services, Administration for Children and Families. (2012). Adoption and foster care analysis and reporting system report. Retrieved From <http://www.acf.hhs.gov/sites/default/files/cb/afcarsreport19.pdf>
- Vincent, G. M., Grisso, T., Terry, A., & Banks, S. (2008). Sex and race differences in the mental health symptoms in juvenile justice: The MAYSI-2 national meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry, 47*(3), 282–290. <https://doi.org/10.1097/CHI.0b013e318160d516>.
- Zelechowski, A. D., Sharma, R., Beserra, K., Miguel, J. L., DeMarco, M., & Spinazzola, J. (2013). Traumatized youth in residential treatment settings: Prevalence, clinical presentation, treatment, and policy implications. *Journal of Family Violence, 28*(7), 639–652. <https://doi.org/10.1007/s10896-013-9534-9>.
- Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies, 9*(1), 87–103.