

**THE USE OF  
SCHOOL-BASED  
THERAPY TO  
ENHANCE STUDENT  
ACHIEVEMENT**



Sage Thrive



DIRECTOR OF SAGE IN-DISTRICT SERVICES  
**ZACK SCHWARTZ**

Zack Schwartz has been with Sage Day since 2004. He is responsible for oversight and supervision of all Sage In-District programs in NJ. He recently completed his post-graduate training to become a certified psychoanalyst.



CLINICAL SUPERVISOR,  
GREAT OAKS LEGACY CHARTER SCHOOL

## **FRANK HARVEY**

Frank Harvey has worked in the mental health field since 1986. He has been employed at Sage Day since 2015 as a Clinical Supervisor at Great Oaks Legacy Charter School in Newark, NJ. He received his BA in Psychology from Ramapo College and his MSW from Rutgers University.







## **Sage Day-The Therapeutic Approach**

The Sage Day Schools are private, accredited, therapeutic schools located in Boonton, Mahwah, Rochelle Park and Hamilton, NJ for students in grades 4 through 12 who need a small, personalized learning environment. We complement our strong academics with a comprehensive clinical program in which intensive individual, group and family therapy are fully integrated into the school curriculum.

**History/evolution  
of school-based  
therapy**

**Emotional and  
behavioral issues  
in the classroom**

**Teacher  
perspective on  
school-based  
therapy**

**Successful  
integration>  
How it works**

**Case  
Presentations  
and Examples**



# AGENDA

**Inside the  
school-based  
therapist's  
office**

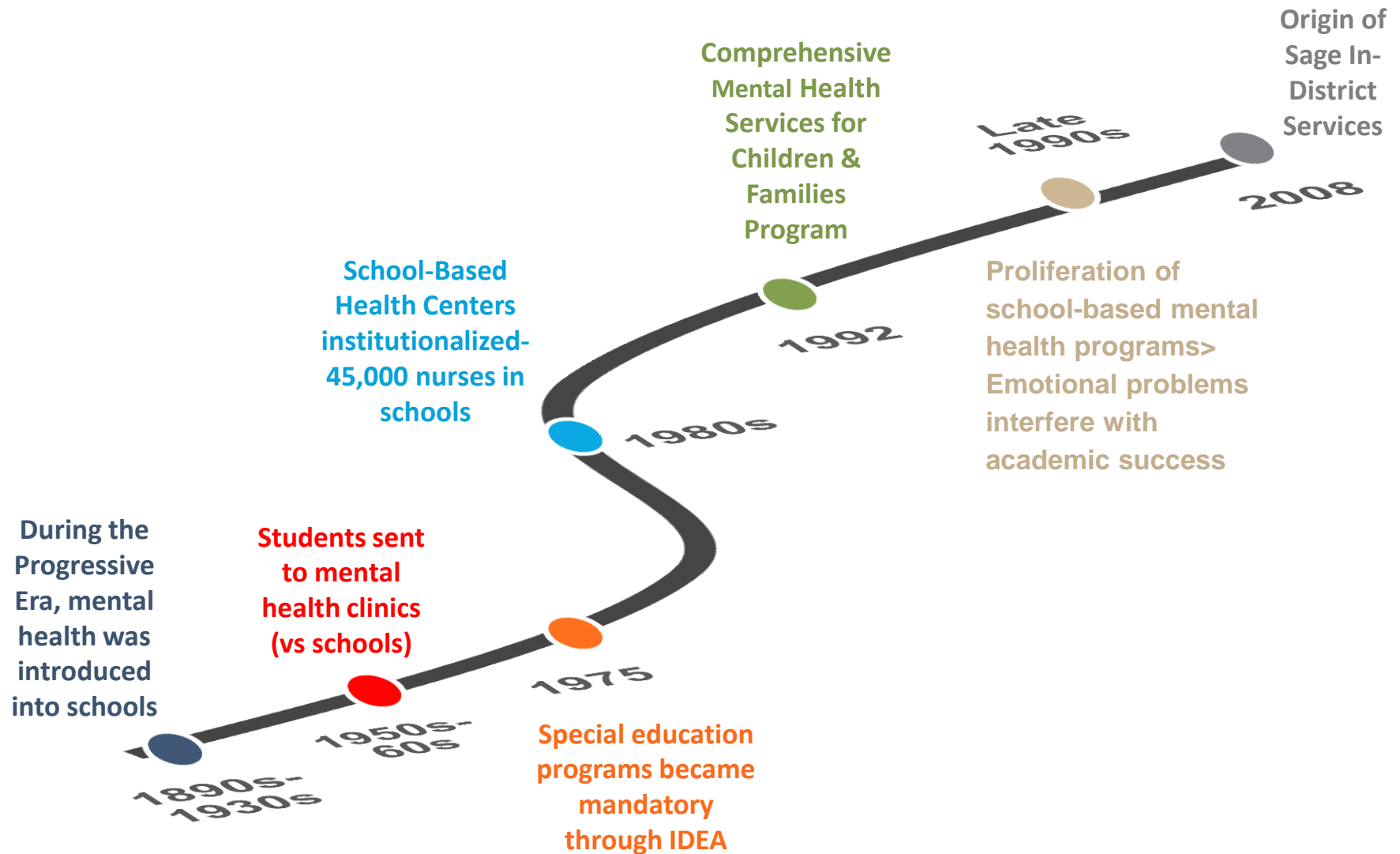
**Outside the  
school-based  
therapist's  
office**

**Quantitative  
Data**

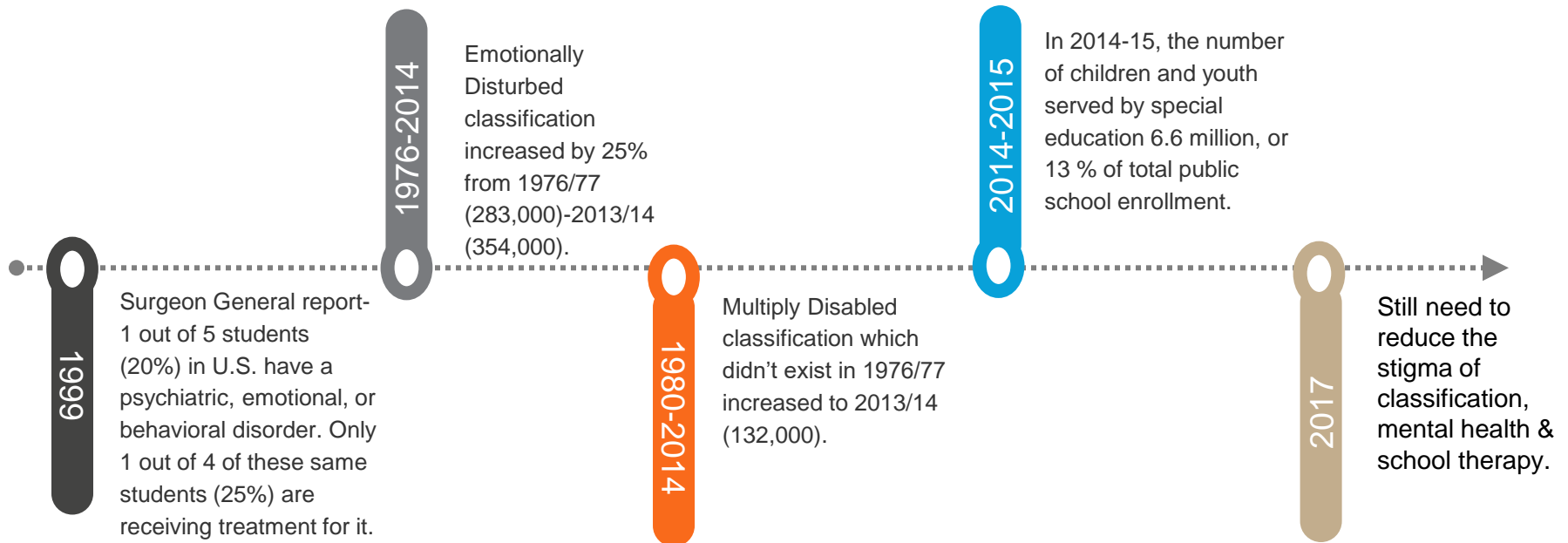
**Qualitative  
Data**

**Q&A**

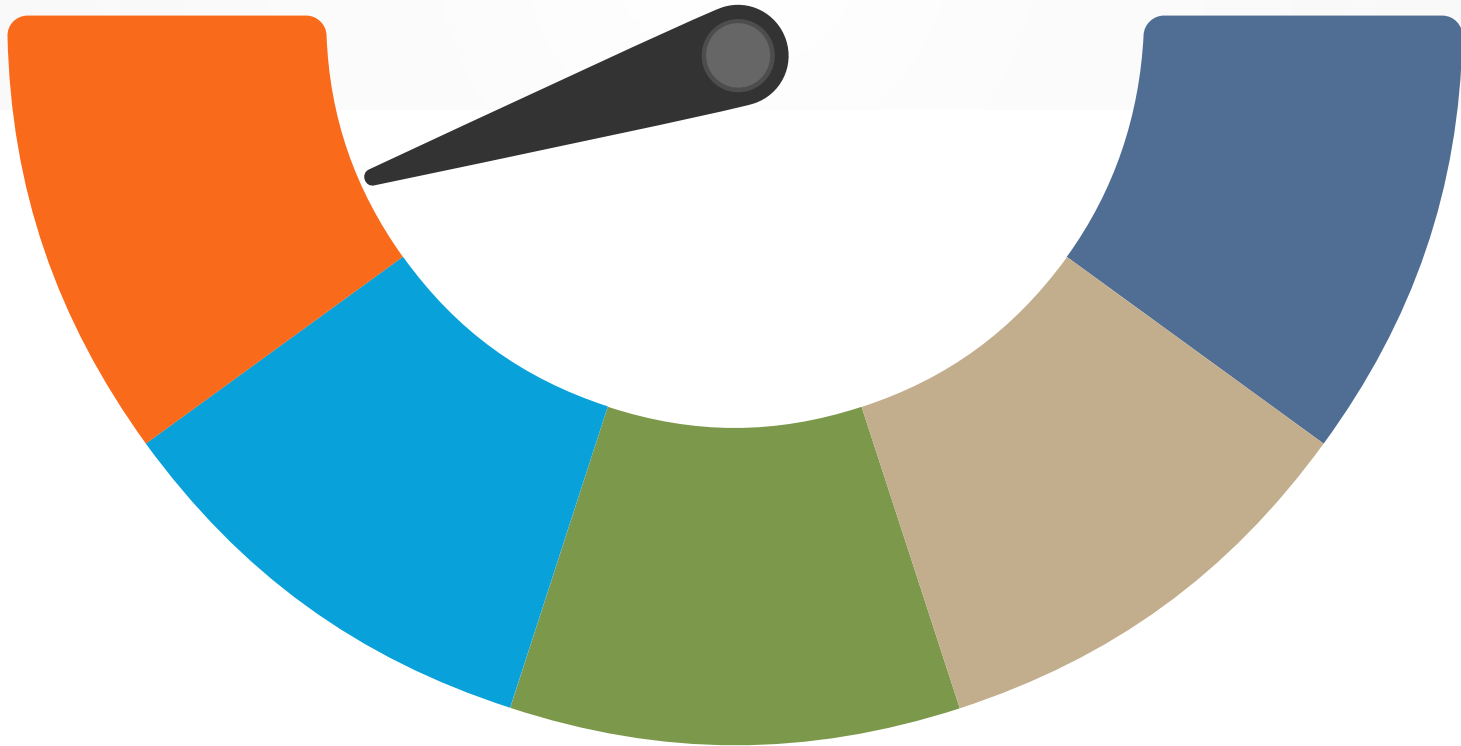
# Evolution of School-Based Mental Health Timeline



# Evolution Of School-Based Therapy: Statistics



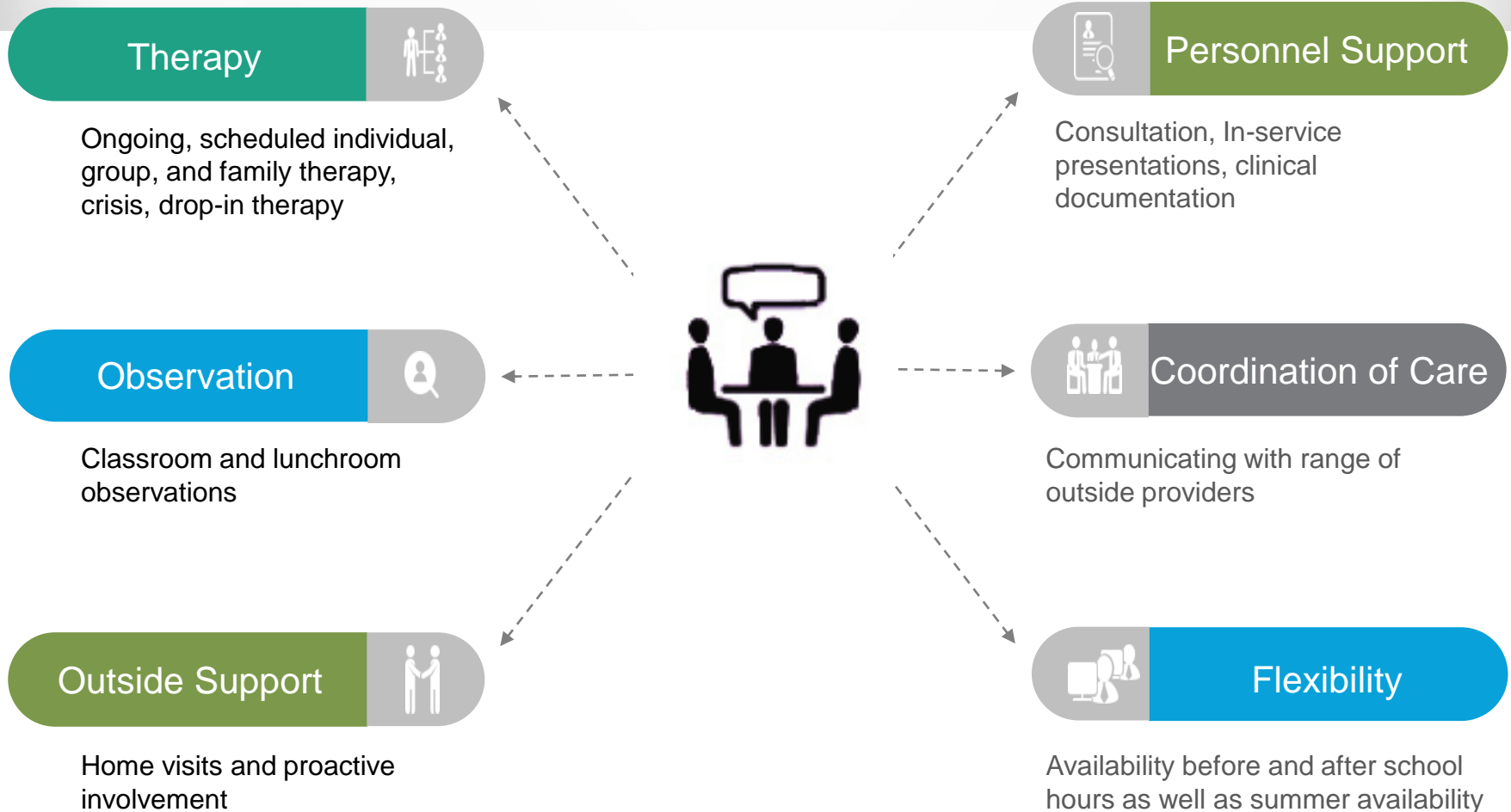
# Evolution of School-Based Therapy: Defining Continuum of Care



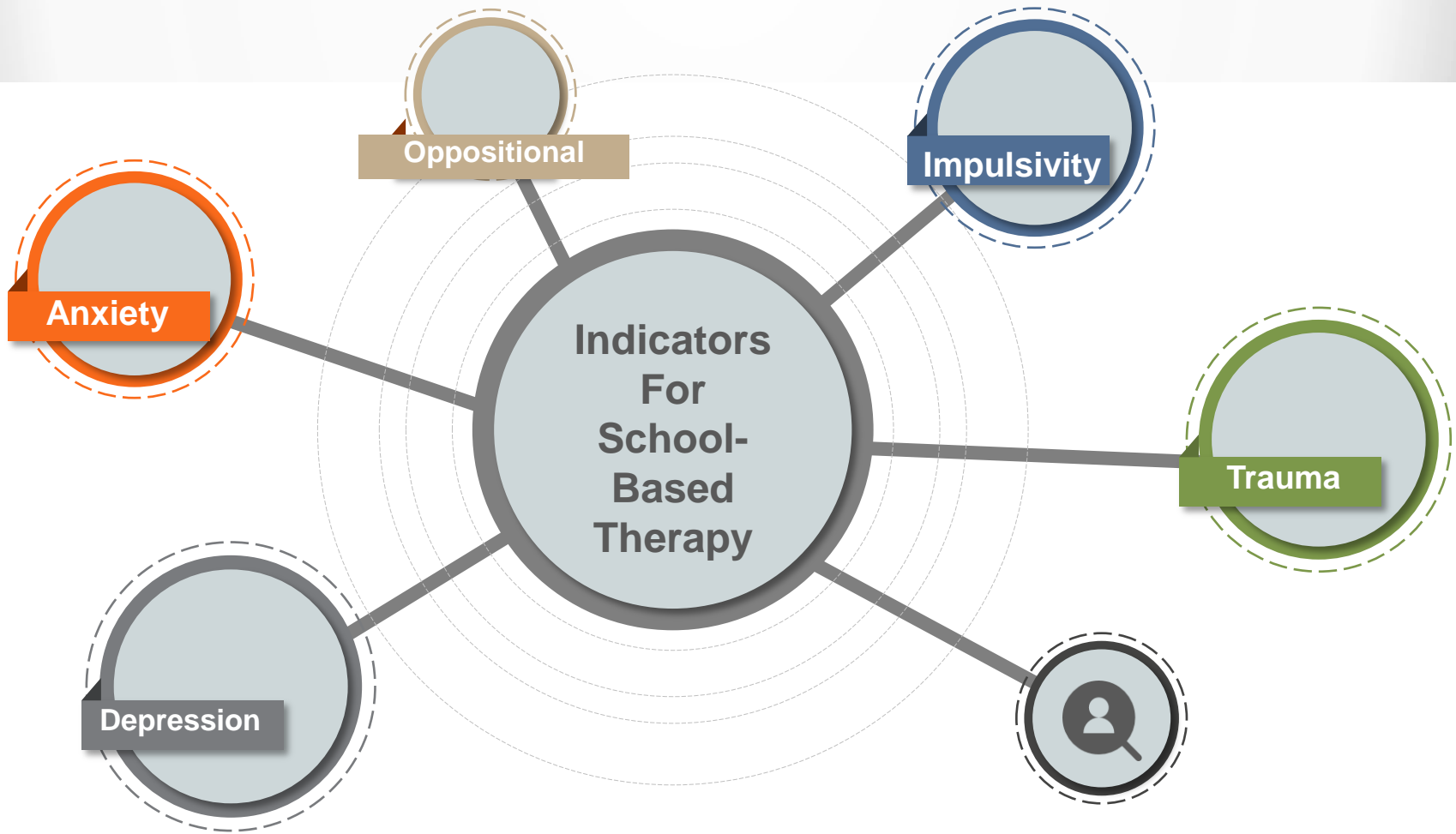
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- |                                                      |                                                                            |                                                           |
|------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> <b>School-Based Drop-In</b> | <input type="checkbox"/> <b>Psychiatry</b>                                 | <input type="checkbox"/> <b>Out-of-District School</b>    |
| <b>Counseling (lowest)</b>                           | <input type="checkbox"/> <b>Partial Hospital/<br/>Intensive Outpatient</b> | <input type="checkbox"/> <b>Inpatient Hospitalization</b> |
| <input type="checkbox"/> <b>Outpatient Therapy</b>   |                                                                            | <input type="checkbox"/> <b>Residential Treatment</b>     |
| <input type="checkbox"/> <b>Comprehensive</b>        |                                                                            | <b>Center (highest)</b>                                   |
| <b>School-Based Therapy</b>                          | <b>C O U N S E L I N G   v s   T H E R A P Y</b>                           |                                                           |



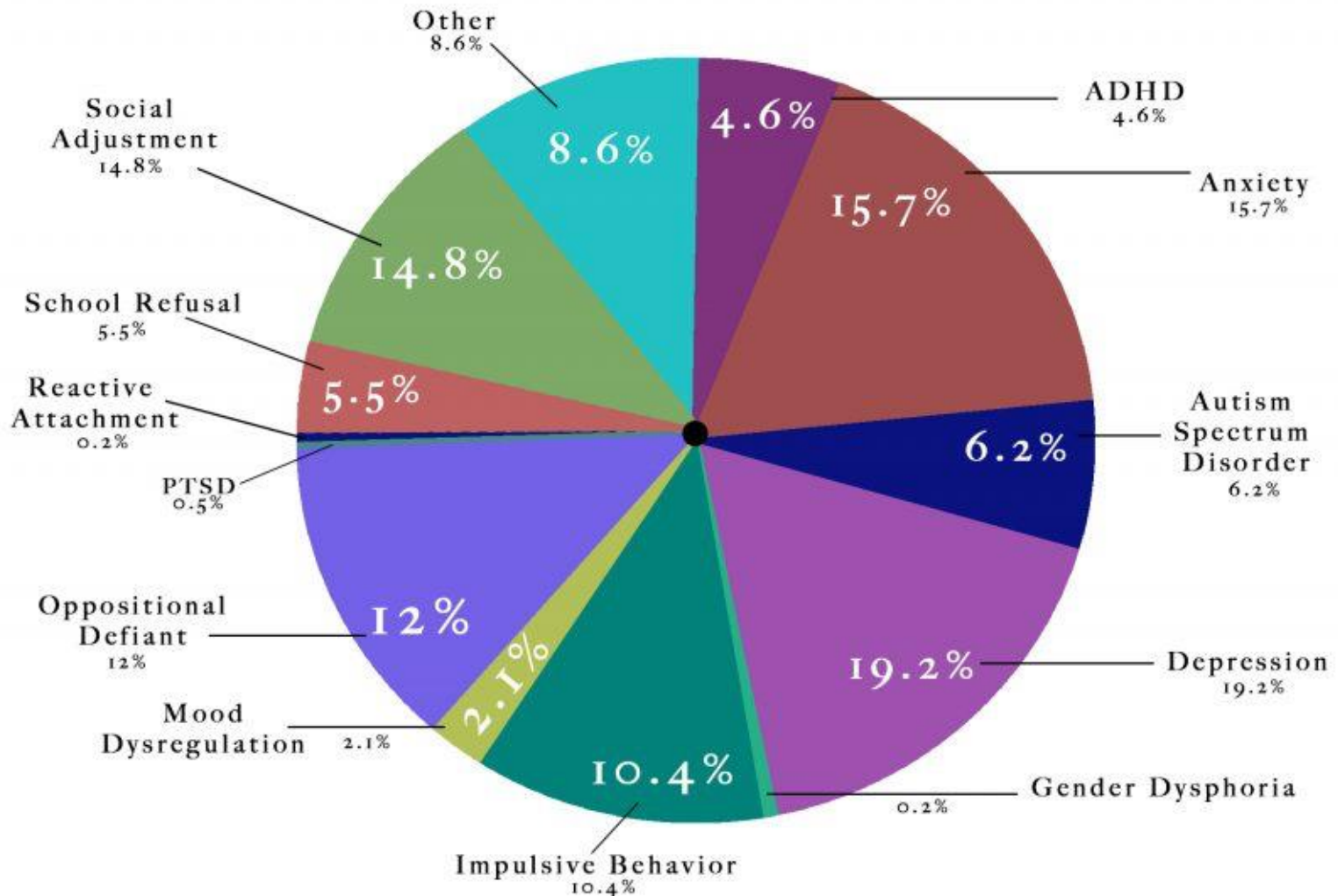
# What Is Comprehensive School-Based Therapy?



# Emotional & Behavioral Issues In The Classroom



# Indicators For School-Based Therapy Referrals



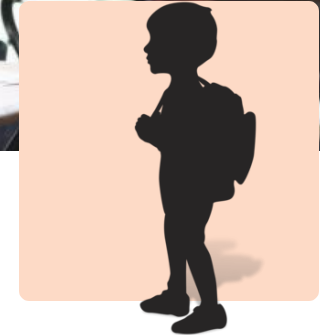
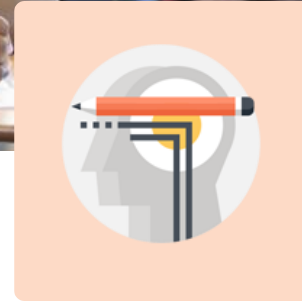


# Emotional And Behavioral Issues In The Classroom : Barriers To Success

- Barrier analogies to illustrate blockages
  - Therapists=psychological landscapers, painters, plumbers
- Emotional or behavioral barriers often comes from unmet need being acted out
  - Address barriers and understand them, before expecting something from students
- **Dysregulation**-Children and adolescents need to develop emotional regulation for academic success (emotionally disoriented)
- **Affective Filter Hypothesis**-Stephen Krashen (language acquisition) complex of negative emotional and motivational factors that interfere with the reception and processing of input
- Don't put cart before the horse



# Underlying Considerations For Learning: Emotion VS Cognition



- Current research emphasizes the interdependence between Cognition and Emotion in ways that challenge a simple division of labor into separate *cognitive* and *emotional* domains
- Emotion is the on/off switch for learning
  - If a thought and a feeling are travelling on the same neuropathway, it is the feeling that has the preemptive right of way
- Emotional age vs chronological/cognitive age
- 2015 study: Elementary school mindfulness and meditation program produced positive school outcomes with improved cognitive control, working memory and cognitive flexibility

# Teaching Faculty Perspective

Factors For Student Success



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

# Successful Integration

## HOW IT WORKS

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



# Inside The Therapist's Office

DIRECT SERVICES

## Individual Therapy

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

- Joining/Relationship Building
- Exploring Transference
- Increasing Coping Skills
- Tracking of Events
- Identifying Triggers
- Anger Management







# Inside The Therapist's Office

## DIRECT SERVICES

### Group Therapy

Developing and maintaining group cohesion/trust – (ice breakers, group rules) as an ongoing process.

### Group Types

- Cognitive Behavioral Therapy
  - Thought/feeling/behavior connection
- Anger Management
  - Identify triggers through tracking
  - Reframing
  - Coping skills
  - Self-expression, healthy assertiveness
- Psychoeducation- Didactic, informative
- Process Group
  - Using student interactions/enactments as assessment/intervention

# Inside The Therapist's Office

## DIRECT SERVICES

### Family Therapy

Structural Family Therapy addresses family dynamics that maintain/contribute to unwanted behavior.

- Family engagement
- Ongoing partnership
- Referral to needed resources



# ANCILLARY SERVICES



**Crisis  
Intervention**



**Triage &  
Assessment**



**Proctor  
Testing**

# Outside The Therapist's Office

## INDIRECT SERVICES



### Staff Support

Collaboration with CST  
Ongoing Psycho-Education  
Classroom Strategies



### Collaboration With Service Providers

DCPP  
CMO  
Legal  
Outpatient Providers



# **Case Examples**

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

**Individual:** Joining > challenging behavior/cognitive distortions> permission to include teacher

**Staff support:** Met with teacher to validate/empathize and explain transference phenomenon> partnering

**Collaboration:** Ongoing with teacher and student (explored transference dynamics contributing to behavior)

**Outcome:** Compromise, dramatic decrease in conflict with teacher, promoted to 8<sup>th</sup> grade

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

**CBT Group:** Thoughts/feeling/behavior triad

**Individual:** Joining, reinforce CBT and provide support, challenge cognitive distortions

**Collaboration:** Ongoing with teacher to advise on skills being taught and to develop partnership

**Outcome:** Students support each other “in-the-moment” to reduce negative behaviors

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

**Individual:** Build trust, self-expression, explore past school experience,

**Family:** enmeshment with mother, expectations and consequences

**Collaboration:** Ongoing with teachers/tutors/administration, expectations/consequences

**Outcome:** See below

# Quantitative Data

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

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

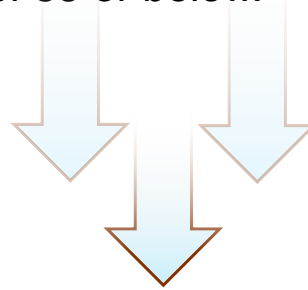
# Qualitative Data (2015-2016)

Student	Presenting	Intervention	Outcome
Student A 8 <sup>th</sup> Grade	<ul style="list-style-type: none"><li>• Chronic behavioral difficulties</li><li>• Failing all classes</li><li>• At risk for expulsion</li></ul>	<ul style="list-style-type: none"><li>• Individual therapy 2x/week</li><li>• Weekly anger management group</li></ul>	<ul style="list-style-type: none"><li>• Achieved second highest growth in SRI scores for the 8<sup>th</sup> grade</li><li>• Moved to High School</li></ul>
Student B 6 <sup>th</sup> Grade	<ul style="list-style-type: none"><li>• Angry outbursts</li><li>• Threatening behavior</li><li>• Poor social skills</li></ul>	<ul style="list-style-type: none"><li>• Individual therapy 2x/week</li></ul>	<ul style="list-style-type: none"><li>• Achieved the highest growth in SRI and SMI scores in the 3<sup>rd</sup> Trimester, compared to first Trimester</li></ul>
Student C 8 <sup>th</sup> Grade	<ul style="list-style-type: none"><li>• Self-harming behavior</li></ul>	<ul style="list-style-type: none"><li>• Group therapy 1x/week</li></ul>	<ul style="list-style-type: none"><li>• No self-harming during the course of the group</li><li>• All 4 moved on to GOL High School.</li></ul>

# Qualitative Data (2016-2017)

## Character Grade

- Each student begins week with 100 points.
- Positives and negatives accumulate throughout the week.
- Student receives **detention** for a score of 85 or below.




## Short term Comparative Results

**(9/5/16-11/11/16 and 11/14/16-2/3/17)**

63.2% (12/19 students) showed an overall reduction in negatives and/or increase in positives from time period one to time period two.



# Qualitative Data (con't)



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

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

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

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

Student E: Decreased average daily negatives from 4.13 per day to 1.7 per day.

# Long term - 16 week period comparison (9/1/16-12/15/16 and 3/2/17-6/15/17)

## Student A:

Improved behavior (less impulsive, reduced anger, fewer “send-outs”)

- AEB: average weekly character increased from 81.4 to 89.

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

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

## Student B:

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

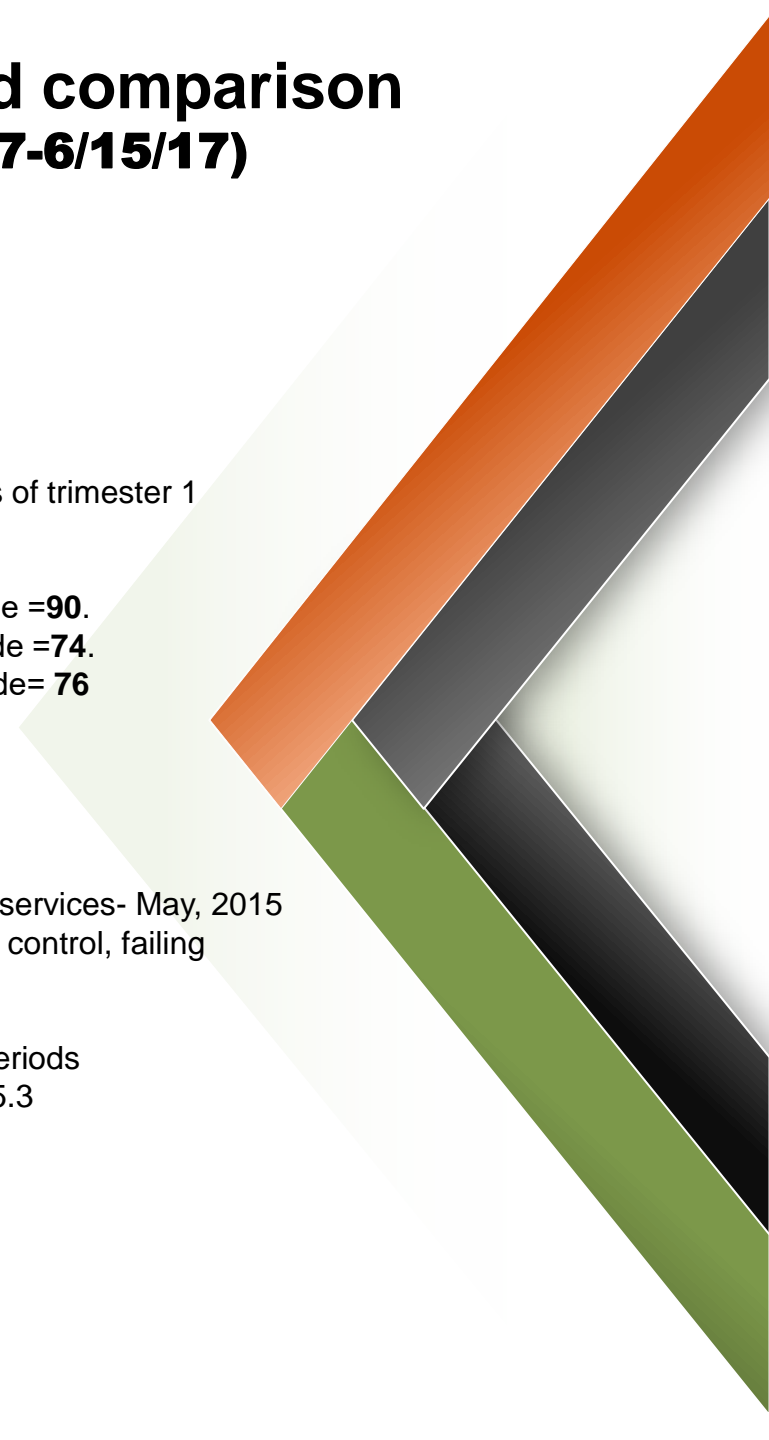
### Initial IEP quote

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

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

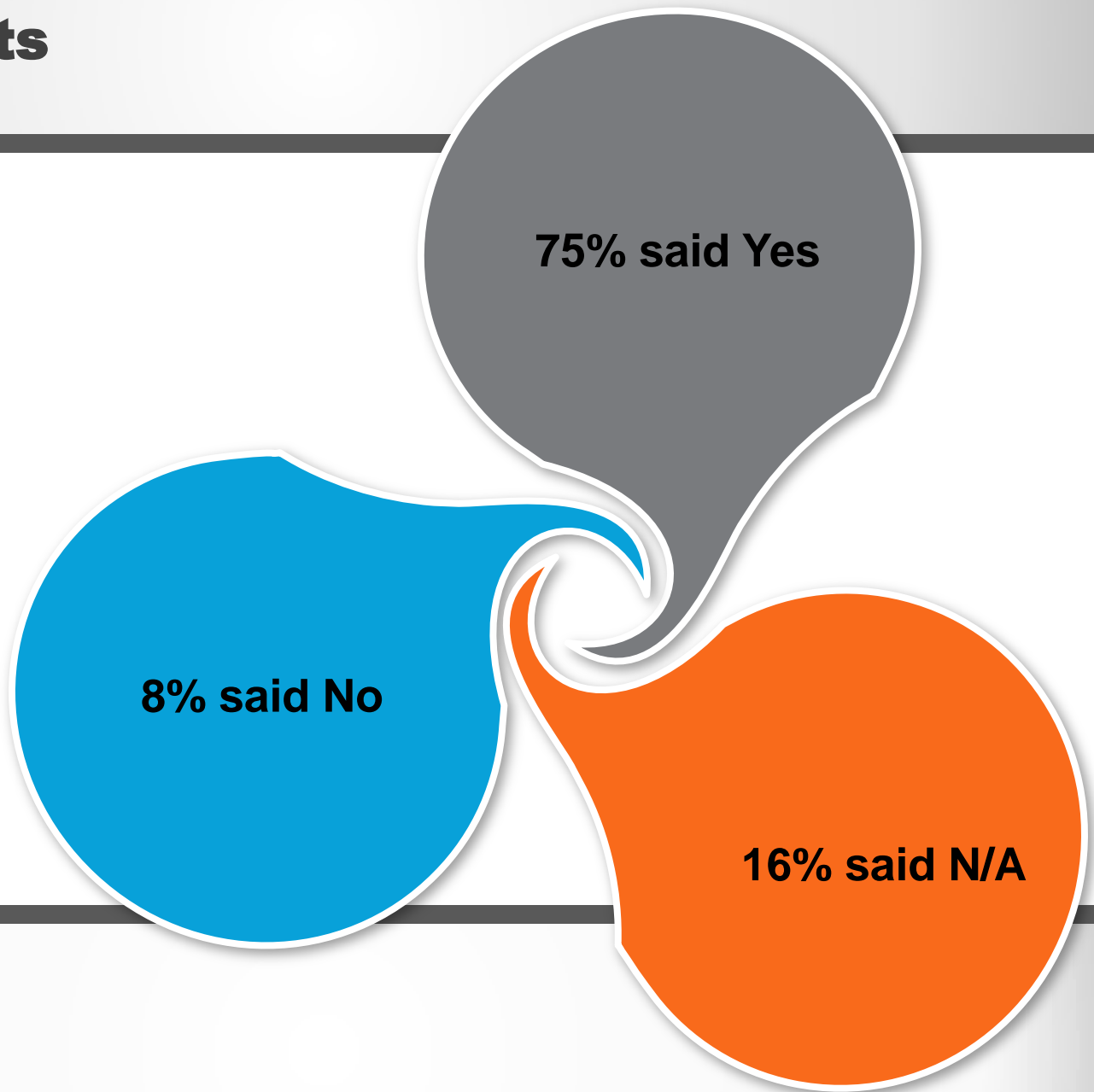
### September 2017

-Invited to become mentor for 6<sup>th</sup> grade



# Survey Results

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



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