



Sage Foundations: *Reflections on 20 Years of
Therapeutic Education that Transforms*



Table of Contents

Foreword	2
Laying the Foundation	6
<i>Twenty Years of Change</i>	7
<i>Laying the Foundation for a Learning Community</i>	8
<i>Building Resilience: Getting Students Ready for the World</i>	12
<i>The Importance of Early Intervention</i>	17
<i>Shoring up the Foundation</i>	19
Therapeutic Education	20
<i>Therapeutic Education that Transforms</i>	21
<i>How Therapeutic Depth Builds Relationships and Relatedness</i>	24
<i>Therapy: The Road to Resilience</i>	27
<i>Therapeutic Depth: Reaching Beneath Symptoms</i>	29
<i>The Clinical Approach to Therapeutic Education that Transforms</i>	29
<i>Six Signs Your Student May Need a Therapeutic School</i>	32
<i>When Therapeutic Education is the Best Fit</i>	35
<i>Four Ways We Associate Support with Sage Day</i>	37
Support for Students and Parents	40
<i>From Surviving to Thriving</i>	41
<i>Helping the School Avoidant Student</i>	42
<i>Why Home Instruction is Not the Answer for School Avoidance</i>	46
<i>Case Examples</i>	48
<i>Giving Students a Meaningful Advantage</i>	50
<i>Preparing Students for Life after High School</i>	51
<i>Helping the Self-injuring Child</i>	54
<i>How Schools can support Transgender Students</i>	58
<i>Getting to “No” You</i>	62
<i>Marijuana and the Screw-Its</i>	64
<i>Standing Firm</i>	66
Support for Districts	70
<i>Successful Transition from Therapeutic School to Public School</i>	71
<i>Sage Thrive Therapeutic Services</i>	74
<i>Six Benefits of Having a Sage Certified Clinician in Your School</i>	76
<i>Why Sage Day Chooses to be a Non-Approved School</i>	77
<i>Naples Act</i>	81
Looking Ahead	84
<i>The Next 20 Years</i>	85
About Sage Thrive	90
Sage Day Leaders	91

Sage Foundations:
*Reflections on 20
Years of Therapeutic
Education that
Transforms*



Foreword

By Mary Rose Scalo, Ed.D.

“The ultimate aim of the quest must be neither release nor ecstasy for oneself, but the wisdom and power to serve others.”

—Joseph Campbell

The 2017-18 school year marks my 40th year in the field of education. After retiring from my public school role as a Director of Student Support Services, I was offered the opportunity to work as a principal at Sage Day Boonton. The prospect of working with the Sage Day team was particularly alluring to me because of the experiences I have had collaborating with Sage in the past.

My first impressions of Sage were as a child study team case manager. Students who refused to attend school, felt too anxious or depressed to go to school, and felt isolated from or intimidated by their peers were able to meet with success at Sage. After meeting with Executive Board members John Reilly and Christopher Leonard, I began to understand why Sage Day made such a difference in these students' lives. Both Mr. Leonard and Mr. Reilly are strongly committed to the integration of social-emotional and academic learning. Their combined mentorship of the therapeutic and instructional leadership of the Sage Day schools serves to support and promote the growth of the staff as well as the students.

In my current role as the principal of Sage Day High School in Boonton, I have been able to gain a deeper understanding into the key components that sets Sage apart from other schools.

Collaboration

Collaboration—between schools, IEP teams, and parents—can often be difficult. Special education legislation can sometimes lead to an adversarial relationship between schools and parents, making both sides hostile and wary. Adding to the problem, the IEP team is often two teams working at odds when they should be working together. However, if you actively and deeply listen to parents, you may

learn more than any formal test or evaluation can tell you. To that end, a major way Sage Day distinguishes itself from other schools is by offering family therapy. This service allows opportunities to gain deeper insights into what is going on at home as well as reveal emotional and social issues that may not surface in other settings. When parents are coming to school once a week for therapy, they become a part of our family. Getting the parents involved in this way allows us to build a stronger relationship with our families, establish mutual trust, and truly work as a team. Ultimately, school and home have the same goal. We want the student to be successful.

Self-Determination

IDEIA mandates that students participate in the IEP process when they turn fourteen. It has been my experience that students are ill-prepared to participate in these meetings, which are often intimidating to the adults and may be overwhelming to students. This is unfortunate, as it is most often the case that the students say very little in an IEP meeting, and yet they have so much to tell us. What is an IEP meeting if not the discussion of the student's future?

The developmental psychologist, Lev Vygotsky, noted nearly a century ago that, "The chief principle upon which our schools are based is that education is considered as a part of social life; school is an organization where children participate in the life which surrounds them. The bringing up and education of children must proceed within society, through society and for society." Although this may be the intention of schools, it is often not the reality for too many students. The Sage Day program promotes student engagement by devoting time for students to develop the social and self-determination skills required for meaningful engagement in social situations. This is accomplished by balancing the importance of individual and group therapy with traditional academic instruction. The therapeutic school model of Sage Day underscores the importance to providing students with the guidance and social opportunities they need to become meaningful participants in the discussion of their lives and their futures.

Personalization

Students come to Sage Day schools from a variety of placements including public school, private school, residential programs, home school, and home instruction. These students cannot be simply categorized by grade or age, as they have a wide

range of academic backgrounds. Therefore, rather than simply enroll a student into a pre-existing program, we consider during the intake process what each applicant requires and how we can best design a program to meet that student's needs. This may involve including online classes, classes at a local college, community-based instruction, independent study, and/or introducing new course offerings. Course offerings, particularly in the elective areas, change yearly based on student interest, talents, and needs.

In his book *Creative Schools* (2015, p. 140), Ken Robinson notes, "Many young people now suffer from stress, anxiety, and depression in school. For some, these feelings are caused by school itself and, for some, by their lives outside." Sage Day Schools recognize the urgency of meeting the needs of this student population. Sage Day has learned that if we are going to meet the needs of our 21st-century student population, we need to think differently about what we teach. The Sage Day model continues to develop and adapt to our changing world in an effort to provide a different model for schools—a model that relies on mentoring, collaboration, listening, and believing that there is a better way to prepare and educate our youth.

I am deeply thankful to the Executive Board at Sage Day for allowing me to be a part of the magic they do every day providing students with a "therapeutic education that transforms." It has been my great privilege to serve.

Chapter **7**

*Laying the Foundation
for a Learning
Community*



20 Years of Change

As we celebrate 20 years of Sage Day, the need for a school like Sage is as present now as it was in 1997. Many of the reasons children and their families seek out a therapeutic school today are the same, but the presentation of those problems continue to change and the challenges are evolving with the times.

Twenty years ago, the internet was not an omnipresent part of life. Only few had cell phones and now only few don't. We carry around in our pockets a powerful tool for both good and bad. While the internet has opened up the world in many positive ways, there are some dark realities that we must all contend with. Bullying, which was limited to mostly face-to-face interchanges witnessed by a few, now can be done 24/7, anonymously, viciously, and publicly.

Privacy has new ways of being violated and people can be exposed to all sorts of information: pictures of worlds that were previously difficult to access and ideas presented in ways that are numb to civility. The 24-hour news cycle presents world events in ways that make one feel that the world is less safe than ever, when in truth, the stability of the world has always been quite tenuous. There is no getting away from the constant barrage of stimuli and few are able to cut themselves off from the overstimulation for fear of missing out. This is a particular problem for students who are victims of cyberbullying, a relatively new presentation of an old problem. Often the victims are drawn to seeing what is being said and this is often done then they are alone and when support is limited. The ability to process what is happening or what is being seen is limited to their own sense of self and perception of reality.

In this inter-connected, yet disconnected world, the need for real community is even greater. The community and relationships within can provide a buffer from the onslaught of information and feelings of being in a world that feels unsafe. The country feels more divided than ever but is it? Probably not. There have been other divisions; the Civil War and the time leading up to and during the fight for civil rights was the ultimate in division, but because of the 24/7 access to "news" which comes in various forms, it certainly feels like we are in the worst of it. Negativity and hyperbole sell. Being part of something is more important than ever.

At Sage Day, we recognized early on that many of our students lost a sense of belonging while some never had it. Some merely survived in their old school, going

through the day feeling insignificant while others would not attend school at all. The inner turmoil was made worse by an environment that could be exclusionary and cold. Often, this problem in school was a symptom of the problems going on in their lives outside of school. Some students would withdraw into their own world, engage in self-destructive behavior, and fall into a pattern where normal development was put in jeopardy. However, this was not the beginning of the end—it was the beginning of getting help by entering Sage, and participating in a collaborative journey that led to a transformation and period of growth for them and their families.

Sage has changed in many ways over the years, but one thing that we have always had is staff who brought a passion, care, and commitment to our mission and our kids. Sage Day is bigger than the efforts of a small group of leaders. Sage Day is what it is today because of the contributions of many students, parents, and staff members who had an idea . . . and that idea became part of what makes Sage the special place it is today.

Laying the Foundation for a Learning Community

Great organizations are built on passion. Sage Day's foundation was built on the combined passions of Chris Leonard and John Reilly. When they assumed leadership of Sage Day in 1998, they each brought a passion for therapeutic work and mentoring others. In addition, Chris brought a passion for building and sustaining educational communities, and John brought a passion for fostering accountability and personal responsibility. As you read through this book, you will repeatedly encounter these four key elements of community, accountability, personal responsibility, and mentorship. You will also see how these elements set the foundation for Sage Day as a therapeutic-educational space in which students thrive.

Chris learned how to build community from one of his mentors, John Seeger. Seeger, a Quaker, master teacher at New York City's Dalton School during the 1950s, and principal of the Fieldston Lower School in Riverdale, New York from 1960 to 1976, teamed with his wife Eleanor to run Camp Killooleet, a residential summer camp in Vermont, for over 50 years. At Killooleet, Seeger and his wife, also a master teacher with expertise in group-dynamics, set the tone for a thriving educational community by providing campers and staff with tremendous autonomy and freedom.

To this day, Killooleet holds regularly-scheduled, Quaker-style town meetings to give everyone in the community the opportunity to speak and contribute. And, there are still only four main rules:

- 1. No Breaking Group Concentration: Don't interrupt or distract a group's work or activity.*
- 2. No Scapegoating: Don't single out any person or subgroup for blame or ridicule to build up yourself or your subgroup.*
- 3. No Put Downs: Don't put down another person, even in a clever or witty way.*
- 4. No Rudeness: Treat everyone with respect.*

As you can see, Seeger was all about building up people and supporting effective teams. Children and adults at Killooleet are willing to risk learning new skills and are able to accomplish new feats because they do not have to use precious energy defending themselves. Freedom is supported by the respect for self and others. Having worked at Killooleet and having experienced the power of its community dynamic, then utilizing Seeger's four basic rules as a public school teacher, and honing his knowledge of group process in his training as a group therapist, Chris saw the opportunity to apply these rules to create a supportive community space for the emotionally fragile students of Sage Day. But fostering success in a special education environment would require some additional components. This is where Chris Leonard's vision merged so seamlessly with John Reilly's to challenge the status quo in special education.

Because John had been trained as a psychoanalyst rather than as a classroom teacher, he came to Sage Day with a perspective that was both new and insightful. John quickly noticed how some students and parents would use a diagnosis or disability as a reason for not completing tasks or meeting responsibilities. "I can't be on time. I have a mood disorder." Or, "You need to understand that my son has anxiety. He shouldn't receive a consequence for handing in his work late." Now, before we go any further, let us emphasize that we and the entire Sage Day team fully support the idea that special education students may require accommodations or modifications in order to achieve academic success.

In fact, the best educators tailor expectations according to the needs of individual students regardless of whether the students are in special or regular education. However, the problem that John recognized was that some of our students had developed the mistaken belief that they should be exempt from expectations in general.

Similarly, some of our parents were taking the position that the world should get ready for their child rather than the much more supportive stance that their child, regardless of diagnosis or disability, must get ready for the world. Of course, these erroneous beliefs are hardly unique to students and parents of Sage Day. In order to get ready for the world, a student in any school must be accountable and personally responsible for his or her choices, actions, and non-actions. Chris and John decided that they needed to cultivate accountability and personal responsibility at Sage Day's cultural core. Here's what they say about how that developed.

Two leaders, one book, and transformation

We soon discovered a book that helped us crystallize our approach to accountability and personal responsibility. In *The QBQ: The Question Behind the Question* (2004), John Miller exhorts the reader to stop asking Who, Why and When questions such as, "Who is supposed to take care of this?" or "Why do we have to go through all this change?" or "When is someone going to give me a break?" Instead, Miller emphasizes that we are stronger and more effective when we ask How and What questions such as, "How can I best adapt to this change?" or "What can I do to improve my circumstances?"

We required our staff to read the book and we all made the individual and collective commitment to being more accountable and more responsible by asking the right questions. As we continued to model asking How and What questions instead of Who, Why and When questions, we experienced a gradual shift in our culture. Students increasingly assumed ownership of their circumstances. Complaining never completely goes away in any organization, but we noticed students beginning to propose action rather than just grouching. Whereas students used to ask questions such as, "Why don't we have a basketball team?" they began to ask, "What can we do to form a basketball team?"

A strong culture needs to evolve and adapt over time and this requires focused

and sustained effort. We examine and talk about Sage Day's culture all the time. We adopted Seeger's four rules in 1998. By 2004, we added the QBQ. In 2006, we added a fifth rule to Seeger's rules: No Gossip. In the same year, we also drafted seven organizing belief statements. It is no accident that the following is our first belief statement:

We believe that education and optimal development require cultivation of personal accountability, and the values of respect, individual rights, integrity, honesty, and a healthy balance between independence and interdependence with others.

When our Steering Committee, composed of staff representatives from our three campuses, reviewed and tweaked our Belief Statements in 2011, we recognized that our five rules effectively established the limits on negative behaviors but did not clearly point to the positive behaviors we were seeking in our students and staff. As a result, we developed a positive corollary for each of our five rules. These became our Five Paths to a Successful Community:

- 1. Contribution to Community (corollary to No Scapegoating)*
- 2. Direct Communication (corollary to No Gossip)*
- 3. Collaboration (corollary to No Breaking Group Concentration)*
- 4. Respect (corollary to No Rudeness)*
- 5. Self-Improvement Focus (corollary to No Put Downs)*

Developing these five paths came from our recognition that in guiding people, it is sometimes not enough to tell them what not to do, or where not to go. Sometimes you need to point the way.

The chapters that follow represent our collective commitment to our Five Paths. We seek to contribute to the larger community by communicating our shared ideas on collaboration, respect and self-improvement focus. We trust that these qualities, as well as our passion for the work that we do, will come through in the stories and ideas we are sharing here. We believe that sharing these stories and ideas will strengthen our collaboration with those we serve and provide guidance to anyone interested in building up people and communities.

Building Resilience: Getting Students Ready for the World

One of the primary responsibilities of parents and schools is to help students get ready for the world. Unfortunately, some well-meaning adults mistakenly believe that the task is not to prepare the student but to somehow adjust the world to fit the needs and abilities of the student. We acknowledge that we live in an age of customization in which we can tailor many aspects of our experience to suit our preferences. It is incumbent on good schools to help students focus on personal interests and passions. However, there are many aspects of life that simply cannot be adjusted for us. Instead, we must be prepared to adapt ourselves to circumstances. The following fable highlights the difference between trying to refashion the world to fit the needs of the child and helping the child get ready for the world.

The Origin of Shoes: A Fable

Long ago, before anyone ever wore shoes (or had even thought of the idea) there was a princess who lived in a beautiful kingdom. The princess loved to wander for hours through the rolling green foothills of the kingdom, barefoot of course. One day, as she was walking through a birch forest, the princess heard a strange and sweet song of a bird she had never heard before. She continued walking, searching the trees above, trying to get a glimpse of the bird. Suddenly, she stumbled on a gnarly tree root and stubbed her toes. She sustained a nasty bruise on her big toe but, fortunately, was more embarrassed than hurt. Indignant, she limped straight home to the castle and burst into the throne room where her father, the king, was meeting with his closest advisers.

“Daddy!” the princess exclaimed, “I was out walking thy royal foothills and injured my royal toe on a stupid tree root! I am irate! Daddy, you must cover all the roads and pathways of thy royal kingdom in leather without delay so that no more of thy royal subjects will ever again endure such pain and indignity.” The king, who was firm with his advisers but tended to indulge his daughter replied, “Oh my dear, that is terrible. Why of course, of course, that is a grand idea. Leather roads and pathways you shall have. This shall be my decree.” Satisfied, the princess curtsied (with an undeniable smirk) and went off to the kitchen for a snack.

As soon as the princess left the room, the Royal Treasurer cleared his throat. “Um, your majesty, may I have a word in private?” The king knew that the Royal

Treasurer was a wise man who never asked for a private word without good reason, so he readily dismissed his other advisers. “We will need the room for a private consultation with the Royal Treasurer. Leave us!” The other advisers scurried from the room.

Once the door closed and they were alone, the Royal Treasurer, asked, “Your majesty, may I speak freely?” The king nodded his assent.

“Your majesty, I will get right to the point. I understand your desire to protect the feet of thy royal subjects but even if we cover all of the roads and pathways in the kingdom with leather, there is no guarantee that this would provide sufficient protection for all of thy royal subjects. Not everyone travels on the main roads and pathways. Furthermore, coating every road and pathway in the kingdom would bankrupt the treasury. We simply cannot afford to do this.”

The king grunted, nodded and rubbed his beard in thought. “What would you suggest, Royal Treasurer?”

The Royal Treasurer knew the question was coming and was prepared. “Well of course, covering every road and pathway which would require miles and miles of leather. What if instead, we cut small pieces of leather and secured these pieces to each person’s feet? This way, thy royal subjects could continue to move freely about the kingdom but with their feet protected. Although we cannot make the entire kingdom free of hazards, we can ensure that each person is prepared to venture forth as prepared as possible for the hazards that are out there.”

And this is how shoes came to be.

The lesson we can draw from our fable about shoes is that our job as parents and educators is not to get the world ready for our students, it is to get our students ready for the world. We cannot possibly predict or prevent the obstacles that will present themselves as our children come of age. We are raising and educating students in anxious times. Through the latter half of the twentieth century, a student could be reasonably certain that getting a college education would guarantee a secure job with compensation that would support a relatively high standard of living. Even those who only completed high school could potentially find a trade or a secure factory job. In contrast, for today’s students, college alone no longer guarantees any job, much less a high paying job. Technology has automated many manufacturing jobs and

globalization has shifted some of these jobs overseas. Those manufacturing jobs which remain tend to be scarcer, less secure, and require a higher level of training.

Understandably, today's parents are highly concerned about making sure their children are prepared to succeed in this more dynamic and less predictable economy. Jobs, of course, are only part of the story. Today's parents are also likely to be concerned about numerous uncertainties including the threat of terrorism, extreme weather events, and the epidemic of opiate addiction. Parental worry can be compounded by an undeniable sense that we as adults have significantly less authority and influence in a world that is saturated with the increasingly unfiltered stimulation of the internet and media in general, and social media in particular.

As a nation, we share a deep concern about our place in a changing world but are bitterly divided over how to move forward with regard to values and policy surrounding health care, foreign policy, climate change, poverty, job creation, gender, race, and, of course, education. Most recently, the problem of school shootings has been the latest issue to reveal the depth of our social and political divisions. While some advocate for arming teachers, others advocate for restricting access to automatic weapons. At this writing, the acrimonious public debate over such diametrically opposed solutions has only further exacerbated our collective anxiety.

Given the rampant anxiety among adults, it is not at all surprising to find significant levels of anxiety, depression and other mental disorders among children and adolescents. A 2012 study by the Health Care Cost Institute (Health Care Cost, 2012) reports a 24 percent increase in mental health and substance abuse admissions among children under 18 between 2007 and 2010. According to the National Research Council and Institute of Medicine (2009) between 13 and 20 percent of U.S. children under 18 experience some form of mental illness in any given year.

Thus, a significant number of students struggle with anxiety and related disorders (e.g., obsessive compulsive disorder) as well as with depression and other mood disorders. Anxiety (Ameringen, Mancini, and Farvolden, 2003) and depression (Ferguson and Woodward, 2002) have been linked to significant disruptions to educational progress.

An obvious social difference may also negatively impact a student's school performance or result in difficulty even attending school. For instance, some students at

the higher functioning end of the Autistic Spectrum are able to function well in the academic mainstream. However a study of mainstream placement of autistic students (Ochs, E., Kremer-Sadlik, T., Solomon, O., and Sirota, K. G. 2001) found that the success of the autistic students depended heavily on the receptivity of non-autistic peers as teachers were focused on overall instructional delivery. A 2007 study found that students with autism placed in mainstream settings were less likely to feel accepted and at the center of class culture, and also less likely to experience companionship and reciprocity with peers (Chamberlain, Kasari, and Rotheram-Fuller, 2007).

It is important to note that some research has suggested that placing autistic students in the mainstream may increase risk for social isolation, bullying, disaffection, and/or alienation (Cappadocia, Weiss, and Pepler, 2012). Gender Nonconforming students, who do not feel aligned with their gender assigned at birth, and Gender Non-Binary students, who do not feel either distinctly male or female, may be subject to similar forms of social isolation or discrimination.

Students who are anxious, depressed, bullied, or otherwise socially marginalized may end up having difficulty going to school or remaining in class when they get there. The most recent estimates are that school refusal affects 2% of school-aged children in the United States (Zaky, 2017).

What is the best way to support the student whose psychological distress results in social marginalization or even the outright inability to attend school? Ask the school nurse in any public school and she will be able to identify students who make frequent visits to her office, not for any identifiable medical condition but because they are simply looking for a safe place to rest or to escape the stressors of academic or social demands. Usually, schools try the best they can to accommodate these students by making them comfortable. At the extreme, schools may provide extended home instruction to students who simply cannot or will not come to school. We address the issues associated with extended home instruction as a solution for emotional issues specifically in our chapter, “Why Home Instruction is not the Best Answer for School Avoidance.”

A similar strategy is to place a child in a micro school or alternative school that provides one-to-one instruction and tailored scheduling in order to ameliorate the

stressors of social interaction, classroom collaboration, or even getting to school on time. Prolonged home instruction or the one-to-one instructional setting will likely succeed in providing the student with enough comfort and security that problematic symptoms will abate. However, the problem with these hyper-customized solutions is that they do nothing to prepare the student for the kinds of social and collaborative tasks they will need to perform in the adult world of work and family. In short, this approach is creating a world for the child that is completely out of step with the expectations the child will face in real life.

To get the child ready for the world, therapeutic education is designed to provide a much more helpful and hopeful long-term solution. The school that practices therapeutic education has the ability to both challenge the student to meet realistic and developmentally appropriate social and academic demands while simultaneously providing the support the student will need to gain confidence and thrive. In the next chapter, we take a closer look at the components of therapeutic education.

References

- Ameringen, M. V., Mancini, C., & Farvolden, P. (2003, September). *The impact of anxiety disorders on educational achievement*. *Journal of Anxiety Disorders*, 17(5), 561-571. doi:10.1016/s0887-6185(02)00228-1
- Cappadocia, M. C., Weiss, J. A., & Pepler, D. (2011). *Bullying Experiences Among Children and Youth with Autism Spectrum Disorders*. *Journal of Autism and Developmental Disorders*, 42(2), 266-277. doi:10.1007/s10803-011-1241-x
- Chamberlain, B., Kasari, C., & Rotheram-Fuller, E. (2006). *Involvement or Isolation? The Social Networks of Children with Autism in Regular Classrooms*. *Journal of Autism and Developmental Disorders*, 37(2), 230-242. doi:10.1007/s10803-006-0164-4
- Fergusson, P. D. (2002, March 01). *Mental Health, Educational, and Social Role Outcomes of Adolescents With Depression*. Retrieved October 11, 2017, from <https://jamanetwork.com/journals/jamapsychiatry/fullarticle/206141>
- National Research Council; Division of Behavioral and Social Sciences and Education; Institute of Medicine; Board on Children, Youth, and Families; Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults: *Research Advances and Promising Interventions*; Mary Ellen O'Connell, Thomas Boat, and Kenneth E. Warner, Editors. (2009, February 13). *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. Retrieved October 11, 2017, from <https://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress>
- Ochs, E., Kremer-Sadlik, T., Solomon, O., & Sirota, K. G., (2001). *Inclusion as Social Practice: Views of Children with Autism*. *Social Development*, 10: 399-419. doi:10.1111/1467-9507.00172

Press Release: Children's Health Care Spending Report 2007-2010. (2016, October 04). Retrieved June 10, 2017, from <http://www.healthcostinstitute.org/press-release-childrens-health-care-spending-report-2007-2010/>

Zaky, E. A. (2017). What is wrong with Sandy????!! Is She Seriously Ill??? School Refusal; is it a Diagnosis or a Presenting Complaint???. Journal of Child and Adolescent Behaviour, 05(01). doi:10.4172/2375-4494.1000e113

The Importance of Early Intervention

The school years are an important intellectual, social, and emotional foundation for life. When there are obstacles to a child's growth in school, many aspects of life are affected.

Academic and social struggles in school are often the first signs of a potentially serious underlying problem for a child. Clinicians and educators are aware that certain problems are rarely just "outgrown." Appropriate early intervention can prevent further problems and forestall the development of long-standing character issues. As clinicians we are often asked to select or design the best course of intervention—but what is the right intervention? The answer lies in first understanding the cause.

For some students, addressing an unidentified hearing or vision problem is all that is needed; if a child cannot hear the teacher or clearly see the board, he or she will fall behind. For others, an unidentified learning disability may complicate learning despite their having average or above average intelligence. Underlying anxiety or depression is more insidious but equally problematic in terms of its impact on social and/or academic functioning. Anxious or depressed students suffer inwardly in a way that makes them feel fragile. Their presentation, which is frequently passive or withdrawn, can be misinterpreted as lack of care or disinterest in doing well in school. The opposite, however, is often true; the anxious or depressed student feels terrible about not performing and is preoccupied by emotional issues that make him or her less available for school work. The student wants to be successful and social, but needs help in doing so.

Issues that are not addressed are likely to leave a student feeling inadequate, different, and ostracized by his or her classmates. Negative inner feelings can be projected onto the environment making school feel unsafe to the student. The

student's self-esteem and feelings of self-efficacy are damaged. The anxious, depressed, or "emotionally fragile" student is most often misunderstood by the layperson, since the pathology can be masked by a plethora of symptoms. With proper intervention, however, these students are able to achieve their promise. Without intervention, it is inevitable that their character will develop around feelings of isolation, failure, hopelessness, and being overwhelmed.

Often the mainstream public school environment cannot provide the optimal type of environment to help the overwhelmed student get back on track. This is not to say that the public school setting causes the difficulties. However, it often exacerbates the problems due to size, social pressures, and lack of necessary therapeutic services. We designed Sage Day Schools for this type of student because we realized this type of student needed an intensive and multimodal therapeutic program that would be significantly different from the traditional special education setting. All Sage Day students participate in individual and group therapy at least twice weekly. They also participate in family therapy once each week.

We created a strong academic program for our bright, college-bound students and over the past 17 years, we have seen numerous students return to the path of healthy functioning. The success of the therapeutic milieu at Sage Day truly underscores the idea that early intervention, combined with a strong therapeutic relationship and supportive community are essential components for student growth and healing. Without this intensive intervention, these students would not have successfully navigated through the tasks of separation-individuation.

Throughout the school year, clinicians and educators are called on when problems begin to surface. We have to be the ones who accurately identify what is occurring and must avoid colluding in minimizing problems that are clearly symptoms of deeper issues. Early intervention and targeted therapeutic intervention is imperative in helping fragile students be optimally successful in school.

Shoring up the Foundation

There is often a similarity between good therapeutic work and construction. Recently we observed a construction project on an older home in our area. The required work was intricate and needed to be done with patience and care. To achieve

the end product, which in this case was a second level on the home, the foundation had to be strengthened. We noticed that during this process the workers didn't try to strengthen the foundation all at once by digging down to the bottom. Instead, they dug down a few feet and worked on each section thoroughly before they moved to a deeper level. This made sense. If the whole foundation was exposed without being first shored up and strengthened, the foundation could have collapsed.

Like construction, therapy is a thorough process that requires patience in order to build a solid foundation. Some people come to therapy with a goal of being happy again, or being happy for the first time in their lives. At Sage Day, that is often the implied goal, with the additional goal of being successful in school. With the right approach, expertise, and commitment our mutual goals are achieved, but it takes times.

Therapy is a process that involves trust, patience, and understanding. It is from these three components that the emotional foundation gains strength. There is no miracle intervention that can quickly improve someone's condition, whether it be anxiety, depression, school refusal, or other emotional issues. If you are looking to find true strength and change, it requires commitment.

We roll our sleeves up with our students, but move at a pace that measures progress, and we move deeper and expect more as the student improves and gets stronger. As a result, students are more resilient; they are able to handle more than before, and they come to understand their strengths, talents, reasonable limits, and expectations. We want our students to feel that their new and stronger foundation can handle the demands of life after they leave Sage.

Chapter 2

*Therapeutic
Education*



Therapeutic Education That Transforms

The Sage Day Schools provide therapeutic education that transforms. Our model fosters academic and social-emotional learning for students whose school performance is adversely affected by anxiety, depression, and related disorders. It is a student-centered approach that continuously considers and addresses both the academic and emotional strengths and needs of the student. It requires sustained and intensive collaborative efforts from students, parents, teachers, and therapists. Therapeutic education is not the mere inclusion of therapy in the school day. Although making therapy available at school can be of great benefit to students and may be all that some students require, typical in-school therapy may not have the frequency, depth, and range necessary to help students who are grappling with significant anxiety, depression, identity diffusion, and related disorders. This frequency, depth, range, and coordinated efforts of staff can be summarized as follows:

Therapy is frequent. Students are taking part in some form of therapy daily.

Therapy goes beyond crisis intervention. Therapeutic support is proactive and consistently available rather than reactive and available only during times of crisis.

Therapy encompasses multiple therapeutic modalities. Generally, it is most helpful for students to be participating in a combination of individual, group, and family therapy.

Therapy is provided by therapists who are specifically trained in the methods of individual, group, and family therapy. Specific training gives these therapists a deep understanding of individual psychodynamics, group dynamics, and family systems as well as a strong understanding of school culture.

Regular family therapy means that parents are actively involved in the growth process of each student.

Therapists receive regular individual and group supervision.

Teachers are expert in their academic disciplines.

Teachers receive ongoing training in working with students who struggle with anxiety, depression, and other disorders that most typically interfere with school functioning.

Teachers and therapists are provided with regularly scheduled time for consultation and collaboration.

The intensive consultation and collaboration between teachers and therapists creates a consistent integration between the therapeutic and educational aspects of the program.

Administrators facilitate a cultural milieu that is characterized by a strong sense of community.

Students become active participants in collaborating with teachers, therapists, and administrators to create and reinforce the strong sense of community within the school.

The sense of community creates an atmosphere of emotional safety that encourages students to take the creative and intellectual risks that foster growth.

The school is small. It is a place where everyone knows your name.

From the foregoing, it should be clear that therapeutic education requires a highly trained team of professionals who are committed to working together to foster growth in the students. It is through these relationships with the staff that students can confront their difficulties with trust and develop a healthy trust in others. It is important that in this milieu that there is an authentic collaboration between all of the professionals in the school. Teacher, therapists, and administrators all have a therapeutic function and need to work together and realize that everyone in the school functions to foster social, emotional, and academic growth in the students.

It is important to understand that a lack of trust and inability to depend on others is at the root of a lot of interpersonal and social difficulties. Addressing these difficulties as they emerge in childhood is ideal. When these difficulties are not worked through in childhood, it is imperative to address them during adolescence because this is the developmental phase during which character takes shape. Character development is vital because it sets the tone for how individuals view themselves and others and how they react to challenges in life. Given this understanding of the primacy of character development, we need to be bold in identifying the various ways students have gone at it alone. Trust is the foundation for all relationships.

Our students may have experienced real or perceived betrayals and/or abandonments

that have made them lose trust in others. The student who has lost the willingness to trust will find it difficult to feel safe and cared for at school. Many of our students have felt scared or victimized in school, or perhaps just invisible. Although the school environment may not have been the cause of their anxiety or depression, these students come to experience school as the place that exacerbates their problems. The repair of this experience begins with forming healthy relationships.

At Sage Day, the formation of healthy relationships begins with the admissions process to the school. The first step is to assess whether Sage Day will be a good fit for the student. Prior to scheduling an admissions interview, the clinical director carefully reviews evaluations provided by the parents or sending school district. These evaluations generally include comprehensive psychological, educational, and psychiatric assessments as well as a detailed social history.

After reviewing the evaluations and student records, the clinical director will consult with parents or the sending school district to clarify information. If the clinical director determines that Sage Day will be a good fit for the student, an admissions interview will be scheduled. The admissions interview is an in-depth clinical consultation very similar to a new client's first psychotherapy session. The clinical director invites the student to discuss his or her situation and assesses the student's level of insight and openness to working in therapy. The clinical director also spends time with the student's parents to understand their perspective on the situation and to assess their level of motivation to participate in the therapeutic process. When the clinical director forges a positive working alliance with the family, the prognosis for success is strong. Our most successful students are those whose parents fully participate in family therapy.

When a prospective student visits, our established students also provide an important role in establishing a positive relationship. Because many Sage Day students have experienced depression and/or anxiety, they understand how apprehensive prospective students may be when coming into the school for the first time. Students will reach out to a visiting student during the intake process and often, in informal ways, send a message that "we understand." This is not designed but happens spontaneously. Our students remember what it was like the first time they stepped through our doors—the nerves, trepidation, hope, uncertainty. They often strike up spontaneous conversations as if to say, "you will be ok, I made it so can you."

By providing an environment that emphasizes healthy and communicative relationships, we actively help our students reconnect with relationships and the community. What gets repaired through our school community is then transferred into the community at large and students develop the tools to be successful outside of our community and in their future endeavors.

How Therapeutic Depth Builds Relationships & Relatedness

Sage Day's clinical approach is a critical component in helping students build relationships and the ability to relate to other people. Our approach is intensive, deep, proactive, and far more sophisticated and strategic than typical school counseling. Whereas some schools have a counselor available to respond reactively to problems that emerge, our approach is a sustained and consistent commitment to therapy that helps our students better understand their emotional lives. Specifically, we want our students to understand how they have been impacted by events and relationships in their lives and to help them to be more adaptive in dealing with challenges now and in the future. Intervening when someone is in a crisis can help the person navigate a crisis, but lasting growth requires sustained intervention outside of the crisis situation. This kind of sustained intervention occurs within the context of a strong therapeutic relationship with the student's individual therapist.

The therapeutic relationship gives the student a laboratory in which she can get immediate and empathic feedback on how she relates to other people and then can try out new ways of relating. Helping students to better understand their patterns of relating helps them to improve relationships with peers and staff, which provides a great opportunity for growth.

The rigor and frequency of our therapeutic interventions allows for an approach that is not merely meant to address symptoms—it is transformative. Symptoms are indicators that there is something to be addressed at a deeper level, just as a house that has crack in the walls may indicate a problem with the underlying structure. If you repair the crack in a wall, the wall will look nicer and may be sturdier for a while. However, if the crack has been caused by an issue in the foundation, repairing the wall will only cover up an underlying problem that will worsen if not addressed.

The Sage Model

What is the best model of therapy to help the people who seek out our help? This is a question that has been asked since the advent of psychotherapeutic treatment. The first treatment approach was psychoanalytic. Variations in subsequent treatment approaches, both derivative and non-derivative of psychoanalytic theory, were the result of a need for different applications of theory based on the needs of different patients. Although psychodynamic approaches that focus on making the unconscious conscious, making transference interpretations, and analyzing dreams are very effective for people whose lives have a significant level of stability, the same approach does not work very well for patients who present with less stability, characterized by poor judgment, identity confusion, and impulsivity. There are different approaches and interventions needed for these two types of presentation which we will call the neurotic presentation of the former and more personality-identity disordered of the latter.

Sage Day's therapeutic model has evolved to meet the needs of students with both neurotic and personality-identity disordered presentations. Disorders of personality-identity are often referred to as "disorders of the self." Students struggling with these disorders need help with identity formation, modulation of their emotional life and in forming meaningful relationships. This requires an intensive and multimodal approach to treatment. Each Sage Day student participates in individual therapy twice weekly, group twice weekly and family counseling weekly. To maximize the depth and effectiveness of the treatment, our therapists participate in both weekly individual and group supervision as well as a more formalized training protocol which leads to and maintains their status as Sage Certified Clinicians. This training is ongoing and includes focus on family, group and individual work, trauma care, and specific techniques which are guided by sound theory to address the social and emotional needs of our students.

The students referred to Sage Day present with various manifestations of anxiety and depression including school refusal, work refusal, anhedonia, self-injury, suicidal ideation or attempts, and psychiatric hospitalizations. The challenges of effectively meeting the needs of students with emotional issues within a school setting are significant. Because we recognized that addressing the social and emotional needs of our students is just as important as meeting their academic needs, we built counseling

into the day rather taking a reactive approach to intervention.. We call this way of working “therapeutic education.” In addition, we commit to staff training during the regular work day and schedule an abbreviated day every week that allows the full staff to come together for this and to discuss the needs of the students. This has helped to ensure consistent and continuous understanding among teachers, therapists, and administrators.

The Evolution of the Model

We have been consistent in using a strong theoretical model coupled with frequent sessions since the beginning of Sage Day. What has changed is our understanding of how to apply and teach our model. There are many approaches to treatment, such as dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT), psychiatric treatment, psychoanalytic therapy, etc. All have their strengths and limitations, and all can be employed based on the specific needs of the student. Some fall short in quick relief of symptoms, while others fall short in addressing their cause. While some therapeutic models may relieve symptoms the person is left vulnerable to the underlying cause, which, until resolved, can reemerge. To effect meaningful transformation for our students and better outcomes, we are driven to both relieve the symptoms and to make lasting personality changes. We focus on helping students develop the tools to manage life. By helping students develop these tools, we foster lasting change.

The Sage model incorporates principles of the evidence-based approach of Transference-Focused Psychotherapy (TFP). TFP demonstrates increases in personality changes indicated by changes in attachment coherence and reflective function (Levy page 483) and significant improvement in personality functioning (Doering et al. 2010). In other words, TFP helps students increase their relatedness to others and their capacity for self-reflection and awareness.

The parody of the mostly silent therapist, who speaks only to ask, “how does that make you feel?” does not apply at Sage Day. Our approach is dynamic and our therapists work within their relationships with students by addressing what goes on in the therapeutic “here and now.” Connecting things back to an earlier time is subordinated to dealing with emotions and relationships in the present. This enables the therapist to understand how the student relates with others and the problematic

ways they view others, themselves, and the world. Adolescents are basically still living with the relationships of their childhood so addressing the “now” is imperative, since they are living in the situation that can be modified.

In addition, since group work is an important component of our approach, the same “here and now” method is used between members of the group. This allows the students to experience both their adaptive and maladaptive ways of being in a relationships. Relationships are the foundation of our existence and are also the source of much that is pleasurable and painful. Working so intensely on the relationship and understanding of one’s self, self and others, and self and the world is imperative to thriving in life.

Therapy: The Road to Resilience

Emotional resilience is one of the most important abilities one can possess since it can help a person to not just exist in life, but to live more fully by being able to work productively, engage in loving relationships, and enjoy play and recreation. Resilience is not a given, however, and usually the opportunity to develop it comes after there is a problem that draws a person to seek help. People usually come to therapy due to some stressor that causes or highlights depression or anxiety. The goal then becomes to solve the problem and get out of therapy as quick as possible.

People see a need to get out of therapy quickly because they view therapy from a pathology perspective rather than from a strength perspective. They will often want to leave therapy when they feel better, rather than realize that what is going on in therapy is what is making them feel better in the first place. People who leave therapy at the first sign of improvement miss a great opportunity for growth and the development of lasting resiliency.

Many parents dedicate a lot of time and money toward getting their children help to get ahead in sports and in school. They engage in the quest for finding “the best tutor,” “the best coach,” “the best enrichment program,” etc. Why do they do this? They want their kids to have an edge in life. Coaching strengthens the muscles and sharpens the reflexes, as tutoring gives techniques and knowledge for specific subject area. The child learns the skills to prepare for game or test time and is more ready because they had help in processing. The same holds true for therapy.

The “why” behind starting exercise is often similar to why people start therapy. A person gets blood work back and the numbers are not good. Their doctor recommends a change in lifestyle that often includes exercise. They may start eating better and join a gym to exercise. While some people quit exercise once their goals are attained, most people continue since they realize the benefits of the change in lifestyle. And, the people who quit exercising often gain back weight and resume bad habits. Those who stick with it realize that they feel so much better. They often have more energy and recover more quickly from physical activity. Overall, life becomes easier because they have developed strength and resilience. They may even set new physical goals for themselves as they can handle more than they could in the past.

Similarly, people enter therapy because they go into distress. Life is tough and sometimes the cumulative effects of life reach a point where a symptom presents that indicates attention needs to be paid to what is going on. I often tell patients that this is an opportunity to do work that will help them understand themselves better so they can change patterns and live an easier, calmer, more relaxed life. I never promise an easy life, because life is not easy, but I do say that life can be easier and more fulfilling. Real strength and resilience do not come from just symptom relief; they come from resolving the cause of the symptoms.

People are often heard saying, “I don’t need therapy,” as if that is a statement of strength. Some of the strongest people I know are those who face their emotional life and want to grow. Avoiding emotions is not a show of strength and for many, the amount of energy used just to survive a life filled with emotional conflict robs them of the ability to thrive and experience joy in life.

When one engages in therapy, they are accepting that they do not need to go at life alone. The idea of “two heads are better than one” applies. We all have blind spots that keep us from seeing things about ourselves. A therapist can help to identify those blind spots and help to resolve the cause. When a blind spot is removed, one can see and experience more, and be more aware and alive. This opens up opportunity to experience life in new ways and helps build strength and resilience.

At Sage Day we talk about helping each student make the transformation from “just surviving” life to “thriving” in life. As parents, we focus on wanting the best for our children. We need to add the idea that giving them tools to be emotionally

resilient is one of the most important things that we can provide. Parents and students who choose Sage are choosing just that.

Therapeutic Depth: Reaching Beneath Symptoms

Psychological, emotional, or physical symptoms cause people real and painful difficulties in their lives, and although there are treatments that focus on reducing the symptom and providing some much-needed relief, treating the symptom is not the answer. Nowhere is that more obvious than watching a person who suffers from debilitating anxiety or panic attacks relax after taking a quick-reacting medication that gets rid of that panic. However, the healing effects of that medication are short-lived because what causes the panic reaction was not addressed. The suffering person has only to wait for another round of panic to happen. It will only be a matter of time before it does, because the underlying cause has yet to make itself known.

When the symptom gets a student into a therapeutic school, we can begin the work of reaching beneath it to yield long-lasting results (and relief). The symptom can guide us to understanding root causes that we can communicate to the patient and parents. For instance, rather than looking at ADHD as something just to be medicated, (if at all) we should think about what is going on that would distract a student. What are they being distracted by? What internal thoughts or environmental events are they being distracted from? Those are meaningful questions that help dig into the root of the problem.

The Clinical Approach to Therapeutic Education That Transforms

The clinical component of therapeutic education is a critical element of our work at Sage Day. Our approach is deep and proactive. In fact, the therapeutic relationship is critical to the success of our students. Students come to us because normal development has been disrupted. Our collective goal is to help get normal development restored.

These students may experience issues such as anxiety, depression, and school refusal; those with ADHD often have an underlying anxiety and difficulty with

resilience and interpersonal relations that get in the way of their success. At Sage Day, we recognize that symptoms sometimes reflect an individual's solution to a perceived problem. Therefore, we expect a student's symptoms to emerge in our school setting.

Whereas some schools have a counselor available to respond reactively to problems that come up, our approach is to help students better understand their emotional lives, how they have been impacted by events and relationships in their lives, and to help them to be more adaptive in dealing with challenges now and in the future. Intervening when someone is in a crisis can help the person navigate that particular situation, but helping a person to grow happens outside of a crisis situation as well. For example, helping the student to better understand their relationship with peers and staff provides a great opportunity for growth.

The rigor and frequency of our therapeutic interventions allows for an approach that is transformative and meant to deal with more than the symptom—the indication that there is something to be addressed at a deeper level. We utilize an approach based on psychodynamic psychotherapy, a form of depth psychology that relies on the interpersonal relationship between client and therapist more than other forms of therapy. This form of therapy uses psychoanalytic principles and techniques adapted to a frequency of twice weekly. Psychodynamic psychotherapy is one component of the focus that we use in individual, group, and family therapy.

We combine psychodynamic techniques with Transference Focused Psychotherapy (TFP) in which the “therapeutic relationship is used to reveal how interpersonal conflicts cause the client difficulty in certain areas of life.” TFP has been validated as an efficacious treatment for mild to severe personality issues.

Unlike schools that focus strictly on behavior management, when a Sage student exhibits habitual symptoms in the classroom or the therapeutic relationship, we work with the student to understand the issues that are being played out and help them develop more situationally appropriate responses. We can then help the student enter into situations with a new understanding and a set of tools and responses that help them to be more successful in life. Working in this way and with this intensity provides for a change that is lasting and life-changing in a way that medication and other techniques do not provide.

An important aspect of Transference Focused Psychotherapy is contracting and setting a frame for treatment. Contracting is an agreement on the conditions for therapy to be conducted. Basic examples of these are appointment times, payment of fee, agreeing to address the problems that brought one to therapy, work on the goals, put feelings into words, etc. This type of general contracting is done verbally.

During the interview process, we try to identify behaviors or attitudes that could be a threat to therapy. School refusal, for example, is a reason for being referred but is also a threat to success at Sage. While there may be many reasons for school refusal, we first have to contract with the parents to commit to making changes necessary for getting the student to school. They need to understand that therapy is not a passive process where only Sage does the work; therapy needs to be actively participated in by all who are involved and invested in the process, including the parents.

While the reasons for a student suffering from school refusal may take significant time to resolve, we can't begin to address those issues unless a student attends school. A parent may say, "If we could get our child to school, then we wouldn't need to be here in the first place." While that may be true, school refusal is a symptom, and part of the problem is that the parents, who have been unable to get the child to school, have lost parental authority and are leaving the control in the child's hands. Our job is to help the parents re-establish authority and insist that the child go to school.

Another specific area that will call for contracting is substance abuse. In this case, we have the parents and student enter into a written contract with specific terms that must be adhered to remain in the program. The written contract underscores the severity of the issue and can often address parental denial or avoidance of confronting the issue. While it is not uncommon for adolescents to experiment with substances, there can be a thin line between experimentation and abuse and this can significantly impact the student's growth and development.

Typical contract terms for substance use are submitting to drug screening and/or evaluation and adherence to recommendation of evaluation. If a student is able to attain abstinence while in an outpatient program, they will be able to remain in school. This allows them to continue with our program while addressing their substance use. If a student is unable to attain abstinence, they may need to attend a

full day program or residential program, and return to school upon completion or step down to an outpatient program.

While there are many other examples of symptoms that bring a student to our school, it is important to have the families and students contract for general and specific terms. This is imperative for providing a frame of treatment that will help progress stay on track.

Six Signs Your Student May Need a Therapeutic School

We are often asked how students come to be placed at Sage Day. Sometimes the reasons for placement are quite clear. Self-harming behavior, suicidal ideation, frequent psychiatric hospitalizations, or other emotional traumas are among the most common factors that lead to placement. However, there are frequently more subtle indications that a student may need the support of a therapeutic school program. Any combination of the following six signs may signal a need for a therapeutic school or school-based therapeutic services.

Warning sign #1:

The student experiences anxiety, depression or other symptoms that continue to disrupt school functioning despite a sustained course of psychotherapy and/or medication.

Many students who suffer from anxiety, depression, obsessive thoughts, or other psychological issues show improvement with a sustained course of weekly or semi-weekly psychotherapy, often paired with the right course of medication. School can often be the first place where symptoms present themselves, and if the interventions are working, an improvement in schoolwork, attendance, and/or behavior generally follows. However, when school functioning does not improve, the student will likely benefit from the availability of in-school counseling. Some students can receive the support they need with regular counseling provided in their public school, as is provided by Sage Thrive services. Others need the support of a small, intensive therapeutic milieu such as one of the Sage Day Schools. A phone consultation with one of our clinical directors (877-887-8817) can help you determine the best course for a particular student.

Warning sign #2:

The student makes frequent visits to the school nurse or misses significant instructional time due to somatic or emotional complaints that do not have a clearly diagnosed medical or physical origin.

Of course, the first step with a student who frequently seeks out the school nurse is to rule out a diagnosable medical condition and/or substance abuse. School professionals should coordinate with parents to ensure that the student receives a comprehensive medical evaluation to identify and treat or rule out a medical condition or substance abuse. When a medical evaluation reveals no underlying medical or substance-related cause, emotional factors must be considered.

Students who frequent the nurse's office presenting with somatic complaints, seeking to "just lie down," or gain permission to go home may be suffering from depression, anxiety, or other emotional issues that are preventing them from attending to learning. Although the respite provided by the visit to the nurse may provide temporary relief, it cannot help these students work through the emotional issues that are interfering with school functioning. These students will have a much better chance of recovery and improved school performance with the availability of regular counseling sessions and as-needed crisis intervention during the school day.

Warning sign #3:

The student has increasing absences or stops coming to school at all.

Attendance problems can signal a need for therapeutic intervention. As with frequent visits to the school nurse, parents of students with frequent absences should pursue a comprehensive medical evaluation to identify and treat any medical conditions or substance abuse. Here again, once medical conditions or substance abuse are ruled out, it is essential to address emotional factors. A student may be suffering from anxiety about a situation at school or from depression that makes getting out of bed feel impossible.

At times, a student may feel a concern for a parent or relative that makes him or her believe he or she must stay home. When an attendance problem becomes entrenched in the form of school avoidance or school refusal it takes a sustained, concerted effort by a team of professionals to get the student back to regular school

attendance. Frequently, both individual and family interventions are needed to help get the student back on track. This is where an Sage Thrive program or therapeutic school can be invaluable. Even if a student is simply truant, therapeutic intervention can strongly complement legal intervention.

Warning sign #4:

The student is socially isolated or socially withdrawn.

A student may become socially isolated or withdrawn for many reasons. The student may be a target of overt bullying, which is more common for boys, or subtle social isolation, more common in girls. In *Odd Girl Out* (2011, Mariner Books) Rachel Simmons details how adolescent girls can very quietly but very deliberately ensure that a girl is shut out of their social circle. A student may also become isolated due to immaturity, social awkwardness, chronic peer conflict, or internal thoughts or emotions that make the student extremely hesitant to interact with peers.

In any of these cases, placement in a small, supportive therapeutic community can help the student gain confidence and form new relationships while working in therapy to address the issues underlying the social isolation. The therapeutic school serves as a comprehensive treatment setting in which problems that arise during the school day can be addressed on the spot.

Warning sign #5:

The student experiences a sudden drop in grades.

As noted above, when a student is emotionally troubled, school is often the first place where difficulties emerge. When a generally successful student suddenly stops turning in homework, does poorly on tests, stops participating in class, or becomes apathetic about school, it is important for parents and school professionals to assess what is behind the drop in performance.

Declining performance may be a sign of depression, anxiety or some other issue that the student is not talking about with anyone. If parents and school professionals have attempted to discuss the situation with the student without identifying helpful steps to take, referral to outpatient therapy may be a helpful next step. Once the student is referred to therapy, the parents and school need to monitor progress closely, maintain communication with the outpatient therapist, and be prepared to

consider therapeutic school placement if improvement does not ensue.

Warning sign #6: The student exhibits a sudden change in disposition. Not all students who suffer from depression, anxiety and other emotional issues exhibit the classic signs of these ailments. For example, a sudden increase in irritability may be a sign of an agitated form of depression. A usually quiet student who suddenly becomes flamboyantly outgoing may be exhibiting the manic phase of a mood disorder. The socially adept student who withdraws may be experiencing depression or intrusive thoughts.

A student who exhibits extremes in behavior between home and school may be working overly hard to contain emotions and behaviors in one setting only to discharge these emotions and behaviors in the other. Depending on the symptomatology, therapeutic school placement may be a strong treatment alternative. Adolescents are in a stage of developmental transition so it is important not to jump to conclusions. However, it is important to monitor sudden changes in disposition and to be alert for other warning signs that point to the need for intervention.

We emphasize that early intervention with any of these signs may actually help forestall the need for placement or shorten the length of placement needed to correct the issues at hand.

When Therapeutic Education is the Best Fit

A therapeutic school is a milieu where all staff and members of the school community provide a therapeutic function, either directly or indirectly. Because therapists, teachers, and students collaborate so closely, community members from any one of these groups can provide immediate response and feedback to problematic behavior or emotional reactions. This gives each student the best opportunity for recovery and growth. This continuous feedback from observant and critical allies helps each student become prepared for life.

When a family has a child who has been identified as needing something different from what their public school can offer, it can be a daunting task to understand what may be the best. The good news is that there are many choices for getting help. To make the right choice, it is imperative that both the parents and the student understand what is needed and accept responsibility to work toward growth.

When a student has a learning disability, he or she has a learning issue that is interfering with their school performance which may also affect mood and self-esteem. In theory, if the learning issue is successfully addressed, school performance and mood will improve. If a student has an emotional disability this means that there is an emotional issue (such as depression or anxiety) that is affecting social, emotional, and academic functioning. Emotional problems can have far-reaching effects on the student and unless these issues are addressed, it is likely that there will be little improvement in functioning.

All special education options are not the same. When it comes to providing the best intervention for students who are having emotional distress, it is important that the school environment be one that can address the emotional issues while providing strong, supportive academic instruction. Although home instruction or one-on-one instruction can provide a less stressful environment for the student, these options can be overly-protective because they eliminate stressors with which every student must learn to cope in order to be able to manage stress effectively in the future. Accordingly, programs that cushion the student completely cannot provide the best environment for the student to grow and thrive. The key is to strike a balance between easing stress and helping the student learn to cope with real life stressors such as challenging peers, community norms and expectations, collaborative work, and time demands.

At Sage Day our environment provides an initial respite from the traditional school since the school and classes are smaller and less overwhelming to a student in distress. If, however, a student has emotional issues, it is important to know that the environment is not the underlying cause of the depression or anxiety, but it does exacerbate the problem. While a change to a less stressful environment can provide improvement, it is not likely the answer to helping the student work through their problems.

A true therapeutic school provides counseling and community where a student receives support to develop tools to deal with the demands of life. When stressors do occur in school, the staff is there to intervene in real time and help the students process the situation. Home instruction or one on one tutoring alone will not provide the necessary opportunities to experience and overcome the stress that result in growth. The school community provides the opportunity for connection, conflict and

resolution. It is through connections and working through conflicts in relationships where growth happens.

There is an adage that states “Growth begins where comfort ends.” When the discomfort is provided at a manageable level and processed with staff and peers, the student can gain a better understanding of their emotions and reactions and can begin to make meaningful change. Students do not grow when their every need is accommodated. They grow when they receive a healthy and realistic balance of support and challenge that can be adjusted as they get stronger.

Four Ways We “Associate” Support with Sage Day

By Robert Friedland, M. Ed. | Principal, Sage Day Rochelle Park

In today’s special education classroom, teachers generally receive support from a traditional teacher’s aide or paraprofessional. Here at Sage Day, we are home to the associate teacher. In this title lies a substantive meaning and purpose, a co-facilitator in the classroom and beyond. Our associate teachers are much more than aides—they are an integral part of the community, closely immersed with teachers, students, therapists, administrators, and parents. They are a central pivot point in the communication and collaboration which are paramount in our program. Below are just a few of the highlighted ways in which our associates transcend the traditional teacher’s aide:

1. One-on-One Support

Since all of our students have an IEP, it is essential that we as a collective staff carry out all of the intricacies of each individualized plan. The associate teacher is invaluable in this instance, providing additional 1:1 support such as note-taking, organization assistance, visual aids, repeated instructions, and pre-assessment information as well as supervision of alternate test locations and methods.

2. Tag Team Teaching

Fluidity and continuity in the classroom would not exist without our associate teachers. They assist in corralling stragglers into the classroom, guiding students into the daily routines that are crucial to their success, and addressing behavioral concerns without having the lead teacher disrupt instruction. At its apex, the associ-

ate-lead teacher symbiosis involved team teaching, monitoring group work towards improved formative assessment, and providing a two-pronged approach and perspective in terms of content and student engagement. This relationship also requires a great deal of behind-the-scenes preparation including co-planning, discussing roles and protocol, and developing classroom activities.

3. Bringing Talents to the Table

In addition to in-class academic support, our creative and enthusiastic associates enjoy leading or co-leading various clubs, electives, and extracurricular activities. Here are just a few examples:

- *Yearbook club*
- *Community Service club*
- *Guitar & Bass, Band*
- *Arts, Crafts & Arts Festivals*
- *Student Council*
- *Culinary Arts & World Cuisine*
- *Chess & Strategy Games*
- *Creative Writing*
- *Team Sports, Track & Basketball*
- *Gay Straight Alliance*
- *Fashion club*
- *Dance club*
- *Cosmetology Club*

Because our associates lead these activities, they are seen and admired as leaders by our students. This enhances the level of mentoring throughout the entire school community.

4. Let's Take a Walk

So often, students with raised anxiety, whether due to academic pressure or external factors, simply need to reset. When an associate teacher takes a student out of a situation proactively rather than reactively, a potential problem can be diffused before it escalates. Sometimes, all a student needs is a time-out, a walk, a drink from the fountain, or more often than not, a listening ear.

Chapter 3

*Support for Students
and Parents*



From Surviving to Thriving

Sigmund Freud once said that “love and work are the cornerstones of our humanness.” The ability to play was added to the formula at some point. To that end, therapeutic education places an equally high value on social and emotional growth as it does academic growth. Most of our students are not impeded by learning disabilities or by cognitive deficits. Instead, our students’ emotional struggles block their abilities to reach their potential in school. An individual coping with an underlying depression and/or anxiety may not have adequate psychic energy available for learning, socializing or pursuit of other interests. Learning (work), relationships (love), and hobbies (play, creativity) are some of what brings joy to life and, when there is an emotional conflict dominating one’s daily life, those areas cannot be fully pursued. One can be left with a feeling of, at best, just surviving.

A person in survival mode is likely able to think only about getting through the day. Our goal is to help students realize that they can thrive and not just survive. We aspire to have our students realize the joy and achievement that life can offer and we do it by providing a safe, understanding environment that slowly demands more from students as they get healthier. The healthier one becomes, the more energy there is available to pursue the ability to work, love, and play.

This is the transformational aspect of what we do; it’s a collaborative process, between school, student, and parents. Although transformation comes from within with the help of others, it cannot be achieved without the individual’s work and desire. Students and parents choose Sage knowing that they are going to participate fully in the process—but the reward for that commitment is great. A parent can’t just say, “Hey, we like your school, but we don’t think we need that family therapy part.”

Our goal is to prepare students for life after Sage. We often say that we cannot get the world ready for the student, we have to get the student ready for the world. Life is not easy and life does not serve well those people who do not take responsibility for themselves. While we have to care about the student’s emotional problems, the world will not. If a student has anxiety, depression, impulse issues, etc., it is up to them to understand and resolve those issues. Too many students have gone through as special education students getting accommodations, but to expect those in perpetuity is not realistic. It is not caring or transformational to have a student hold on to accommodations that they no longer need.

At the beginning of a student's time at Sage, we know we have to meet the student at their present level of functioning; we therefore accept a level of the student's impulsivity or shutting down. We then move to helping them find more adaptive responses while we work on resolving the cause of the behavior. This takes patience. Students who have been classified as needing special education must be seen for their potential and not defined by their difficulties. At Sage, we have seen students far outperform what they or their parents could ever hope. It is indeed a transformational process.

Helping the School Avoidant Student

By Zack Schwartz, MSW, LCSW, PsyA | Director of Sage Thrive Services

School avoidance in children and adolescents is a growing issue that impacts not only the student but the entire family, school personnel, and mental health professionals working with the student. Although school avoidance may appear to be a very simple or concrete issue to resolve, it is often misunderstood and consequently minimized or mistreated. Without proper intervention, the student's attendance further deteriorates, his/her anxiety further increases, and this cycle is perpetuated. Unchecked, school avoidance can become chronic and present a significant obstacle to a child's healthy development.

Most school avoidance issues stem from strong feelings related to the process of separation/individuation. Frequently, the school avoidant child has anxiety about separating from his parent(s) and is intensely worried about peer/social relationships at school. In other cases, the child is afraid to separate from the parents due to concerns about the parents' own feelings about separation. Unfortunately, the feelings that lead to school avoidance are not often discussed, understood, or even identified by either the child or the parents. These can be overt feelings of anxiety or other underlying feelings such as abandonment, disappointment, guilt, worry, shame, embarrassment, etc. These unexpressed and unaddressed feelings become key precursors to school avoidance.

Although it is difficult to recognize feelings that have not been expressed, there are early (and often subtle) indicators prior to the onset of significant school avoidance that parents and school personnel are advised to address before the situation

intensifies. The following are some of the common early warning signs of a child's increasing anxiety that lead to school avoidance:

Increasing/excessive tardiness

Monday and post-holiday absences

Increase of vague somatic complaints in the morning

Unspecified illnesses or sickness in the morning

Frequent visits to the nurse's office and/or bathroom

Unsubstantiated complaints about peers and teachers

Avoidance/withdrawal of school-related activities, such as sports, clubs, etc.

Crying and/or tantrums when topic of school is brought up

Irrational excuses by the child about why he/she cannot go to school on a particular day (such as, "I'm already late and can't walk in during the middle of a class")

Fantasy-like communication by the child related to his/her absenteeism (such as repeatedly promising to go to school tomorrow and then not going)

It is essential to recognize these signs at an early stage rather than assume that the child will just start feeling better and return to school. The reality is that the child's emotional state will not improve when he/she is at home and not receiving interventions to address the behavior. It must be emphasized that, while the child may indicate that he/she is feeling better during a school day spent at home, these feelings are very temporary; they provide relief for the child in the moment. The underlying feelings will continue to resurface the next morning when the anxiety returns about separating and going to school for the day.

Treatment professionals often need to help the child's parents take charge, provide firm expectations, and make decisions rather than allow the child to dictate the appropriate course of action. At times, there may be some underlying parental ambivalence about their child going to school against his/her own will. The ambivalent parent will need support to recognize and work through these feelings in order to diminish the likelihood of unconsciously sabotaging the student's return to school. It

is essential that the parents realize this and make staying home less comfortable for the child if he/she resists going to school.

An effective short-term means to help the child move out their front door and into the school door is to consistently implement incremental consequences and school-driven interventions. Parents and school personnel can be equally conflicted about implementing consequences in school avoidance situations because of various concerns including:

- *The child's fragility and/or unpredictability in reaction to consequences*
- *A lack of clarity about how, when, and where to apply consequences*
- *The idea that consequences in general are a "waste of time and don't work"*

While parents often worry that pushing the child to do something he/she doesn't want to do will only make the situation worse, the current situation will only continue to deteriorate in the absence of clear expectations and enforced consequences. Yes, the child will be momentarily upset when receiving consequences for school avoidance. This reaction is quite normal and an appropriate response to the situation (does anybody really want to lose the use of their iPhone?). Additionally, deep parental concerns about the child's reaction to consequences may provide a critically helpful indicator of a child's possible need for more intensive psychiatric care than initially understood

The most appropriate consequences for school avoidant behavior generally involve the limiting/removing of a short-term, daily pleasurable activity or privilege that the parent can easily monitor (e.g., taking away the child's cell phone, not allowing the child to go out with friends, or curtailing the use of video games or other forms of entertainment). The school avoidant child will often try to bargain in a way that does not change the dynamic, e.g., "If you let me have my phone . . . or use of computer . . . or go out with my friends, I will go to school tomorrow." It is important that the order be reversed—the child needs to go to school before the privileges are given. If a child knows what consequences to expect in advance and can have a new opportunity to regain his or her privileges on a daily basis by going to school, the child is more likely to respond positively to them. Although consequences from parents are often very effective when appropriately implemented, it is important to emphasize that school avoidance requires a team effort between parents and school personnel.

School personnel can assist in the process by offering the following interventions:

Making it as easy as possible for the student to go to school by meeting him or her at a different school entrance door and/or letting the student go to an emotionally safe place when arriving at school (e.g., CST, guidance, nurse's office, etc.) rather than going to class immediately.

Helping the student develop a step-by-step plan to both get to school and to map out the school day. This gives the student some control in the situation and can increase his or her investment in the process.

Empowering the parents to talk with the student to anticipate and resolve potential school avoidance issues each night before bed rather than reactively discussing them all in the morning.

Communicating with the student and family daily to discuss attendance issues as well as making it clear to the student that he or she can reach out to you by phone when at home. This could be during the school day, when the student is grappling with getting out the door to school, or at the end of the day, to make a plan for the next day.

Conducting a home visit after multiple tardies or absences

Coordinating care with outside providers, agencies, etc.

Facilitating a multi-disciplinary meeting at school with school personnel, child, family and providers

Early detection and intervention by professionals may allow the school avoidant student to remain in his or her district school. Treatment should be implemented at an appropriate level of care (school counseling, CST worker, outpatient therapy, partial hospitalization, inpatient hospitalization, etc.) based on level of need. Additionally, individuals who have meaningful relationships with the child should be considered as resources in helping to remedy this situation. When school avoidance becomes entrenched, placement in a therapeutic milieu may be indicated. At Sage Day Schools and our Sage Thrive Services programs, we address school avoidance through ongoing intensive collaboration between student, parents, therapist, teachers, and administrators. Sage professionals work closely with student and parents and consistently reinforce the idea that the treatment team can most effectively handle the fallout of the child's emotions when the child comes to school.

Overall, it is important not to minimize school avoidance by attributing it to the child being a so-called “bad kid” or simply oppositional, defiant, confrontational, or angry. Children who are susceptible to school avoidance may very well be angry but they are often also sad and anxious. As mentioned above, the key is that the school avoidance is an expression of the student’s unspoken feelings. If the student does not receive the support that enables his/her expression of these feelings, school avoidance can become increasingly entrenched and the resulting social isolation and education gaps increasingly problematic. Ultimately, if the issue of school avoidance is to be resolved once and for all, it takes a concerted effort from parents, school personnel and mental health professionals.

For more in-depth information and refreshers about working with school avoidance, please feel free to check out the following Sage webinars.

<https://vimeo.com/89667863>

<https://vimeo.com/112515191>

<https://vimeo.com/159737738>

Why Home Instruction is Not the Answer for School Avoidance

Home instruction can be a helpful intervention for students with a chronic, disabling medical condition that requires bedside instruction. However, most of the home instruction cases that come to our attention do not involve a medical condition but instead, involve students with emotional issues in which school refusal or avoidance is the manifestation of underlying depression, anxiety, or familial stress. In these cases, home instruction is not helpful and can actually make an acute problem a chronic condition. It can be easy for students, parents, and even school personnel to get comfortable with home instruction as a long-term solution rather than the temporary intervention it is legally intended to be. There are many factors that contribute to this interminable use of home instruction, but none of them are good.

Home instruction as referenced in 6A:14-4.8, is to be used only when “all other less restrictive program options have been considered and determined inappropriate . . . notification shall be effective for a maximum of 60 calendar days at which time a renewal of the notification may be made.” Home instruction can be considered the

most restrictive environment for the student as there is no inclusion, no socialization, and minimal challenge. The negative effects on social, emotional, and academic growth cannot be overstated.

Excessive use of home instruction to address emotional problems is often driven by complicated dynamics. Well-meaning mental health professionals will sometimes recommend home instruction as a means of reducing pressure and stress. Although this may seem helpful in the short term, it does not address the underlying dynamics and therefore does not help the student prepare to move forward in life. The student on home instruction does not have to navigate the complexities of classroom and social relationships or practice the coping and stress management skills they will need to be ready for postsecondary education and the world of work.

The work of helping the anxious or depressed student can be challenging for the student, the family and the professionals involved. Indeed, long-term home instruction may represent an unconscious collusion between the mental health practitioner and others involved, in which everyone strives to protect everyone else from the difficult work that needs to be done. The most deleterious aspect of long-term home instruction is the loss of precious time in helping the student get back on track. We have heard of some students who have been on home instruction for over two school years. Other students have not attended a full year of school over the course of several years due to emotional problems.

Home instruction, if used at all for emotional issues, should be short term with a plan for re-entry to a school environment. Although temporary home instruction can provide some parents and students with much needed relief from the stressors of school attendance, this period of respite should be used to develop a plan, while continuing to keep the student engaged academically.

What are the factors involved in moving a student to the appropriate least restrictive environment?

In order to develop a plan, the professionals involved must develop a meaningful understanding of the problem and assess how best to meet the needs and provide the most appropriate setting for the student. The professionals must then communicate their understanding of the problem to the student and family. Effective communication is the prerequisite to engaging the student and family in helping to develop a plan

and to participate in that plan. The student who is ready and able to return to school may need to meet with a school counselor or other professional to facilitate a gradual re-entry period or to have a place to go to when feeling overwhelmed. Some students may not be ready to return to a school environment and may need a hospitalization or participation in an outpatient, partial hospitalization program before returning to school. Other students may need a placement in a therapeutic school setting if the public school cannot serve as the most appropriate or least restrictive setting.

If a student is placed on home instruction for emotional distress, keeping the student on home instruction indefinitely is an indication that something is wrong that needs to be addressed. Keeping a student home who is having emotional distress beyond a brief respite period is not helpful. The student will need sustained, focused intervention in order to develop new coping strategies.

If you are involved with a student struggling with emotional issues who has been unable to transition from home instruction, please reach out to us. We have years of experience in the successful resolution of difficulties with school adjustment and can offer a range of specific and effective interventions. Not all students require placement in a therapeutic school such as Sage Day. We are committed to helping you help your students get back on course to thrive, not just survive in school.

Case Examples:

John

John came to us in the 4th grade. He is a bright student who resorted to acting out because he couldn't find words for his feelings. His short school life was dominated by anxiety and behavioral problems. School was a torture and solely focusing on his behavioral symptoms led to school placements that were just wrong for him. This in turn led to him to withdraw and feel like an outcast whose problems were hopeless and unique to him.

The interventions used with him at his former school, focused on a token economy, were unsuccessful because no one realized that he had an ability to talk out his feelings. He just needed a place and person interested in seeing his behaviors as an indication that something else was going on. When he came to Sage, he and his

parents were hopeful that we would see him not as a “problem kid” but one with some problems that could be helped. He made a strong connection with his therapist after an initial testing period. They started to identify the early signs of his behavioral problems and rather than them being triggered by something outside of him, he had feeling states and thoughts coming from within that were the source. He didn’t need medication or rewards, he needed a connection and understanding. His feelings were related to family issues and his fears of separating from his parents.

As we addressed these underlying fears in individual and family therapy, he became less anxious and a whole other side of his personality developed. He began to see himself as part of the community and understood that he could be more in control of his actions; he learned that feelings come and go and to soothe himself when his therapist wasn’t readily available. He said to his Dad one day, “I got through some stuff today that would have ruined my day in the past.”

Maria

Maria entered Sage Day in grade 8. She showed significant academic potential with extremely strong critical thinking and writing skills. Her school performance was hindered by chronic absenteeism and frequent missed assignments. The absenteeism and missed assignments had been largely overlooked during Maria’s years in elementary school because she was recognized as being educational gifted. She was frequently reminded how bright and capable she was but never held accountable for being present or completing work.

Maria made some improvements during her eighth grade year, then had a setback when she began ninth grade. Now that attendance was directly tied to earning credit, Maria felt both increased pressure and increased resistance to coming to school. Her difficulties were compounded by the fact that underneath her capable exterior, she struggled with intense perfectionism and insecurity. This made it difficult for Maria to complete assignments. When she fell behind, she was too embarrassed to come to school and would refuse to get out of bed. Maria could also be as hard on others as she was on herself. At times, a disagreement with a peer or teacher would be the trigger that would drive Maria to stay under the covers and refuse to come to school.

It took a combination of therapeutic relationships, trust built with her individual therapist, the support of her peers in group, gentle but firm pushing from the clinical director, and balanced feedback from her teachers to help Maria see that she did not have to be perfect to be good at school and to relate to others. Through a combination of limit-setting and accommodation, Maria gradually improved her attendance and her consistency in completing assignments. She became more open to critical feedback and thus was able to improve her skills. She graduated with honors and went on to a competitive four year university where she continued to excel academically.

Giving Students a Meaningful Advantage

Look through the local papers and you will find numerous advertisements for services designed to enhance student performance: tutors and enrichment classes, private sports coaches, music lessons, speed and strength training, SAT prep classes, specialized camps, etc. Parents seek these services to provide their children with a competitive advantage.

We are accustomed to the idea of helping our students compete in the arenas of sports and academics. One area that is often overlooked when it comes to readiness and competition is that of emotional strength and flexibility. The Partnership for 21st Century Skills identifies the four C's necessary for success in the 21st century workforce. These are Communication, Collaboration, Critical Thinking, and Creativity. The savvy 21st century parent knows that being emotionally strong is a prerequisite to being able to exercise these four essential skills to the fullest.

Emotional strength is the foundation that allows people to handle new situations through understanding who they are and how to use their feelings. If we want our children to be ready for the world, we have to provide them with the tools to handle conflicts, disappointments, opportunities, success, failure, love, and friendships—not just the ability to kick a soccer ball or solve for X. Teaching children to understand their feelings during stressful or demanding situations rather than becoming overwhelmed gives a meaningful advantage to handling what life has to offer. Children need to be able to prepare and plan to recover from difficulties when they occur. This is best done by facing adversities with the support available during a time when the stakes are not so high. Having a therapist to help debrief, strategize, and process how

to navigate a difficult situation helps develop invaluable tools for life that can be internalized and accessed for future experiences.

Preparing Students for Life After High School

By Christopher J. Leonard, LCSW, M.Ed. | Director of Operations

For many students, the prospect of leaving the familiar world of high school is a scary one. The transition out of high school can be even more daunting for students who have been struggling with emotional and social issues. Sage Day works hard to help our students face challenges while in our programs and to help them prepare for the challenges they will face after leaving us. We have a transition department devoted exclusively to preparing Sage Day students for working and living in our global, 21st century society.

We're proud to say that each year, 75-80 percent of Sage Day graduates go on to some kind of post-secondary education—college/university studies or trade school. Others go on to serve in the U.S. armed forces or enter the workforce right out of high school. So how do we prepare our students to be productive members of the post-high school world? We utilize technology, a solid academic curriculum, formal transition classes, and personalized support.

Classroom Technology

Today's graduates must have some level of technological literacy in order to compete effectively after high school. In order to ensure our students are reaching certain milestones, Sage Day has implemented a technology initiative that helps students track their progress along the technology skills pathway. The technology we employ in the classrooms helps our students learn to use contemporary equipment and programs that will be available to them in the workplace or in college, and teaches them responsible use of computers and mobile devices.

- *SMART Boards®: Many of our classrooms are equipped with SMART Boards® in place of traditional chalkboards. These interactive whiteboard systems allow for rich multimedia access and real-time interactions with what's being displayed. Our students are able to manipulate data on the board and employ a range of media to create more immersive and dynamic presentations.*

- *Laptops: We supply laptops or Chromebooks (laptops loaded with the Google Chrome browser) for all students to use as research and learning tools.*
- *BYOD: The use of mobile devices is on the rise and, when used correctly, these are very practical teaching tools. Sage Day's bring-your-own-device (BYOD) policy embraces the fact that adults regularly use personal devices in the workplace. Students may use their own smartphones, tablets, or laptops to access our platforms where they use the Internet responsibly and with fixed academic goals in mind.*
- *Software and Online Platforms: In order to facilitate better collaboration between students as well as between students and teachers, everyone has access to Google Apps for Education and Google Classroom. These platforms allow easy online file sharing and electronic submission of projects and class work, which are common in "the real world." Specifically with regard to transition, Sage Day has joined many other private and public schools in using Naviance, a service that provides high school students with a wide variety of preparation tools. Students may research colleges and post-secondary school programs, monitor their GPA and test scores, or assess their interests and aptitudes.*

Twenty-First Century Curriculum

As part of our technology agenda, we have instituted computer coding (programming) classes at both high school campuses; these classes will give a leg up in the job market to those students who are considering coding as a career. According to the U.S. Bureau of Labor & Statistics, job demand in this high-growth field is expected to increase by 30 percent by 2020 (compared to the 14 percent average growth of all other jobs in the U.S.). We believe that developing this course is a strong example of our commitment to providing our students with the specific skills that the emerging workplace will demand.

- *Academic resilience: This is an important aspect of Sage Day's college and career readiness initiative; there are specific curriculum goals for students to achieve in each grade. For example, high school students are required to complete problem-based learning projects that encompass essential skills*

every year. These skills are reading, writing, public speaking, and appropriate use of technology for research and presentations.

Eighth-grade students who have completed one year at Sage Day are required to present a project that proficiently incorporates these core research and presentation skills on a grade-appropriate level. We also guide middle school students towards development of the creative and critical thinking skills that they will need for high school success.

- *Financial literacy: We set benchmarks for our students to ensure they understand the basics of how money is earned, how it's spent, and how to gain insights into the cost of living. Students learn about loans, debt, budgets, and more. Seniors and 8th graders must pass a financial literacy assessment.*
- *Extra-curricular activities: Our clubs and programs help students refine skills and shape future plans; most notable are our Student Council as well as our Community Service, Art, and Music Clubs. These activities cultivate interests and promote leadership.*

Active Transition Preparation

It's never too early to get students thinking about life after high school, and the more accustomed to this idea they become, the easier their transition will be. Therefore, we offer a transition class in each year of high school; juniors and seniors focus on solidifying a specific post-secondary plan while freshmen and sophomores begin to follow a high school road map that will prepare them to pursue their post-secondary goals. Even middle school students are guided to start thinking about their futures; the majority of 8th graders who've completed one year at Sage Day are able to articulate their insights about possible future career paths through a short oral presentation about a potential career.

- *College advisory teams: Each of our high schools has a college advisory team made of teachers and therapists who assist the college and career coordinator in developing activities, experiences, and personalized plans for our transitioning students.*

- *Targeted transition courses: Of course, not all students will have a clear mindset about their futures and many students will frequently change their minds. We support juniors and seniors with Career & College Process 1 and 2, a two-year program designed by a retired Sage Day principal. Students explore career and employment options more deeply; get assistance with the college search, selection and application processes; write college essays; and explore the demands of college life. We also help seniors complete a resume (for college applications or work searches).*
- *Personalized transition: In addition, each junior and senior student meets regularly with our college and career coordinator to discuss education, training, and career ideas and goals, and to formulate a personalized transition plan. To bolster this service, we have formed peer transition groups at both high schools for students to discuss their futures and support each other. Whatever paths our students choose after Sage Day, it is up to us as educators and therapists to ensure they are aware of, and comfortable with, their choices, and they are able to make informed decisions.*

Helping the Self-Injuring Child

Self-injury—the intentional harming of one’s own body—usually begins between the ages of 11 and 15. It is done to relieve emotional pain, anxiety, or stress. Although it can be a risk factor for suicide, self-injury is not typically suicidal behavior. Rather, it is a form of self-soothing and it is often referred to as “non-suicidal self-injury” or NSSI. Adolescents who engage in NSSI generally have hyper-reactive emotions or have been raised in or live in emotionally chaotic environments. Existing mental health problems such as depression or obsessive-compulsive disorder may lead to NSSI.

Self-Injuring Across Genders

Approximately two million cases are reported every year in the U.S. and there has been a two-fold increase of reported cases since 2007. These behaviors are increasing among males. Studies published by the National Institutes of Health state that between 17 and 28 percent of teens report having participated in NSSI. Some teens do this to themselves regularly while others do so in the moment to relieve emergent feelings of stress.

- *Nine percent of girls engage in self-injury, primarily through cutting on the arms, wrists or legs; some also cut on their breasts, genitals, thighs, or stomachs.*
- *The incidence among boys is 6.7 percent, usually through self-hitting or burning.*
- *Other types of behaviors are scratching, picking at the skin, biting, and pulling out the hair.*

Although many cases are related to abuse or highly charged emotions and home environments, other stressors (social, academic, or calamitous in nature) may come into play such as pervasive low self-esteem, feelings of loneliness or fear, eating disorders, or impulse control problems. More incident-related stressors may include:

- * *Fights with friends*
- * *Social ostracizing*
- * *Family problems/loss—separation, divorce, death of parent/caregiver, substance abuse*
- * *Important tests, academic pressure*
- * *Performance anxiety—recital or play*
- * *School dance*
- * *Peer pressure*
- * *A serious accident*

Many studies have linked self-injurious behavior to dissociation, and cutting may provide some relief from the dissociative state. The appearance of blood is visible proof that the person is alive, which draws him or her out of the dissociative state.

Signs of Self-Injury

Self-injuring teens don't know how to ask for help or who to ask. However, this behavior may draw the necessary attention that leads to their counseling and recovery. Parents, teachers, and administrators should be aware of several warning

signs for self-injury. These may be emotional or physical, obvious or hidden. Examples include:

- * *Unexplained injuries (cuts, bruises, scratches, burns)*
- * *Excuses or acting embarrassed about injuries when discovered*
- * *Hiding injuries with long sleeves or long pants (even in warmer weather)*
- * *Withdrawn, secretive behavior*
- * *Spending time with other self-injurers (in person or online)*
- * *Trouble concentrating at school or work*
- * *Difficulty with personal relationships*

Treatment of Self-Injury or Self-Mutilation

Because the self-injuring teen experiences NSSI as an anxiety-reducing quick fix, it can become addictive, but is treatable. When treated, most cases resolve by young adulthood. However, if left untreated, NSSI may continue into adulthood, especially among females.

If the teen is already in therapy for self-injury, he or she needs a lot of emotional support through the healing process; parents should make sure that the school administrators and school psychologist are aware of the situation. However, if the problem emerges outside of therapy—in the home or in school—here are some steps that parents and school personnel should take.

Advice for Parents:

It's difficult to acknowledge your child is self-injuring but try to talk calmly and directly about the issue and its cause

Seek counseling for your teen to work through his or her issues and develop healthy ways to cope with stress and anxiety

Encourage your child to find safe outlets to relieve stress such as journaling, physical exercise/sports, or playing a musical instrument

Talk to your teen about avoiding websites, music, videos, or other people that glorify self-injury

Don't hesitate to seek professional help for your own feelings about the situation

For School Personnel:

NSSI may reveal itself in the school before it is recognized in the home. Fellow students or faculty may be the first responders to the problem so having policies and procedures in place are important.

At Sage Day Schools, we see many students who are vulnerable to or engage in self-injuring behavior, and who are enrolled in our schools because of the therapeutic environment we provide. We have developed protocols to deal with this and to support students who are in counseling and recovery.

- 1. If a student reveals the behavior to a teacher or administrator, take him to the school office right away.*
- 2. Check to see if first aid is required; administer if needed.*
- 3. Inform the district's embedded clinician or contact the school psychologist.*
- 4. Assess the immediacy of risk.*
- 5. Have the student empty all contents of student's locker, desk, or backpack so that an administrator can examine the contents.*
- 6. Confiscate any items that can be used for self-injury.*
- 7. Contact the parents/guardians. Make a plan with parents for safe and supervised travel between home and school.*
- 8. Ensure that a plan for counseling is in place with a therapist experienced in working with self-harming behavior.*
 - 9. Inform the student's teachers so they may be aware of warning signs and can support the child through recovery.*

Self-injuring adolescents need to find safe and healthy outlets for their frustrations, anxiety, and stress. Schools can be an active partner in helping these vulnerable teens when school interventions are combined with therapy and parental support.

How Schools Can Support Transgender Students

“Are the kids nice? Can I wear what I want?” “Will my child develop friendships?” These questions reflect the anxieties of almost any child or parent upon entering a new school, and they are real questions submitted by potential applicants to Sage Day. When a child is struggling with transgender identity and has developed ineffective ways of coping with the emotional challenges of a typical school environment, these concerns are amplified, and the student may need to find a program that will help them learn how to be socially and academically successful in school.

Schools must become better prepared to anticipate and address potential issues confronting sensitive transgender students at a time in their lives when all students are trying to find themselves. The goal is to help them create an identity that will lead them into a healthy, happy, successful school experience and future. Parents of transgender and nonconforming youth and children face some tough choices when deciding which schools will best serve their kids’ interests. Although advances have been made in protecting the rights and safety of transgender students, variations in both state and local laws as well as local cultural norms may leave children exposed to less-than-ideal circumstances. It’s important that schools recognize the pain and isolation inflicted on many transgender students and all those questioning their sexual identity and orientation.

Here are key areas of concern that schools should address, and signposts that parents of transgender kids should watch for when deciding on a school, whether public or private.

Safety and Academic Standards

First and foremost, schools are responsible for creating a safe and supportive environment by establishing and implementing an effective anti-bullying policy. Bullying and harassment of LGBT students, especially transgender students (in older grades) and non-conforming students (in younger grades), have a major impact, as illustrated in these statistics:

Higher levels of student victimization correlate to lowered educational aspirations and lower academic achievement.¹

Close to half of the transgender youth in one study indicated that they have attempted suicide¹, a sad statistic.

Close to 80% of transgender students report that they have experienced some type of harassment.¹

55% of transgender students have experienced physical harassment in school in the form of pushing or shoving.²

Nearly half of transgender students felt uncomfortable or unsafe enough to skip a day of school or a class during the month.

Policy and Legal Implications

Title IX, the federal law prohibiting school sex discrimination, also covers harassment, bullying, or discrimination against gender nonconforming or transgender students.³ In fact, public schools must protect transgender students from harassment according to legal policy at every level.

Individual states have passed specific laws, such as the California Education Code, which requires that students be protected from harassment due to gender identity or sexual orientation. Up to 160 cities have also passed laws prohibiting gender identity discrimination.⁴ Students are further protected under the First Amendment of the U.S. Constitution and multiple laws mandating freedom of speech. Note: schools have the right to limit some kinds of speech according to appropriateness of location and time.

Schools should establish guidelines against all forms of sexual harassment or risk legal liability and, potentially, invite oversight by the Office of Civil Rights (OCR). The risk is quite real, and the law spells out specific steps that should be followed to ensure they are in compliance, including:

All recipients of federal funds must adopt and publish grievance procedures for instances of sexual harassment.

Students have the right to submit harassment complaints against fellow students or school employees to the OCR.

School districts may be held liable for failures to supervise which result in students experiencing sexual abuse, if officials are found to have shown “deliberate indifference” to a child’s welfare. The judgment of deliberate indifference can be applied if a school official meets—or, rather, fails to meet—certain criteria, including:

Having some knowledge of abuse

Having authority to take action

Failing to take action to stop abuse

An injury to a child due to failure to act

Who is liable? Supervisors may be held accountable for a subordinate's harmful acts when they know of behavior that suggests sexual harassment and do not take any action.¹

Culture and Language

School administrators and faculty are in a position to model behavior that establishes a culture of acceptance and reinforces an inclusive environment. Language is an essential component and a tool for setting the right tone. In particular, school psychologists are expected to uphold a standard and employ language that is non-discriminating, as described in the NASP Position Statement.¹

Recommended language standards take their cues from transgender students themselves. Guidelines include always using the individual's chosen name and addressing each one with the pronoun appropriate to the gender they identify with, as indicated by their gender expression and appearance, or by asking their preference, if possible. Also, use the word transgender as an adjective, not as a noun. When referring to gender identity, the preferred usage is "assigned male at birth," or "assigned female at birth."¹

Creating opportunities to discuss these issues in the classroom is an important component in building a welcoming environment. Students learn empathy through understanding of transgender students, who in turn are enabled to develop greater self-esteem.

How to Create a Welcoming Environment

Take steps to build a welcoming environment for all children by involving all community members. Include parents, educators, and advocacy or support groups. Parents and public schools can look for models of successful programs to private institutions, like Sage Day Middle School in Mahwah, NJ, where children in grades

4 – 8 find an open, non-judgmental environment, following most of the recommendations below, and more.

Here is a checklist of steps to consider:

- 1. Use inclusive language consistently; for example, when addressing a group, refer to the class or to “everyone,” rather than specifying “boys and girls.”*
- 2. Avoid breaking into groups according to gender; instead, opt to group kids alphabetically by last name, favorite colors, or other inventive ideas.⁴*
- 3. Provide children’s books and posters that include non-stereotyped characters. There are many available that illustrate transgender and nonconforming children of varied races.⁴*
- 4. Use a professional development approach to prepare staff for all possible needs surrounding gender-variant children. Provide guidance in advance so teachers will know how to incorporate policy into everyday settings, from lesson plans to classroom language, and for record-keeping and schoolyard monitoring.⁴*
- 5. Provide clearly outlined policy materials in the form of a handbook or guidelines that instruct teachers in appropriate ways to handle all possible issues around transgender students. Prepare staff for handling bathroom use, after-school activities like sports, how to use pronouns and children’s names, and handling confidentiality issues, including student records. Each transgender student’s record should indicate their preferred name and gender identity, but steps should be taken to remove such private information from classroom documents such as rosters.⁴*
- 6. Offer support groups for students like the Gay Straight Alliance Network (GSA), which involves students who identify as any gender or sexual orientation, including those who are transgender, bisexual, questioning, or heterosexual.¹*
- 7. Provide psychotherapeutic assistance to help students work through transgender issues, as well as supportive therapy for families and support groups.*

8. *Establish lines of communication so that students know who to approach for help when they feel harassed, intimidated, or threatened due to their gender identity. Prepare staff and administrators to quickly follow up on any such incidents.*

Sources:

EducationAdminWebAdvisor. "Transgender Students in K-12: Navigating Accommodations and Avoiding Litigation." Cino, Jessica Gabel, Esq., Presenter. DKG Media, LP. 2015.
<http://www.educationadminwebadvisor.com/schedule/detail/Transgender-Students-in-K-12-Navigating-Accommodations>
<http://www.adl.org/education-outreach/curriculum-resources/c/discussing-transgender-and-gender-non-conforming-identity-and-issues.html>
<http://www.transequality.org/know-your-rights/schools>
<http://www.cnn.com/2014/10/03/living/children-gender-inclusive-schools/>
<http://www.lambdalegal.org/know-your-rights/youth/tgnc-friendly-schools>

Getting to "No" You

By John Reilly, LCSW, NCPsychA | Executive Director

"I never take NO for an answer" is a statement said with pride, as it is associated with perseverance, success and strength. But those who cannot take "no" or an answer suffer greatly when they realize that the world will not stop saying "no."

As educators and clinicians, we are often confronted with students who, to their detriment, cannot take "no" for an answer. When confronted with a "no" these students do not respond with, "I'll find another way" or "I'll see if there are other options." To the contrary, these students will respond to "no" with, "I want it my way!" When the answer is still "no," they may respond with various maladaptive behaviors including outbursts of temper, misbehavior, social withdrawal, or subtle efforts to manipulate their way to "yes." Compounding this problem is an increasingly widespread adult belief that kids should be absolutely protected from disappointment, failure, and frustration. Of course, we do not want our children to experience pain, but in most cases, "no" is not life-threatening; it is preparation for dealing with the world and the limitations of our will.

At Sage Day, we spend a lot of time working with students to help them tolerate hearing the "no" in life. Clinically speaking, this is the work of developing the ego in

the areas of frustration, tolerance, delay of gratification, and working through disappointment. When students develop these ego strengths they make the greatest gains and begin to feel they can handle more in life. When these ego strengths are not developed, the student feels like a victim in the world. Disappointments feel like attacks and the student may respond in ways that are out of proportion to the offense. These maladaptive responses can lead to social isolation, and the student's sense that things are not going well becomes a self-fulfilling prophecy.

The student who cannot take "no" for an answer will often conclude that the school is the cause of his or her problems and develop the notion that a new school will be the cure-all. Thus, for many students,

the first several weeks at Sage Day can be a honeymoon period. The student is grateful to be in a place that feels different from whence they came. Although the previous environment may have exacerbated their anxiety and feelings of being overwhelmed, it is only in rare cases that the environment is the sole cause. In fact, when students come to Sage Day, they do not check their problems at the door.

The difference at Sage is that we have the time and staff to help students work through their disappointment in discovering that a mere geographic change is never a complete solution. We respond to this disappointment with a lot of empathy and tact, but we balance this with clear expectations and limitations. This provides the student with the opportunity to learn to tolerate frustration and press on, even when everything is not going the student's way.

Students slowly begin to realize that they are the architects of their own growth and that positive changes result from plain old work. This work takes place in therapy, in class, and in the social arena. To aid in this process, we do not have to create frustration or disappointments, these just happen. When disappointments and frustrations do arise, we are there to help the student pick up the pieces. The process is slow and the work is hard. There is resistance and testing along the way, as students will frequently resort to their maladaptive habits and tactics for handling frustration. We respond by staying the course and helping parents to do the same. The result is a stronger and more resilient person who is better prepared for what is next in life.

Marijuana and the Screw-Its

By John Reilly, LCSW, NCPsyA | Executive Director

With legalization trending, there is a growing perception that marijuana is harmless and no different than alcohol. Parents need to know and discuss the dangers of smoking pot, and adolescents need to know that this drug is not harmless when it comes to achieving their goals and being prepared to handle life's challenges. Parents must send a clear message that they won't tolerate marijuana use.

As a therapist, I often meet parents who want the best for their kids—parents who spend a lot of time, money, and energy making sure their kids have every possible opportunity. When I hear that these same parents tolerate marijuana use, I am struck by the paradox. How could parents with such dreams for their children put those dreams in jeopardy by allowing this sabotaging behavior?

I can only conclude that these parents either don't think marijuana is that bad or they don't feel that they can really do anything about their children using the drug. Quite often, it's the thought that marijuana is benign that leads to parental inaction. With increasing public support for legalization, marijuana users will feel their arguments in favor of marijuana use are stronger than ever. Is there an effective argument against it?

Here are two classic arguments against marijuana use that, although true, really don't work (that said, tell them anyway).

- 1. Marijuana is a gateway drug. True, but that won't convince a teenager or young adult that using pot is dangerous. Although most users of harder drugs first used pot, there are many pot users who never go on to other drugs. Most teenagers think they are impervious to moving on to harder drugs.*
- 2. Marijuana use could trigger a psychotic episode. Yes—for someone predisposed to serious psychiatric disorders, depression, or panic. Adolescents aren't often influenced by this argument, but parents should be.*

A much stronger argument against pot lies in a phenomenon involved with chronic marijuana users that I call the "screw-its." This was best defined by one of our Sage Thrive Clinicians, Heather Wombough, as when "goals, desires, and plans that

were important while sober get pushed aside for the immediate gratification of using marijuana.” Procrastination is an immediate result of being high. Unfortunately, the longer one smokes, the more that procrastination and redefining of priorities become embedded as a way of life. “Screw it” becomes the convenient mantra of the chronic pot user.

It’s not that people who chronically use marijuana don’t have goals; they do. But chronic use produces a complacency that kills perseverance. This leads to something related to the “screw-its”, the “used to’s.”

“I used to play sports.” “I used to do well in school.” “I used to have a lot of interests.” “I used to ...” Many chronic pot users will deny that marijuana has anything to do with the “used to’s.” Instead they will blame a coach, a teacher, a situation . . . anything but the pot use.

Marijuana’s medicinal uses should not be discounted. It does help with many ailments and pain management. However, and this is important, using pot to relieve the pain of being in a negative situation is a serious problem. I’ll say it again: using pot to relieve the pain of being in a negative situation IS A SERIOUS PROBLEM. The pain of a negative situation can be an important motivator to help find a better solution. Numbing the discomfort also numbs our motivation for change.

Learning to change and adapt is one of the most important developmental tasks of adolescence. Other important tasks include: goal setting and planning, dealing with negative experiences, coping with adversity, and delay of gratification. Mastering these tasks are essential. Unfortunately, if marijuana and the complacency it induces are part of one’s adolescent life, these goals are not fully met.

The avid pot user will counter: “Pot is not addictive or as dangerous as other drugs.” Yes, when compared to heroin or cocaine, marijuana is not as physically addictive. Once a person becomes addicted to an opiate such as heroin or oxycodone, the goal of use is not just to get high, but to not get sick. Cocaine and opiate addiction become all-consuming and the detrimental effects of this type of use become obvious. These drugs tend to ruin lives quickly. Pot ruins lives slowly.

One’s life doesn’t fall apart as rapidly or as dramatically as it does with some of the more physically addictive drugs. Therein lies the real danger—the effects of chronic marijuana are gradual but life-changing. The shift in attitude, the “screw-its”

that accompany chronic pot use are the real danger. Chronic pot use will allow a person to feel OK about staying at home with his or her parents after dropping out of school or quitting a job.

The “screw-its” are at the root of the flatline in growth. Living at home and making minimum wage is fine when one is 20 years old, since many peers are in the same position. When you start hitting 25, 30, 35 and are still at home making a little bit of money, it should be obvious that something is wrong. I know more than a few people in their mid-30’s, mid-40’s and even mid-50’s who are back or still living at home with their parents with no real careers. What do they all have in common? Marijuana use, starting in their teenage years. Their lives didn’t fall apart like someone who does other drugs, but because no disaster happened, they failed to realize that the situation in which they find themselves IS a disaster. What allows them to feel OK while in this situation? Marijuana use.

There will be an onslaught of pro-marijuana messages over the next few months. Marijuana advocates are very good at presenting all of the positive attributes of pot but they don’t tell the whole story.

As parents and professionals, the “screw-its” are part of the story that we need to tell and retell.

Standing Firm

By Janet Bertelli, MSW, LCSW | Clinical Director, Sage Day Rochelle Park

The ability to stand firm and say “no” to your child who is pleading, crying, or even having a tantrum to get you to agree to something they want can be a daunting and exhausting experience. But when the child is 15 years old (and not 3), saying “no” to him or her may be much more difficult than saying “no” to the three-year-old who wants the candy bar at the supermarket checkout counter.

However, there is a great similarity between the three-year-old and the teenager when it comes to power struggles. Both are playing out the internal struggle to define themselves while still wanting and needing structure and absolute consistency from their parents. The teenager is caught in a paradoxical tug of war; he or she wants to be treated like a grown up yet taken care of like a child at the same time.

Parents need to be strong, resolute, and remain firm in whatever stance they are taking. There are certainly times when it is beneficial to sit down and negotiate because it is good for children to develop autonomy by learning to make their own decisions. There are times, however, when saying “no” should be absolute and without negotiation.

As your child enters adolescence, it is usually a good time to evaluate which requests can be negotiable and which are non-negotiable. Non-negotiable requests might be when your teen is asking to do something that you are not comfortable with: an activity that you feel your child is not mature enough to handle, or going to an event with peers who you do not know. Setting down the rules ahead of time allows you to calmly tell your child that their request is clearly not within the terms of agreement. Not only the rules but the consequences of breaking those rules should be discussed, before an incident occurs.

Your “no” should always be delivered with the consequences that will occur if your teenager defies you. For instance, “You may not go to the mall after school and if you do, your phone will be turned off for the weekend.” It is difficult to listen to the pleading and begging, and even more difficult to hear what falls out of your teen’s mouth when they realize that you are not relenting.

In the book, *Ready or Not, Here Life Comes*, Mel Levine, MD emphasizes that adolescents need to learn to accept non-negotiable rules. He points out that as adults, we encounter many non-negotiable expectations and that parents need to help their children prepare to cope with such expectations. Your child may be crestfallen if you say “no” to them about going to a concert without supervision, but it is important to know that letting your child experience being disappointed and unhappy is a way for them to learn that these feelings are transient.

At Sage Day, we partner with parents to help them negotiate and navigate the difficult waters that adolescents sail upon. We know how difficult holding the line can be and we are always available to offer our support.

Chapter 4

Support for Districts



Successful Transition from Therapeutic School to Public School

Sage Day Schools offer a smaller, therapeutic environment for students who are not thriving in a larger public school due to a variety of emotional issues. Our goal is to help our students achieve a healthy level of academic success and emotional healing so they can smoothly transition back to mainstream educational programs and/or the workforce. Given the proper preparation and support, a significant number of our students can successfully return to their home school districts. Although many of our students may be apprehensive about change, providing the right support helps them recognize that they can succeed in spite of their fears or concerns. Here is an overview of how we support each student through the transition from Sage Day Schools back to the public school.

We ensure that the student is in fact ready for transition.

In order to demonstrate readiness for transition to the mainstream setting, a student should exhibit the following indicators over a period of at least six months:

- *Stronger connection to the school community as evidenced by participation in school activities. Peer interaction should be at a level necessary to engage in the collaborative work expected of students in mainstream settings and/or the workforce. Successful participation in at least one activity or class in the mainstream district is an even stronger indicator of readiness.*
- *Maintenance of grades that are in line with the student's ability and engagement in the learning process as evidenced by consistent use of effective study habits.*
- *No incidence of hospitalizations, self-injury or other maladaptive symptoms of the underlying emotional issues that led to the need for out-of-district placement.*
- *Active involvement in counseling (private or through the school) to help with the transition and other developmental issues.*
- *Successful interaction with the community outside Sage Day via employment, participation in a club, team or other sustained activity.*

Sometimes a student will request a transition before he or she has demonstrated a sufficient number of these indicators. In this case, we first help the student recognize the need to demonstrate the indicator. Then we support the student in setting and pursuing the goal of achieving the indicator.

We prepare the student and family by engaging them in sustained dialogue about the transition. We talk at great length with the transitioning student and his or her family about the upcoming return to their home district. Although we cannot prepare students for everything that might come up, discussing, recognizing and reframing fears and concerns in advance helps them feel more at ease with the upcoming change. We remind transitioning students of their successes and accomplishments and help them recognize the confidence they have developed as a result. We also do not overlook what the students may still need to work on. For example, a shy student may continue to experience difficulty with peer interaction. However, we can help this student recognize and utilize coping skills to maximize his or her success in working with peers.

We establish a formal transition plan and schedule. Once the student has maintained the solid performance indicators outlined above, we collaborate with the student, parents, and school district to set up a formal transition plan. This may include a period of time during which the student spends part of each school day at Sage Day and part of the day in his or her public school to support the student in re-acclimating.

We engage in sustained communication with the student, family and school district. Our educators, clinicians, and administrators all know how important communication is to the success of our students' daily school life. Accordingly:

We maintain an ongoing dialogue with our students and their parents about each student's progress. This occurs formally and informally via discussions with teachers, individual, group and family therapies, progress reports, report cards, and parent-teacher conferences.

We work with district administrators and their staffs to maintain open lines of communication between students, their families, and the schools so that returning students feel more at ease in their home districts.

We provide the districts with updated information about each student's challenges and progress through quarterly summaries; these summaries cover the students' overall social and emotional functioning as well as report cards that focus on academic performance.

We encourage the student to get involved at his or her district school. Students who get involved with activities at their district school develop a stronger connection and relationship to their school. A student can enjoy even greater comfort and confidence when he or she pursues an activity Sage Thrive (e.g., art, music, community service, etc.) that he or she has enjoyed at Sage Day Schools.

We help establish a supportive Sage Thrive atmosphere. The most important aspect of making an easy transition to a district school is to give students ample opportunity to express their feelings and thoughts—just as they have at Sage Day Schools.

We work with school administrators and school psychologists to develop an atmosphere in which students feel empowered to address their concerns in the moment, rather than allowing these concerns to become obstacles to progress.

In addition, we work with the student's child study team to discuss the areas in which the student will need continued support upon return to the sending district.

Our embedded therapeutic services are available in many New Jersey school districts; these services provide a supportive bridge between the therapeutic environment students had at our Sage Day Schools and their lives back at public school.

We support parents through the transition. Sometimes the parent of the transitioning student may feel anxiety about the student's transition back to public school. At other times, the parent may want the student to transition before the student is ready. In either case, it is important to listen to the parent and engage him or her in the process.

At Sage Day Schools, we are committed to making the transition from a therapeutic school back to public school as smooth as possible for students and their families. This is a key component of our commitment to getting our students ready for the challenges they will face during life after Sage Day.

Sage Thrive In-District Therapeutic Services

As a leader in the field of therapeutic education, Sage Day recognizes that there is a population of public school students who would benefit from our therapeutic service yet do not need to be placed outside of their district. To meet this need, Sage Day offers Sage Thrive therapeutic programs, an initiative we launched in 2006. After cultivating positive relationships and building a strong reputation among child study teams, mental health professionals, and parents whose children have benefited from a Sage Day education, we are able to bring our skills and services directly into public school districts.

We currently offer embedded therapeutic services/counseling in several school districts throughout northern New Jersey. Services include: individual, group and family counseling, classroom observation, in-service presentations, and additional support and consultation for districts.

Best of Both Worlds

Sage Day professionals bring with them expertise in the therapeutic realm as well as experience in the educational setting. Our professionals understand how to balance both of these components to benefit both students and educators. Every day in our own high schools and lower & middle school, we integrate the supports our students need with quality education. Since implementing our Sage Thrive program, we have been able to bring our therapeutic supports into the mainstream public school setting.

Having a Sage Certified Clinician on-site is an excellent adjunct to the work done by the child study teams and school counselors, and provides a higher level of care that serves public schools and public school students in several ways.

Specialized Therapeutic Resources the Students Need in Comfortable, Familiar Surroundings

Sage Clinicians deal with more intense clinical needs of those students within a specific population. They focus on active treatment, and provide preventative and restorative early intervention for students struggling with an array of clinical issues. Our clinicians can devote their full attention to meeting with and supporting students because they are not bogged down with the numerous administrative and non-

clinical responsibilities handled by child study team personnel.

Students receiving Sage Thrive services also have the comfort and safety net of knowing they can check in and receive support from their on-site clinician when they need it, should an issue arise that can't wait for their regularly scheduled appointment. Overall, there is less disruption to the student's school day, which further enhances his or her school experience.

Reduces Outplacements and Frees the Districts from Hiring Clinical Supervisors or Specialists

Sage Thrive is designed to fill the gap between traditional in-school support and an out-of-district placement. Working with child study teams, school counselors, and school administrators, we identify those special education students who would benefit from staying within district.

Sage Clinicians see more complex cases, including issues of school avoidance, depression, and anxiety. These cases require sustained intervention by well-trained and closely supervised clinical professionals. In addition to providing the Sage Certified Clinician, Sage Day's executive director, who has 25 years of clinical experience (17 of them in therapeutic school interventions), provides direct clinical supervision. It all adds up to a level of support, specialization, and supervision that are not usually available in the typical school structure.

Sage Thrive Services Provide Consistency to Students Who Need it Most

On-site counseling sessions are regularly scheduled according to each student's needs. Counseling sessions could vary from one to several times a week, depending on the student. This is more intensive and gets more lasting results than crisis intervention or the "as-needed" model of traditional public school counseling services.

Sage Day's interventions are consistent, which provide the students ample opportunities to work through their issues in a more productive way. Our clinicians are also available to respond to and process a student's crises more immediately since they are on-site and trained to manage these events.

Embedded Therapeutic Services Help Ease the Transition for Returning Students and Help Others Maintain a More Positive School Experience

The accessibility to ongoing therapeutic services enable students to remain in their districts with less intervention or just the right amount of support. Embedded services also enable students who had been attending a therapeutic school out of district or receiving home instruction, to re-engage with and ease back into public school life with less conflict. We find that students adjust to being back at public school more readily with this kind of support.

Six Benefits of Having a Sage Certified Clinician in Your School

By John Reilly, LCSW, NCPsyA | Executive Director

Sage Thrive provides in-district services to public schools that want to better serve their students on-site (within the district), prevent out-of-district placements, and to help return students to district who are ready to do so. In speaking to a director the other day about our services, he asked these questions:

Why can't I just hire another child study team member? What does having a Sage Certified Clinician on site provide that is different from a school counselor or child study team member?

There are six benefits to having an on-site Sage Clinician:

- 1. Our job is focused on the therapeutic counseling services and is therefore specialized to provide preventative and restorative early intervention. The school counselor/CST member has many non-clinical duties and heavy caseload responsibilities; therefore, he or she is less available for or focused on treatment. Child study team members do not have the time and may not have the specific depth of clinical training to meet the intensive therapeutic needs of students.*
- 2. Sage brings a level of support, specialization, and supervision that is not available in the typical school structure. Because the cases seen by the clinicians are very complex, it is imperative that they are well-trained and supervised. However, the Sage Certified Clinician is only one component of the services; the intensive clinical supervision that the Sage Certified Clinician receives is the other. Our supervision is based on 25 years of clinical experience, 17 of which are involved directly in therapeutic school interventions.*

3. Sage is responsible for hiring the clinicians and overseeing all aspects of the interventions.
4. Counseling sessions can be scheduled 1-3 times per week. This differs from the typical approach to school counseling, which can be more oriented to crisis intervention rather than be proactive and sustained. Our interventions are scheduled and consistent, providing students the opportunity to work through issues prior to a conflict. In addition, we are available to respond to and process a crisis more immediately. This allows for a quicker recovery time and return to learning.
5. We are present to deal with crisis situations and are available to make determination for a higher level of need (psychiatric/suicide screening).
6. Our hours are flexible and allow for family counseling sessions during non-school hours.

The therapeutic relationship is powerful and having a consistent presence that allows the student a place to check in and gain support is imperative. Sometimes just a few minutes of contact with the clinician goes a long way in helping a student maintain functioning in school.

Why Sage Day CHOOSES to be a Non-Approved School

We are frequently asked why Sage Day is a non-approved school. Some professionals wonder if we are unable to be approved. The fact is, Sage Day CHOOSES not to be approved, for several reasons. First, the approval process is about two main factors: standardization and compliance; at Sage Day, we seek to go beyond standardization and compliance. Second, our accreditation process is more rigorous and more focused on improvement than state monitoring. Third, as required by law, we provide services which are comparable to those provided by a public school but are modified appropriately to meet the specific needs of our students. Let's break this down:

1. *There is nothing about either standardization or compliance that is of benefit to the students of Sage Day. Sage Day is an organization of therapeutic schools providing intensive therapeutic services within a small,*

safe, and supportive school community. The state standards do not provide the guidelines Sage Day needs to provide strong therapeutic education nor the depth of social and emotional learning that is necessary for our students to succeed. Therefore, Sage Day chooses to go beyond compliance and instead engages in sustained, systematic, and continuous school improvement planning and execution that embraces both academic and therapeutic goals. Sage Day's current school improvement plan centers on specific goals tied to:

- a. Content Area Literacy: A systematic devotion to reading, writing and content understanding that is aligned with the Common Core Standards and New Jersey Student Learning Standards.*
- b. College and Career Readiness: A personalized commitment to effective transition planning, provision of work-related experiences, the development of financial literacy, school-wide community service, and the cultivation of academic resiliency through problem-based learning and a commitment to social and emotional learning.*
- c. Technology Integration: A commitment to the development of technology skills as outlined in the New Jersey Student Learning Standards.*

Through this commitment to continuous school improvement, each Sage Day school becomes a laboratory within a community of laboratories. Our schools share the same goals but each one is encouraged to approach the goals using techniques and strategies that best fit its own students, parents, and faculty. At the same time, our separate schools collaborate intensively with each other. Interschool teams of administrators, teachers, and therapists meet frequently to discuss progress toward goals and share best practices.

- 2. As a non-approved school, Sage Day must be accredited in order to receive public school students. Sage Day is accredited by the Middle States Association of Colleges and Schools-Commissions on Elementary and Secondary Schools (MSA-CESS). As part of the accreditation process, Sage Day must demonstrate its adherence to the rigorous MSA-CESS Standards for Accreditation. These 12 standards include:*

- I. A coherent Philosophy and Mission*
 - II. Governance and Leadership that is accountable to stakeholders*
 - III. Evidence of commitment to continuous School Improvement Planning*
 - IV. Evidence of Financial stability and accountability*
 - V. Facilities that are optimally suited to a therapeutic school community*
 - VI. Evidence of systems the support optimal School Climate & Organization*
 - VII. Consistent attunement to Health and Safety*
 - VIII. A strong Educational Program*
 - IX. Clear best practices in Assessment and strong Evidence of Student Learning*
 - X. Exemplary practices in Student Services matched to student needs. All of our students receive twice weekly individual counseling, twice weekly group counseling, and weekly family counseling.*
 - XI. Evidence of robust programs to support Student Life and Activities*
 - XII. Evidence of a strong and varied array of Information Resources & Technology*
- 3. Under the NAPLES ACT (N.J.S.A. 18A: 46 -14a) Sage Day MUST and DOES meet or exceed all of the following criteria:*
- a. Maintain accreditation, i.e., the ongoing, on-site evaluation of a nonpublic school by a governmental or independent educational accreditation agency which is based upon written evaluation criteria that address educational programs and services, school facilities, and school staff;*
 - b. Provide a suitable special education program pursuant to N.J.S.A. 18A:46-14a.;*
 - c. Be the most appropriate placement for each student;*
 - d. Meet the requirements of the student's individualized education program;*

- e. Provide each student a program that meets all the requirements of a thorough and efficient education as defined in N.J.S.A. 18A:7A-5c through g;*
- f. These requirements shall be met except as the content of the program is modified by the IEP based on the educational needs of the student;*
- g. Statewide assessment and graduation requirements shall apply;*
- h. Participation in statewide assessment and/or exemptions from graduation requirements shall be recorded in the student's IEP according to N.J.A.C. 6A:14-3.7(e)7 and 9.127;*
- i. All personnel providing either special education programs according to N.J.A.C. 6A:14-4.4 through 4.7, or related services according to N.J.A.C. 6A:14-3.9 shall hold the appropriate educational certificate and license, if one is required, for the position in which they function;*
- j. All personnel providing regular education programs shall either hold the appropriate certificate for the position in which they function or shall meet the personnel qualification standards of a recognized accrediting authority;*
- k. All substitute teachers and aides providing special education and related services shall be employed according to applicable rules at N.J.A.C. 6A:9B-6.5, N.J.A.C. 6A:32-4.7 and this chapter;*
- l. The student shall receive a comparable program to that required to be provided by the local district board of education according to N.J.S.A. 18A:35-1, 2, 3, 5, 7 and 8, 18A:40A-1, 18A:6-2 and 3, N.J.A.C. 6A:8-3.1, and N.J.A.C. 6A:14-1 through 4. These requirements shall be met except as the content of the program is modified by the IEP based on the educational needs of the student. Exemptions shall be recorded in the student's IEP according to N.J.A.C. 6A:14-3.7(e)7 and 9;*
- m. Provide services which are nonsectarian;*
- n. Comply with all relevant State and Federal antidiscrimination statutes;*
- o. Written notice has been provided to the student's parent regarding this placement which has included a statement that:*

- i. The nonpublic school is not an approved private school for students with disabilities and that the local school district assumes the ongoing monitoring responsibilities for the student's program;*
- ii. No suitable special education program could be provided to this student pursuant to N.J.S.A. 18A:46-14; and*
- iii. This is the most appropriate placement available to this student;*
- iv. The placement is not contested by the parents; and*
- v. he nonpublic school has been provided copies of N.J.A.C. 6A:14, 1:6A and 6A:32.*

From the foregoing, it should be clear that Sage Day MUST provide all the core elements of a solid public school education. However, we take this a step further by providing these core elements within a system and via practices and techniques that meet the extensive social-emotional, as well as academic needs of our students. Our environment is truly least restrictive for those students whose emotional difficulties prevent them from succeeding in the mainstream school setting. Our choice to be non-approved is deliberate and supports us in providing, and continuing to improve, this specialized environment.

The Naples Act

By John Reilly, LCSW, NCPsyA | Executive Director

We received a phone call from a child study team member who was relieved when she found out about the Naples Act, since it would allow her to place a student for whom she felt Sage Day was the “perfect fit.” Since our founding in 1997, Sage Day professionals have worked with more than 80 districts and hundreds of students over the years. Many child study team professionals are aware of Sage Day and place students with us when appropriate. With new people joining child study teams every year, some do not know of the options for placing students, so we have outlined some common questions and answers regarding the Naples Act.

What exactly is the Naples Act?

The Naples Act, N.J.S.A. 18A: 46-14, allows special education students to be

placed in an accredited private school that is not specifically approved for the education of disabled students as long as the school meets certain regulatory requirements set forth in N.J.A.C. 6A: 14-6.5. The term “Naples Act” is derived from the name of the legislator who was instrumental in the passage of this amendment to N.J.A.C. 6A: 14-6.5 on August 9, 1989.

Why and when is it used?

A Naples placement may be utilized when the private accredited school is the most appropriate placement for the student, N.J.A.C. 6A: 14-6.5 (b) (3).

What criteria must a private school meet to be a placement for a student?

1. *The private school is accredited by an acceptable accrediting body, N.J.S.A. 18A: 46-14.*
2. *A suitable special educational program cannot be provided to the student, N.J.A.C. 6A: 14-6.5 (b) (2).*
3. *The most appropriate placement for this child is in this private school, N.J.A.C. 6A: 14-6.5 (b) (3).*
4. *The program meets the requirement of the IEP, N.J.A.C. 6A: 14-6.5 (b) (4).*
5. *All thorough and efficient education requirements must be met except as modified by the IEP according to N.J.A.C. 6A: 14 14-3.7 (d) 5, 7 and N.J.A.C. 6A: 14-6.5 (a) (5).*
6. *All staff shall have the necessary license or certification for their position if one is required, N.J.A.C. 6A: 14-6.5 (a) (5) (i) (ii).*
7. *Services provided must be nonsectarian and non-discriminatory, N.J.A.C. 6A: 14.*

Is the reimbursement the same for approved schools and non-approved schools?

Yes, the reimbursement rate is exactly the same. The approval status of the private school has no bearing on either the federal or state cost factors affecting special education funding. State aid is received by the districts through the Comprehensive Education Improvement and Financing Act N.J.S.A. 18A-7F et seq. and federal funding through the Individuals with Disabilities Education Act, 20 U.S.C. 1413.

For more information on Naples, go to <http://www.sageday.com/about-us-2/naples-act/>.

Chapter 5

Looking Ahead



The Next 20 Years

Sage Day has been able to maintain its leadership in therapeutic education for 20 years because we have adapted to emerging trends and changing needs. We have consistently been able to help students whose emotional needs and resulting behaviors have prevented them from thriving in school and the community at large. We have helped self-injuring students develop more adaptive responses to emotional pain, developed effective strategies to support school refusing students, and pioneered inclusive environments for gender non-conforming students. Each of these issues emerged as intensifying challenges for students and school districts within the past 10 to 15 years.

Our success in providing effective intervention has stemmed from our commitment to ongoing learning and program improvement. We have been successful in developing new techniques and strategies because each Sage Day School and Sage Thrive Services program is a small laboratory working in ongoing collaboration with other Sage locations. The result is a culture of collaboration, friendly competition, and continuous improvement that enables us to develop and implement effective interventions that sustain lasting change and growth in our students and families.

What can we anticipate during the next 20 years? One thing we can see already is that there will be a continuing need for therapeutic schools and school-based therapeutic services. Numerous sources (see for example, Freeman & Kendziora, 2017; Denizet-Lewis, 2017; Anderson & Cardoza, 2016) have pointed to a burgeoning mental health crisis affecting American youth. There is no single cause of this crisis and no single solution. However a number of identifiable trends point to sources of increased stress and anxiety among American youth.

In her 2017 book, *iGen*, Stanford researcher Jean Twenge describes 10 trends affecting young Americans born since 1995. Prominent among these trends is a widespread sense of insecurity and an uptick in depression. Twenge argues that there is a strong correlation between the exacerbation of teen insecurity and a significant increase in their screen time with the introduction of smartphones in 2007. This increased screen time has accompanied surges in other *iGen* trends that Twenge describes including delayed transition to adulthood, less in-person social interaction, less participation in religion or spirituality, and a lower expectation that financial security will be achievable.

Twenge's findings fit in well with the observations of the internationally known educational writer and consultant Sir Ken Robinson. In his 2006 Ted Talk, "Do Schools Kill Creativity?" Robinson points out that in the 20th century, American students were told, and believed, the story that if you study hard and go to college you'll land a good job. By 2006, Robinson accurately asserted that students knew that this story was no longer true. Robinson went on to describe how American schools were designed with two major influences, industrialization and an Enlightenment-based separation between elite students who were academically capable (i.e., college ready and pre-professional) and average students who were meant for more menial, routinized work, such as that available in the typical 19th- or 20th-century factory.

However, the students of the 21st century know that their high school diploma will not take them far. Contemporary students hear consistently from parents and teachers that they must be college ready. At the same time, our students continue to be aware that college completion will not necessarily lead to a good job with good pay. Today, globalization and automation have accelerated changes, not just in the job market, but in the nature of work itself. Accordingly, today's students may have reasonable doubts about how well their schools with standardized curricula and standardized tests are preparing them for a world that is increasingly non-standardized and customizable.

Ken Robinson also offers a biting critique of the standardization movement, going so far as to suggest a correlation between the spread of standardized curricula and the incidence of ADHD. Although that claim may be overblown, we can be certain that today's students come to school with diverse backgrounds, interests and needs in order to prepare for a world that is less standardized than ever before. Why in a world in which professions are becoming increasingly specialized and consumer goods are becoming increasingly personalized would we move more in the direction of ensuring that every student has the same experience?

One common solution to this doubt is to create ways of customizing education. Increasing numbers of families are choosing to homeschool their children. In 1999, the United States Department of Education's national Center for Education Statistics (NCES) calculated that 850,000 American children were being homeschooled. By 2007 this number had increased to 1.5 million. Today NCES estimates that nearly 1.8

American children (or 3.4% of the school-aged population) are participating in homeschooling.

Another path to customization is the micro school. Structure and sizes of micro schools vary but there is a common emphasis on personalized, individualized, and project-based instruction. In some micro schools this is accomplished mostly through online learning while others emphasize 1 to 1 instruction for each student. The micro school can be an excellent alternative for the strongly individualistic student who thrives under the personalized approach and opportunities for independent study or for the high-level student athlete or student performer who must juggle schooling with a rigorous training or rehearsal schedule.

Unfortunately, micro schools are sometimes marketed as “therapeutic” alternatives for students struggling with anxiety and depression because of their flexible scheduling and de-standardized curriculum. Although reducing pace and pressure are important hallmarks of effective therapeutic education, the approach of merely reducing demands by allowing students to work almost exclusively alone, and strictly on their own schedule, does not prepare students for the 21st-century workplace in which collaboration and teamwork are recognized as essential skills along with creativity, critical thinking and problem solving.

Indeed, Google recently studied its successful hires and found that these supposedly soft skills were actually better determinants of success than the widely touted STEM skills in science, technology, engineering and mathematics (Strauss, 2017, December 20). To be ready for the world, students need opportunities to be creative, think critically, solve real problems and work alongside others. In order to access these skills some students need targeted interventions and supports that help them build coping skills and confidence.

The therapeutic education provided by the Sage Day Schools and its Sage Thrive, in-district services, are aligned with the educational and mental health needs of today’s students. We provide personalized education without sacrificing collaboration. We support students in developing the critical thinking, creative thinking and problem-solving abilities necessary for self-determination. We provide access to evidenced-based therapies that enable students to move beyond unsuccessful responses to stress and toward more adaptive coping. Since students in the United States spend

an average of 6 ½ hours per day in school, schools make an excellent place to provide supportive interventions.

We are seeing signs of increasing awareness of the need for mental health services and a strong wellness orientation in all schools and we are poised to expand our offerings in order to meet these needs. We are excited about new opportunities to deepen and expand the reach of therapeutic education that transforms.

Sources:

Anderson, M., & Cardoza, K. (2016, August 31). Mental Health In Schools: A Hidden Crisis Affecting Millions Of Students. Retrieved March 24, 2018, from

<https://www.npr.org/sections/ed/2016/08/31/464727159/mental-health-in-schools-a-hidden-crisis-affecting-millions-of-students>

Denizet-Lewis, B. (2017, October 11). Why Are More American Teenagers Than Ever Suffering From Severe Anxiety? Retrieved March 24, 2018, from

<https://www.nytimes.com/2017/10/11/magazine/why-are-more-american-teenagers-than-ever-suffering-from-severe-anxiety.html>

Freeman, E. V., and Kendziora, K. T. (2017). Mental health needs of children and youth: The benefits of having schools assess available programs and services. Washington, DC: American Institutes for Research. Retrieved March 24, 2018 from

<https://www.air.org/sites/default/files/downloads/report/Mental-Health-Needs-Assessment-Brief-September-2017.pdf>

Strauss, V. (2017, December 20). The surprising thing google learned about its employees and what it means for today's students. The Washington Post. Retrieved April 21, 2018, from

https://www.washingtonpost.com/news/answer-sheet/wp/2017/12/20/the-surprising-thing-google-learned-about-its-employees-and-what-it-means-for-todays-students/?utm_term=.2c0d35c22c58



Over ten years ago, after seeing such positive outcomes, a Director of Special Services asked us if we could bring our therapeutic model, practiced in our private therapeutic schools, to her school district. Sage Thrive was born.

We partner with school districts to support the emotional well-being of students, helping them thrive while significantly saving money for the school.

A Sage Certified Clinician™ is on site at your public or charter school, working with students through individual, group, and family counseling. The clinician works with the school by providing professional development offerings in addition to suicide risk assessments and other supportive services. Through Sage Thrive services, a number of identified students annually have been able to remain in-district and many have also been able to successfully return to district.

For more information on how to be proactive and work with Sage Thrive at your school, visit www.SageThriveToday.com

John Reilly MSW, LCSW, PsyA



John Reilly is the executive director of Sage Day Schools and served as the clinical director from 1998 to 2005. He is a licensed clinical social worker, a certified child and adolescent psychotherapist, and a certified psychoanalyst. Mr. Reilly's leadership has been instrumental in developing the clinical programs at Sage Day Schools, New Alliance Academy and several Sage Thrive In-District programs. Prior to joining Sage Day, Mr. Reilly was clinical director of the Adolescent Substance Abuse Program at the Bergen County Division of Family Guidance. He earned a BA in psychology from Montclair State University and his MSW from Yeshiva University while working as a counselor at Straight & Narrow Inc. in its outpatient unit. He maintains a psychotherapy practice in Ridgewood and is the married father of two sons, and stepfather to a son and daughter. He can be reached at jreilly@sageday.com.

Chris Leonard, MSW, LCSW, M.Ed.



Chris Leonard is the director of operations at Sage Day Schools. Mr. Leonard served as principal at the Rochelle Park campus from 1998-2011. He taught in Central Harlem and two Bergen County school districts before earning his MSW from New York University in 1993. As a social worker, Mr. Leonard gained experience working with children, adolescents, and families at the Division of Family Guidance, at Alternatives to Domestic Violence, as a member of the Ho-Ho-Kus (New Jersey) Child Study Team, and in private practice which he has maintained since 1995. He attained certification in group psychotherapy from the New Jersey Institute for Training in Psychoanalysis in 1998, earned his M.Ed. from William Paterson University, and is a cum laude graduate of Boston University. Mr. Leonard is married with two daughters with whom he shares his love of the outdoors. He can be reached at cleonard@sageday.com.



About Sage Day Schools

Sage Day Schools operates four private, accredited, therapeutic schools in New Jersey for students in grades 4 through 12 who need a different learning environment in order to thrive. Typically, our students have been diagnosed as suffering from depression, school phobia, school avoidance, anxiety disorder, and other issues. Sage Day offers them a truly unique school community that understands their issues and challenges. Through our therapeutic approach, we manage our students' emotional needs through individual, group, and family counseling while fostering their academic success, creativity, and intellectual curiosity.

Sage Day Schools adhere to New Jersey Student Learning Standards with therapy fully integrated into the school day, and each school offers a range of clubs and extra-curricular activities. By focusing on the whole student within our supportive community, students find renewed confidence to fulfill their potential as lifelong learners and productive members of society.

We offer four schools: Sage Day Mahwah Lower and Middle School, Sage Day Boonton High School, Sage Day Rochelle Park High School, and Sage Day Princeton, which is a middle and high school. We also provide Sage Thrive Services for students who would benefit from remaining in district with the proper support.

Sage Day Schools are accredited by Middle States. We chose to leave NIPSA. For more information about our programs and approach, our leadership team, or our schools, visit www.sageday.com.



*The original Sage Day
Rochelle Park High School,
founded in 1997.*