THE USE OF SCHOOL-BASED THERAPY TO ENHANCE STUDENT ACHIEVEMENT
Zack Schwartz has been with Sage Day since 2004. He is responsible for oversight and supervision of all Sage In-District programs in NJ. He recently completed his post-graduate training to become a certified psychoanalyst.
Frank Harvey has worked in the mental health field since 1986. He has been employed at Sage Day since 2015 as a Clinical Supervisor at Great Oaks Legacy Charter School in Newark, NJ. He received his BA in Psychology from Ramapo College and his MSW from Rutgers University.
The Sage Day Schools are private, accredited, therapeutic schools located in Boonton, Mahwah, Rochelle Park and Hamilton, NJ for students in grades 4 through 12 who need a small, personalized learning environment. We complement our strong academics with a comprehensive clinical program in which intensive individual, group and family therapy are fully integrated into the school curriculum.
AGENDA

History/evolution of school-based therapy

Emotional and behavioral issues in the classroom

Teacher perspective on school-based therapy

Successful integration> How it works

Case Presentations and Examples

Inside the school-based therapist’s office

Outside the school-based therapist's office

Quantitative Data

Qualitative Data

Q&A
During the Progressive Era, mental health was introduced into schools.

School-Based Health Centers institutionalized 45,000 nurses in schools.

Students sent to mental health clinics (vs schools).

Special education programs became mandatory through IDEA.

Comprehensive Mental Health Services for Children & Families Program.

Proliferation of school-based mental health programs.

Emotional problems interfere with academic success.

Origin of Sage In-District Services.

Evolution of School-Based Mental Health Timeline.
Evolution Of School-Based Therapy: Statistics

- Surgeon General report: 1 out of 5 students (20%) in U.S. have a psychiatric, emotional, or behavioral disorder. Only 1 out of 4 of these same students (25%) are receiving treatment for it.

- Emotionally Disturbed classification increased by 25% from 1976/77 (283,000)-2013/14 (354,000).

- In 2014-15, the number of children and youth served by special education 6.6 million, or 13% of total public school enrollment.

- Multiply Disabled classification which didn't exist in 1976/77 increased to 2013/14 (132,000).

- Still need to reduce the stigma of classification, mental health & school therapy.
Evolution of School-Based Therapy: Defining Continuum of Care

- School-Based Drop-In Counseling (lowest)
- Outpatient Therapy
- Comprehensive
- School-Based Therapy

C O U N S E L I N G  v s  T H E R A P Y
What Is Comprehensive School-Based Therapy?

**Therapy**
- Ongoing, scheduled individual, group, and family therapy, crisis, drop-in therapy

**Observation**
- Classroom and lunchroom observations

**Outside Support**
- Home visits and proactive involvement

**Personnel Support**
- Consultation, In-service presentations, clinical documentation

**Coordination of Care**
- Communicating with range of outside providers

**Flexibility**
- Availability before and after school hours as well as summer availability
Emotional & Behavioral Issues In The Classroom

Indicators For School-Based Therapy

- Anxiety
- Oppositional
- Impulsivity
- Trauma
- Depression
Indicators For School-Based Therapy Referrals

- ADHD: 4.6%
- Anxiety: 15.7%
- Autism Spectrum Disorder: 6.2%
- Depression: 19.2%
- Gender Dysphoria: 0.2%
- Impulsive Behavior: 10.4%
- Mood Dysregulation: 2.1%
- Oppositional Defiant: 12%
- Reactive Attachment Disorder: 0.2%
- PTSD: 0.5%
- School Refusal: 5.5%
- Social Adjustment: 14.8%
- Other: 8.6%
Emotional And Behavioral Issues In The Classroom: Barriers To Success

- Barrier analogies to illustrate blockages
  - Therapists=psychological landscapers, painters, plumbers
- Emotional or behavioral barriers often comes from unmet need being acted out
  - Address barriers and understand them, before expecting something from students
- **Dysregulation**- Children and adolescents need to develop emotional regulation for academic success (emotionally disoriented)
- **Affective Filter Hypothesis**- Stephen Krashen (language acquisition) complex of negative emotional and motivational factors that interfere with the reception and processing of input
- Don’t put cart before the horse
Current research emphasizes the interdependence between Cognition and Emotion in ways that challenge a simple division of labor into separate cognitive and emotional domains.

- Emotion is the on/off switch for learning
  - If a thought and a feeling are travelling on the same neuropathway, it is the feeling that has the preemptive right of way

- Emotional age vs chronological/cognitive age

- 2015 study: Elementary school mindfulness and meditation program produced positive school outcomes with improved cognitive control, working memory and cognitive flexibility
Teaching Faculty Perspective
Factors For Student Success

- Establishing an understanding about student leaving classroom
- Meetings including teacher, student and therapist
- Collaborating about effective strategies and accommodations
- Liaison between faculty and administration
Successful Integration

HOW IT WORKS

- Assessment, intervention, coordination, consultation, training, triage
- Student Domino Effect
- School-based therapy program permeates school culture by putting greater emphasis on overall well-being of child
- Help in maintaining of students in classroom and school overall>emotional rehydration
Inside The Therapist’s Office
DIRECT SERVICES

Individual Therapy

Gaining greater insight into, and a deeper understanding of, behavior/feelings/thoughts through individualized interventions:

- Joining/Relationship Building
- Exploring Transference
- Increasing Coping Skills
- Tracking of Events
- Identifying Triggers
- Anger Management
Group Therapy
Developing and maintaining group cohesion/trust – (ice breakers, group rules) as an ongoing process.

Group Types

• Cognitive Behavioral Therapy
  • Thought/feeling/behavior connection

• Anger Management
  • Identify triggers through tracking
  • Reframing
  • Coping skills
  • Self-expression, healthy assertiveness

• Psychoeducation- Didactic, informative

• Process Group
  • Using student interactions/enactments as assessment/intervention
Family Therapy
Structural Family Therapy addresses family dynamics that maintain/contribute to unwanted behavior.

- Family engagement
- Ongoing partnership
- Referral to needed resources
ANCILLARY SERVICES

- Crisis Intervention
- Triage & Assessment
- Proctor Testing
Outside The Therapist’s Office
INDIRECT SERVICES

Collaboration With Service Providers
DCPP
CMO
Legal
Outpatient Providers

Staff Support
Collaboration with CST
Ongoing Psycho-Education
Classroom Strategies
Case Examples

**Student TM:** Ongoing, chronic conflict with teacher(s), failing

- **Individual:** Joining > challenging behavior/cognitive distortions > permission to include teacher
- **Staff support:** Met with teacher to validate/empathize and explain transferential phenomenon > partnering
- **Collaboration:** Ongoing with teacher and student (explored transferential dynamics contributing to behavior)
- **Outcome:** Compromise, dramatic decrease in conflict with teacher, promoted to 8th grade

**Students AB & NV:** Ongoing Oppositional/defiant

- **CBT Group:** Thoughts/feeling/behavior triad
- **Individual:** Joining, reinforce CBT and provide support, challenge cognitive distortions
- **Collaboration:** Ongoing with teacher to advise on skills being taught and to develop partnership
- **Outcome:** Students support each other “in-the-moment” to reduce negative behaviors

**Student EP:** Socially isolated, verbally/physically threatening, enmeshed with mother

- **Individual:** Build trust, self-expression, explore past school experience,
- **Family:** enmeshment with mother, expectations and consequences
- **Collaboration:** Ongoing with teachers/tutors/administration, expectations/consequences
- **Outcome:** See below
## Quantitative Data

<table>
<thead>
<tr>
<th>School</th>
<th>2015-2016</th>
<th>2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students Served</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Individual and Group)</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>46</td>
<td>35</td>
</tr>
<tr>
<td>High School</td>
<td>49</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95</strong></td>
<td><strong>89</strong></td>
</tr>
<tr>
<td></td>
<td>Individual Sessions</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>606</td>
<td>704</td>
</tr>
<tr>
<td>High School</td>
<td>430</td>
<td>214</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,036</strong></td>
<td><strong>918</strong></td>
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<tr>
<td></td>
<td>Drop Ins Sessions</td>
<td></td>
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<tr>
<td>Middle School</td>
<td>136</td>
<td>89</td>
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<tr>
<td>High School</td>
<td>83</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>219</strong></td>
<td><strong>189</strong></td>
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<tr>
<td></td>
<td>Family Sessions</td>
<td></td>
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<tr>
<td>Middle School</td>
<td>14</td>
<td>78</td>
</tr>
<tr>
<td>High School</td>
<td>22</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>83</strong></td>
</tr>
</tbody>
</table>

***NOTE: When calculating the above yearly total comparisons, the 2016-2017 High School clinician began work on 2/1/17 (15 weeks).***
## Qualitative Data (2015-2016)

<table>
<thead>
<tr>
<th>Student</th>
<th>Presenting</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student A</td>
<td>• Chronic behavioral difficulties</td>
<td>• Individual therapy 2x/week</td>
<td>• Achieved second highest growth in SRI scores for the 8th grade</td>
</tr>
<tr>
<td>8th Grade</td>
<td>• Failing all classes</td>
<td>• Weekly anger management group</td>
<td>• Moved to High School</td>
</tr>
<tr>
<td></td>
<td>• At risk for expulsion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student B</td>
<td>• Angry outbursts</td>
<td>• Individual therapy 2x/week</td>
<td>• Achieved the highest growth in SRI and SMI scores in the 3rd Trimester, compared to first Trimester</td>
</tr>
<tr>
<td>6th Grade</td>
<td>• Threatening behavior</td>
<td>• 2x/week</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Poor social skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student C</td>
<td>• Self-harming behavior</td>
<td>• Group therapy 1x/week</td>
<td>• No self-harming during the course of the group</td>
</tr>
<tr>
<td>8th Grade</td>
<td></td>
<td></td>
<td>• All 4 moved on to GOL High School.</td>
</tr>
</tbody>
</table>
Each student begins week with 100 points. Positives and negatives accumulate throughout the week. Student receives detention for a score of 85 or below.

Short term Comparative Results
(9/5/16-11/11/16 and 11/14/16-2/3/17)
63.2% (12/19 students) showed an overall reduction in negatives and/or increase in positives from time period one to time period two.
Qualitative Data (con’t)

Student A: Reduced daily negatives by 50%; from 14 to 7 per day.

Student B: Reduced daily negatives from 10 per day to 2 per day in the respective periods.

Student C: Increased average weekly character grade from a 75.7 average to an 86.2 average.

Student D: Increased average weekly character grade from a 24 to a 60 average.

Student E: Decreased average daily negatives from 4.13 per day to 1.7 per day.
Long term - 16 week period comparison  
(9/1/16-12/15/16 and 3/2/17-6/15/17)

**Student A:**

Improved behavior (less impulsive, reduced anger, fewer “send-outs”)
- AEB: average weekly character increased from 81.4 to 89.

Significant increase in grades, (comparing averages of trimester 1 and 2 grades against his trimester 3 grades).

- Math: T1/T2 average = 60..... T3 grade =90.
- Social Studies: T1/T2 average = 66..... T3 grade =74.
- Reading: T1/T2 average = 68......T3 grade= 76
- Writing remained at a 74 for both periods.

**Student B:**

**Classified student:** referred (6th grade) for Sage services- May, 2015
- peer conflict, disrespect staff, poor impulse control, failing
- 2x/week individual therapy

**Initial IEP quote**
**End of 2017 progress:** comparing two 16 week periods
- Weekly character grade average: 83.8> 95.3

**IEP update June 2017:** Teacher testimony
- Dramatic behavioral improvement
- Praised for academic performance

**September 2017**
- Invited to become mentor for 6th grade
Survey Results

Have you seen improvement in particular student(s) since the beginning of Sage In-District Services?

- 75% said Yes
- 8% said No
- 16% said N/A
References

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• Dr. William K. LarkinThe Applied Neuroscience Blog (2015)

