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## INVESTIGATING RESILIENCY AMONG STUDENTS

# Investigating Resiliency Among Students with Emotional Disturbance Living in Underserved Urban Communities

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### Abstract

The purpose of this article is to investigate resiliency found in students with emotional disturbance who grew up in underserved urban communities and served in therapeutic, residential or day treatment programs. Researchers employed a grounded theory approach using key informant interviews to discover both risk and resiliency factors with the intention of adding to the literature on resiliency for students with special needs. Findings revealed several unique factors based on the resiliency constructs of risk, positive social conditions, positive behaviors, and positive personal qualities. Implications and recommendations for strength-based programming are highlighted.

*Keywords:* resiliency, special education, risk and protective factors, residential treatment, emotional disturbance

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### **Investigating Resiliency Among Students with Emotional Disturbance Living in Underserved Urban Communities**

This article is intended to extend the literature on risk and resilience for children living in urban poverty (Abelev, 2009; Anthony, 2008; Yoshikawa et al., 2012). Specifically, researchers investigated the factors that make up resiliency among elementary, middle, and high school special education students who have the disability code emotional disturbance and who live in underserved urban communities.

According to IDEA (2017), the term emotional disturbance describes a condition by which one or more of the following characteristics are present, over a long period of time, and to a marked degree that adversely affects a child's educational performance:

- An inability to learn that cannot be explained by intellectual, sensory, or health factors.
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- Inappropriate types of behaviors or feelings under normal circumstances.
- A general pervasive mood of unhappiness or depression.
- A tendency to develop physical symptoms or fears associated with personal or school problems.

Unfortunately, students with emotional disturbance continue to struggle with poor secondary and post-secondary performance, including academic, social-emotional, and career outcomes. Students with emotional disturbance typically perform below grade level (Gage et al., 2014), are more likely to drop out of school as compared to their same-age peers, and are more likely to encounter employment difficulties as well as increased rates of incarceration (Wagner & Cameto, 2004).

Given the additional risk factor of poverty, students with disabilities in minority and low-income school districts are also more likely to experience similar adversities as well as require special education services and support (Koseki, 2017). For this reason, it is important to

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understand the combination of disability and poverty in terms of risk, but to also understand the resiliency factors that contribute to why certain students transcend this risk.

Resilience is defined as an individual's ability to bounce back from adverse circumstances while maintaining a level of positive functioning in their lives (Cheek, 2009). This occurs through important societal efforts that seek to reduce risk factors and increase protective factors, given evidence that resilience may be “less an individual trait and more a quality of the child’s social and physical ecology” (Ungar, 2011, p.1).

Researchers used the term underserved communities to refer to *Health Professional Shortage Areas (HPSAs)*. HPSAs are federal designations that indicate health care provider shortages in primary care, dental health, or mental health. In terms of geographic area, HPSAs are typically located in urban or rural communities (Health Resources & Services Administration, 2020). For this investigation, students living in underserved urban communities face a number of associated risk factors, not to mention having a condition of emotional disturbance. It is therefore critical that schools promote programs and practices aimed at reducing this specific combination of risk and increasing any protective factors that may exist. However, it is important to first ascertain the kinds of protective factors that do exist given the unique needs of this population.

This study seeks to broaden the literature on resiliency by developing a qualitative understanding of students with emotional disturbance living in underserved urban communities as seen through the experiences of special education professionals, as well as the lived experiences of former special education students. The method used for this study was a grounded theory approach guided by the research question, “Which factors contribute to the resiliency of students with emotional disturbance living in underserved urban communities?”

Grounded theory is a systematic method in which researchers discover or develop a theory through the collection and analyses of data taken from interviews, observation, focus groups, and the study of artifacts and texts (Corbin & Strauss, 2007). For this investigation, researchers

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sought to discover a number of recurrent and emerging themes taken from a series of open-ended questions, in order to propose a grounded theory about this unique population of students.

## Materials and Methods

### Research Team and Triangulation Procedures.

The research team included a counselor educator employed by a graduate program in School Counseling in a rural community in the Northeastern United States; a graduate student in School Counseling from the same program; and two educational directors from two different non-public, therapeutic, special education schools in two large metropolitan areas of the Mid-Atlantic United States. Techniques to promote trustworthiness and credibility were employed, such as prolonged engagement with participants, peer-debriefing, memoing, individual member checks, and theoretical sampling. The research was granted approval by the Human Subjects Research Committee at the authors' institution as well as the Institutional Review Board representing the special education facilities.

### Participants

Participants included both school professionals as well as former students from two different special education schools in the Mid-Atlantic region of the United States that served students with the disability code of *emotional disturbance*. Demographics are outlined in Tables 1 and 2. The group of school professionals was comprised of fourteen individuals between the ages of 31 and 74 ( $M=44.85$ ). Thirteen of the participants were female (93%) and one was male (7%). Ten participants identified their race as White (72%); two identified as Latina (14%); and two identified as African American (14%). There were five special education teachers (36%); six mental health professionals (43%); one reading specialist (7%); one speech and language therapist (7%); and one administrator (7%). The number of years that participants were employed in the profession was between 5 and 40 ( $M=17$ ). All were currently employed in schools that served students primarily coded with emotional disturbance.

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**Table 1**

*Participant Demographics*

Variable	School Professionals		Former Students	
	Range	Mean	Range	Mean
Age	31-74	44.85	22-27	24.2
Years of Experience	5-40	17	n/a	n/a
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Gender				
Male	1	7%	5	71%
Female	13	93%	2	29%
Ethnicity				
Caucasian	10	72%	0	-
African American	2	14%	7	100%
Latina	2	14%	0	-
Professional Role				
Special Ed Teacher	5	36%	n/a	n/a
MH Professional	6	43%	n/a	n/a
Other specialist	2	14% <i>%</i>	n/a	n/a
Administrative	1	7%	n/a	n/a

The group of former special education students was comprised of seven individuals between the ages of 22 and 27 ( $M=24.2$ ). Five participants identified as male (71%) and two identified as female (29%). All identified their race as African American. All were gainfully employed. All lived and grew up in an underserved urban community, had previously attended one of two schools participating in this investigation, and were considered, by the school professionals who knew them, as resilient given a definition that was provided. All students had a disability of emotional disturbance.

**Procedure**

Recruitment occurred by contacting two non-public, therapeutic, special education schools serving students with emotional disturbance, one

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a day school that provides special education to students ages 6-21 and the other a comprehensive special education school and residential treatment center for youth 12-18. Both schools are considered therapeutic in that they provide a continuum of services within a therapeutic milieu to students, including small class sizes; individual, group, and family therapy; psychiatric services; occupational therapy; vocational and independent living skills; transition services; and therapeutic recreation. Both schools grant high school diplomas and require service learning as a graduation requirement.

Researchers used convenience sampling procedures to obtain the sample participants who met the inclusion criteria for the study. For the school professionals, this meant that they needed to be employed as a special education professional, which included: (a) special education teacher; (b) reading specialist; (c) mental health professional; (d) transition coordinator, (e) speech and language therapist; (f) paraprofessional; (g) psychiatrist or psychiatric nurse; (h) occupational therapist; or (i) school administrator. School professionals must have also worked with students with emotional disturbance who lived in an underserved urban community. Exclusion criteria for the study included school professionals who were employed as administrative assistants or support staff.

For the group of former special education students, inclusion criteria required that they had lived and grew up in an underserved urban community; had previously attended one of the two schools participating in this investigation; had the disability code of emotional disturbance; and had been considered by the school professionals who knew them as resilient given the definition.

### **Participant Safeguards**

Participants were provided with informed consent advising them that the investigation posed minimal risk, participation was voluntary, and they could withdraw from the study at any time without any penalty. Participants were provided with the contact information for the Principal Investigator, chair of the Human Subjects Research Committee, and chair of the Institutional Review Board; in addition, participants were informed that the interviews would be recorded and transcribed, kept securely on a

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password protected computer, and that after the recordings were transcribed, they would then be destroyed. Informed consent was obtained from all individual participants included in the study.

### Data Sources

Sources of data included a demographic survey as well as a semi-structured interview, the *Youth Resilience Interview Guide*, a procedure that was developed by The Resilience Research Centre (Ungar et al., 2007) and adapted with permission for this investigation. The interview guide was developed with the goal of establishing consistency of data collection across various research sites. It comprised several catalyst questions, which were as follows:

1. *What kinds of things are most challenging for children and youth growing up in this area?*
2. *What social conditions make it possible for these students to flourish when they have grown up with such difficulties?*
3. *What do resilient children and youth do to survive and grow up well here, despite poverty and the many other problems they face?*
4. *What personal qualities make it possible for these students to flourish when they have grown up with a great deal of difficulties?*
5. *Can you share with me a story about a specific student who grew up well in this community despite facing many challenges? How did this child manage to overcome these challenges?*

### Data Collection

Data collection involved interviews with both school professionals and former special education students using the semi-structured interview guide. A definition of resilience (Cheek, 2009) was provided at the beginning of each interview in order to establish consistency across all interviews. Interviews lasted approximately 30-45 minutes each and were audio taped, transcribed, and edited for accuracy. Peer-debriefing,

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memoing, and member-checks were employed to increase triangulation, improve respondent validation, and acquire feedback for the development of emerging themes. The inclusion of both school professionals and former special education students was intended to increase validity by informing the results from different perspectives, thus promoting deep saturation. Data-collection concluded as a result of sufficient data redundancy and achievement of thick description of emerging themes.

### Data Analysis

Researchers engaged in a four-step process in analyzing the data. First, researchers facilitated an open coding procedure for each line of every transcript as a way to identify key phrases and concepts as possible categories. Next, researchers conducted peer-debriefing in order to begin consensus coding, which involved memoing and a review of the open-coding procedure. This step allowed researchers to identify categories in order to move into the third step, focused coding. Through the focused coding procedure, researchers were able to further reduce the data into more meaningful groupings, allowing researchers to identify a more condensed set of potential themes and theoretical constructs of resilience. The fourth step involved researchers conducting member-checks followed by a final round of peer-debriefing in order to establish consensus for what were to be an agreed upon set of ten themes across four theoretically meaningful categories (Corbin & Strauss, 2007).

Given the qualitative procedures employed as well as the structure of the Youth Resilience Interview Guide (Ungar et al., 2007), researchers determined that the four theoretically meaningful categories were: (1) risk factors; (2) positive social conditions; (3) positive behaviors; and (4) positive personal qualities. In terms of gaining consensus on risk and resiliency themes, researchers first discovered 20 emerging themes as a result of the initial open coding procedure. Following the procedures of consensus coding, focused coding, member checks, and peer debriefing, this number was eventually reduced to nine and subsequently situated by researchers within the appropriate theoretically meaningful category.

The themes include the risk factors of poverty, violence, and family instability; the positive social conditions of a therapeutic school

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setting and healthy adult role models; the positive behaviors of connecting with adults and attending school consistently; and the positive personal qualities of optimism and social maturity (see Table 2 for results).

**Table 2**

*Results*

<b>Risk Factors</b>	<b>Positive Social Conditions</b>	<b>Positive Behaviors</b>	<b>Positive Personal Qualities</b>
Poverty	Therapeutic school setting	Connecting with adults	Optimism
Violence	Having adult role models	Attending school consistently	Social maturity
Family Instability			

## Results

### Risk Factors

*Poverty:* Participants described poverty as a terrible hardship on special education students who live in underserved urban communities. These students had parents who either did not work, had low paying menial jobs, or relied on inadequate public assistance. Students’ basic needs were seldom met, as many simply did not have food or money. A school counselor described:

*These kids don’t eat breakfast, they don’t have lunches or a lot of food in the house and we tend to see them act out because of this. Poverty has an interesting trickle-down effect...behavior problems will occur, and later we find out that the parent lost their job.*

*Violence:* Another challenge for youth living in urban underserved communities is the violence they experienced in their neighborhoods. The

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neighborhoods were unsafe due to gang activity, drugs, and prostitution. Many students described being afraid to go outside or were simply not allowed to, which confined them to their home. A teacher shared:

*One student of mine couldn't do a homework assignment on the phases of the moon, and was in tears over it. The reason was that he was not allowed to go outside at night because his mom said it was too dangerous.*

A former student also stated:

*You see so many "Rest-in-Peace" shirts and tattoos; they're everywhere in my neighborhood. Everywhere you go someone has a t-shirt symbolizing their lost friends. Me too.*

*Family instability:* This challenge was described as a lack of family structure, such as single parents, inconsistent parenting, abandonment, substance use, and an unpredictable and often chaotic home environment. In many families, the siblings raised each other with little parental supervision. A social worker stated:

*The most challenging thing is for children to be children – living with a whole slew of people in one house – the child gets lost. Other parents have to work so much that the children are often by themselves.*

A reading specialist remarked:

*It also seems that the students are expected to care for themselves at an earlier age – they have to learn to be self-sufficient because adults are simply not as present given so many other difficulties.*

### Positive Social Conditions

*Therapeutic school setting:* Participants equated a therapeutic school setting with a sense of community. These schools have important programs such as early prevention and intervention, mental health counseling, academic support, and opportunities to improve social competence. In addition, a sense of community was described as having good relationships between staff and students, parent involvement, peer

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support, and an overall structure of clear rules and expectations. A former student stated:

*Me and others who made it were the ones who were involved in the school – we took advantage of what it offered. The therapeutic community made this possible.*

A teacher also stated:

*While a positive school setting has supportive relationships among everyone, schools must have consistency, that is, follow-through with rules, expectations, and holding students accountable, not only to themselves but to their peers as well.*

*Healthy adult role models:* Not surprising, healthy adult role models were seen as important in these students' lives. They were described as those individuals who believed in students and who were supportive, reliable, and positive. Further, participants saw as important, an adult who could nurture the talents and gifts the student may have or potentially have. A vocational teacher indicated:

*It's important to develop a positive relationship with someone somewhere – school or community – it doesn't matter. Many don't have positive relationships at home, so they have to get it here. I feel proud that I was able to help someone find her gift through the culinary program – I think through the kitchen there was the symbolic idea of nourishment which helped her give to others and really helped her self-esteem.*

### Positive Behaviors

*Connecting with adults:* Participants described resilient children as those who have the ability to attach and form good relationships with healthy adults, role models, parent figures, and mentors. They were able to reach out to, talk with, and essentially access the supports they needed.

*They have the ability to elicit caring and nurturing responses from adults here at school. Part of it is we do a good job, however, there is something more that they possess, that is within them – they respond when we help them, which makes us want to help them*

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*even more. It seems to be their desire to attach – they want us to give them a chance – and we easily do.*

*Attending school consistently:* Despite the struggles, resilient students still managed to come to school. School was seen as a place where they were comfortable and where they got many of their needs met. Participants noted that having healthy relationships and an interest in learning, even if it is just one subject or activity, reinforced student attendance.

*Their attendance is good because we provide for their basic needs – food, security, shelter...six hours/day. They also get their mental health taken care of; they feel important and understand that somebody cares. We make it a point to know every student and each of their families, as opposed to a large public school where that can be more difficult. Meeting their basic needs tends to open a lot of doors for students. When those needs are met, they continue to come to school.*

### Positive Personal Qualities

*Optimism:* A positive attitude or optimism was noted for resilient students. They were described as friendly, caring, willing to please, and goal oriented. Further, these students tended to have the ability to separate themselves from negative situations or people. A teacher noted:

*These are the kids who come in with the code of the street but were able to give it up. They see beyond their noses – they look beyond what is in front of them – they dare to step out and notice who they want to follow in terms of a model. These students have a sense that they can and will do better.*

A school administrator also stated:

*A number of these students have a sense of hope – they can live in their community but don't have to be a part of the violence and other negativity. They know how to distance themselves, and from time to time are able to walk away.*

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*Social maturity:* These students were described as precocious in a lot of ways – they were more comfortable in conversations and interactions with adults than their peers. At the same time, they were seen as very helpful with their peer group. Both school professionals and former students described how giving back, or altruism, was important to their resiliency.

*These kids have a desire to help other people and recognize when others are experiencing what they've experienced. They give back in some way – they want to share and try to help others get over the hurdle – and that's really fascinating to watch.*

### Discussion

The following discussion will highlight the resiliency factors of students with emotional disturbance who live in underserved urban communities, as identified by school professionals and former special education students. Having knowledge of these factors can help school professionals put in place the necessary supports and programming that can foster resilience. In pursuing the factors of resiliency among this population, a grounded theory of *risk factors, positive behaviors, positive personal qualities, and positive social conditions* emerged from interviews of both special education professionals and former students identified as resilient. Using specific qualitative procedures previously described, these four theoretical constructs led to the discovery of several common themes for each construct.

The four theoretical constructs were identified based on items from the Youth Resilience Interview Guide (Ungar et al., 2007), and this protocol deserves much credit to the investigation. The question “*What kinds of things are most challenging for children and youth growing up in this area?*” allowed researchers to listen for and discover risk factors, ultimately reducing the data to the common themes of poverty, violence, and family instability. This question was a necessary first step in the data collection as it allowed participants to reflect on risk before describing what would eventually emerge as resiliency themes across the other constructs of *positive social conditions, positive behaviors, and positive personal qualities*.

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Similarly, the question *“What social conditions make it possible for these students to flourish when they have grown up with such difficulties?”* allowed researchers to determine that a therapeutic school setting and healthy adult role models contributed to the resiliency of the students with special needs that were known to the participants in this study. The question *“What do resilient children and youth do to survive and grow up well here, despite poverty and the many other problems they face?”* allowed researchers to listen for and discover specific positive behaviors of resilient children and youth, such as connecting with adults and attending school consistently. Finally, the question, *“What personal qualities make it possible for these students to flourish when they have grown up with a great deal of difficulties?”* allowed researchers to discover that children and youth who overcame adversity were generally more optimistic and socially mature than those who were less able to overcome difficulties.

The discovery of poverty, violence, and family instability as risk factors has important implications on what types of programming schools should employ. Given that these particular themes are considered adverse childhood experiences (Felitti et al., 1998), schools would be wise to address these with a therapeutic component. It should come as no surprise then that, among the positive social conditions found in this study, the themes of a therapeutic school setting and healthy adult role models would be significant to promoting resiliency in a child’s life. The schools in this study are in fact considered therapeutic and utilize models such as the therapeutic community along with trauma-informed care.

The therapeutic community is a model in which students with special needs are provided with structure, a sense of empowerment, and a climate of positive peer support (Curtin, 2010). Schools such as these offer a continuum of programming, including positive behavioral interventions and supports (Sugai & Horner, 2002), career/transition planning, family engagement, and school-based mental health. Therapeutic schools with trauma-informed care are those that utilize a multi-tiered framework (universal, secondary, and tertiary) that provides targeted supports for all learners, particularly evidence-based interventions (Overstreet & Chafouleas, 2016).

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These schools also have educational professionals who are trained to establish healthy relationships with students, recognize any signs of trauma and stress, respond empathically to student needs, and provide effective prevention and intervention strategies. Having well-trained, healthy adult role models in therapeutic schools highlights the importance of both positive social conditions found in this investigation.

Turning to positive behaviors, researchers discovered that resilient children are those that connect with adults and attend school consistently. These factors suggest a reciprocal relationship in that students who have healthy, supportive connections with school staff are also likely to have good attendance. Broadly speaking, resilience is built on strong relationships, and the school is well-positioned to play a vital role in this area. While the existence of a safe, supportive, and therapeutic climate is indeed beneficial, schools are encouraged to implement programs and practices that help students develop stronger connections with their peers and staff. In addition, schools are encouraged to adopt practices that reinforce attendance, by providing clear academic expectations while promoting academic competence, self-determination skills, and extracurricular activities students enjoy (Harvey, 2007).

Finally, optimism and social maturity emerged as common themes for the category of positive personal qualities, and both have important implications for practice. Participants described optimistic students as friendly, caring, willing to please, and goal oriented. In addition, these students are able to set and maintain appropriate boundaries when faced with negative situations and/or peers. Remarkably, they are able to live among violence yet not be a part of it, owing to their focus on the future and their ability to engage with positive peers at school. Researchers recommend that schools implement evidence-based programs and practices that focus on maintaining a climate of positive peer support. At the elementary level, this includes programs such as *Caring School Community* (Battistich et al., 2004); *Open Circle* (Hennessey, 2007); and *The Responsive Classroom* (Rimm-Kaufman & Chiu, 2007); while at the middle and high school levels, *Responding in Peaceful and Positive Ways* (Farrell et al., 2001); and *Student Success Skills* (Lemberger et al., 2015).

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The theme of social maturity describes students who have positive social skills, enjoy helping others, and are comfortable interacting with adults. These youths in particular displayed a sense of altruism by giving back to the school and their community in some way. Schools can capitalize on this by developing opportunities for this kind of school and community engagement. Peer mentoring programs and service-learning projects are such opportunities and should therefore be considered. Peer mentoring connects older students with younger students and offers a wealth of benefits for both the mentor and mentee. In a review of 40 studies, Lindsay and Munson (2018) discovered a number of promising outcomes mentoring programs may have for students with disabilities, including improved academics, employability, self-esteem, self-efficacy, self-determination, self-advocacy, social and emotional support, self-confidence, sense of community, and overall life skills.

Service-learning is a practical and experiential approach to education that gives students opportunities to engage in and give back to their community while reflecting on societal needs (National Youth Leadership Council, 2020). In a review of the literature, service learning has shown to demonstrate a positive impact on a variety of areas for students, schools, and communities, including personal and social development, civic responsibility, academic learning, and career development (Billig, 2000). In addition, service learning has been found to be particularly effective on work performance for students with emotional and behavioral disorders (Curtin & Garcia, 2011).

Overall, despite the risk factors of poverty, violence, and family instability that was discovered in this investigation, participants found a variety of important protective factors that, when analyzed, can provide a means to develop and implement programs and practices that promote these protective factors. Specifically, schools should strive to: 1) provide a therapeutic model with well-trained, trauma-informed staff; 2) develop and maintain a climate that fosters healthy student-staff connections and positive peer support; and 3) adopt programs that reinforce attendance, provide clear academic expectations, and allow students to give back to their school and community.

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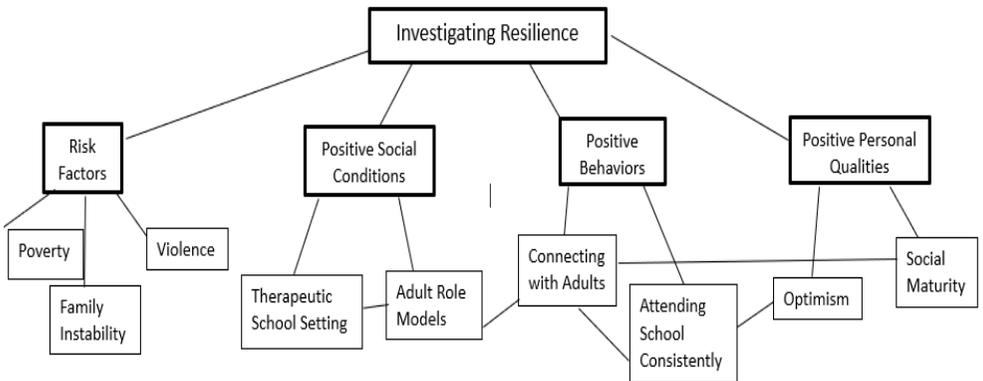
## Limitations and Implications for Research

The combination of the lived experiences of former special education students along with school professionals allowed investigators to consider the results from multiple perspectives, thus promoting deep saturation and overall validity. However, the study's sample was less diverse among the two different groups of participants. School professionals participating in the study were predominantly Caucasian (72%), which is close to the national average of special education teachers (74.6%), and female (93%), while the former special education students in this study all identified as African American (100%), an over-representation as compared to the national average of 16 percent (Riser-Kositsky, 2019). Further research should involve a more diverse sample of school professionals as well as former special education students.

In addition, sampling was limited to two different non-public, therapeutic, special education schools in large metropolitan areas of the Mid-Atlantic United States. Thus, the results are not necessarily generalizable to students with emotional disturbance living in underserved urban communities in other parts of the United States, as well as student with emotional disturbance in public school districts.

**Figure 1**

*Illustration of interplay of resiliency factors*



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An interesting aspect of this study lies in the potential interplay among resiliency factors (see Figure 1). For example, the positive behavior of connecting with adults seems to have a noticeable relationship with the positive personal quality of social maturity not to mention the positive social condition of having healthy adult role models. Furthermore, despite the potentially traumatic risk factors of poverty, violence, and family instability, attending a therapeutic school was found to be an important contributor to resiliency. This should come as no surprise given how important school-based mental health has become for children and youth.

### **Conclusion**

Results of the investigation revealed several themes pertaining to specific risk and protective factors unique to students with emotional disturbance living in underserved urban communities. These factors are important given how the additional risk factor of having a mental health disability should inform treatment. The results not only contribute to a better understanding of this population, but also raise awareness for recommended strength-based programs and practices in schools that better support overall student success.

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