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THE COMPONENTS NECESSARY IN A CLINICAL DAY PROGRAM FOR A SUCCESSFUL TRANSITION TO TRADITIONAL SCHOOL

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THE COMPONENTS NECESSARY IN A CLINICAL DAY PROGRAM FOR
A SUCCESSFUL TRANSITION TO TRADITIONAL SCHOOL

by

Erica D. Parker

A dissertation submitted to the faculty of Coastal Carolina University
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in Education
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Doctoral Committee:

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ABSTRACT

The purpose of this research was to determine what components of academic and therapeutic clinical day programs ensure success for students with mental health diagnoses as they transition back to conventional educational settings. This study focused on the importance of developing students' capabilities to fulfill their own needs within Maslow's Hierarchy of Needs through coping skills, academic skills, and ensuring those skills transition to their traditional home school setting. The research questions guiding this study were:

1. How is "successful reintegration" defined for students with mental health concerns by the students, families, teachers, and other school staff?
2. What program components are present in effective clinical day programs?

The methodology for this research was an evaluative case study approach, with interviews serving as the primary form of data collection. Three staff members at two clinical day programs that serve middle and high school students provided valuable insight into what components of the programs help students prepare for the transition back to traditional schools.

The study findings indicated that enhancing students' capacity to independently use therapeutic and academic skills significantly improved the likelihood of a successful transition to their home school. The most important themes that came from the research included skills to help students meet their needs within the Hierarchy of Needs, individualization of the clinical day program, and the various possible outcomes.

This study provides the foundation for further development of clinical day programs that focus on the therapeutic skills and academic skills necessary for students to successfully transition from a more restrictive environment to a less restrictive setting. It also leads to

continuing research in methods to ensure students' ability to continue utilizing the skills learned across various settings.

Keywords: clinical day program, successful transition, hierarchy of needs, mental health

DEDICATION

The completion of my doctoral work is dedicated to and entirely the result of the overwhelming support of my family. I have three amazingly understanding and encouraging children who stood by my side every step of the way and helped me realize this crazy goal I set for myself. They brought me meals when I couldn't leave my computer for class or because I was busy writing, they were gracious in understanding when I wasn't present to watch every step of them growing into wonderful adults these last few years, and they loved me despite constantly talking about this program and someday "finally being done." Thank you to my mother, who consistently supported me and asked how things were progressing, making sure I was sticking with it even through some of the hardest days of my life. Thank you to the rest of my family who asked for updates, offered encouragement, tried to understand the insane process, and listened to me passionately talk forever about my topic. I appreciate my small, but very loyal group of friends who reminded me that this dream could be a reality and knew that one day I would no longer be a silent member of our group chats. I must lastly thank my cohort who stuck it out together and continued to remind me that the imposter syndrome was, in fact, only in my mind.

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CHAPTER 1: INTRODUCTION

When Comprehensive School Counseling Programs Aren't Enough

Mental health is an integral component of health and well-being that supports our individual and collective abilities to make decisions, build relationships, and shape the world we live in (World Health Organization [WHO], 2017a). It is a basic human right that is crucial to personal, community, and socio-economic development (WHO, 2017a). Mental health is defined as a state of emotional and social well-being in which an individual realizes their own abilities, can cope with daily life stressors enough to enable them to learn and work productively, and can contribute effectively to the community (Bland, 2013; Gray, et al., 2017; WHO, 2017a). As of 2015, one in every five school-age children meet the criteria for a diagnosable mental health disorder (Child Mind Institute, 2015). In recent years, it has become clear that mental health concerns for school-aged children have increased and are continuing to rise. Approximately 20% of K-12 students have experienced a mental health concern significant enough to warrant therapeutic services at some point in their childhood (Mitchell et al., 2019; Yu et al., 2022). Yet, only about 36% of students with a mental health concern receive any type of mental health assistance (Bains & Diallo, 2016; Ball et al., 2016; Deaton et al., 2022; Johnson, 2011; Marsh, 2016; Mitchell et al., 2019; Ohrt et al., 2020; Osagiede et al., 2018). As of April 2022, approximately three quarters of public schools in the United States reported an increase in staff expressing concerns about student depression, anxiety, and other mental health issues (Rock, 2022). Research indicates that prioritizing the mental health of students is a critical concern that warrants immediate attention.

Childhood mental health issues lead to poor academic functioning, chronic absenteeism, discipline concerns, a rise in the potential for involvement with the juvenile justice system and

future unemployment if left unaddressed (Ball et al., 2016; Gray et al., 2017; Mitchell et al., 2019; Ohrt et al., 2020). Emotional disturbances are defined by the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2016, p. 29425) as “having a diagnosable mental, behavioral, or emotional disorder... which significantly limits the child’s role or functioning in family, school, or community activities.” Students suffering from emotional disturbances (ED) tend to present with behavioral and achievement problems that interfere with schooling (Agnafors et al., 2020; Mitchell et al., 2019). The most common behavioral problems include noncompliance, defiance, aggression, lying, and stealing which all lead to less time in the classroom due to in-school suspension and out-of-school suspension (Children’s Mental Health: Behavior, 2023). The academic problems most noted in school-age children with mental health issues are low academic performance, academic failure, and poor performance on statewide tests (Agnafors et al., 2020; Mitchell et al., 2019). Slightly over half of students with behavior problems related to mental health have some degree of academic difficulty (Mitchell et al., 2019). There is evidence of a relationship between students with mental health concerns and low academic achievement which persists over time. Such academic underachievement has short- and long-term impacts on students’ future outcomes both in education and in the workplace (Agnafors et al., 2020; Mitchell et al., 2019). To help with academic and future outcomes, teachers are often the first to recognize students’ needs through behavioral and achievement problems and play an integral role in supporting comprehensive school-based mental health services.

Impact on Others

Teachers, classmates, and families may be negatively impacted by students seriously affected by mental health. According to one study, only 34% of teachers reported feeling they

had the skills necessary to support their students' mental health needs (Reinke et al., 2011; Stoll & McLeod, 2020). The lack of necessary skills has left teachers with increased burdens, diminished job satisfaction, and poor personal well-being (Reinke et al., 2011; Stoll & McLeod, 2020). Teachers feel their work can be stressful and difficult, and often end up leaving the profession (Reinke et al., 2011; Stoll & McLeod, 2020). Students who experience mental health issues often face stigmatization from their peers. Stigma occurs when student difficulties lead to disruptions in the classroom and behavioral issues which affect the overall academic experience of the entire class (Agnafors et al., 2020). The negative stigma of peers is a hindrance to overall academic performance and can lead to truancy, decreased performance, and increased social isolation (Lindow et al., 2020; Mitchell et al., 2019). Because of these potential results, students not affected by mental health lose essential academic instruction time. Other students' academic and social needs are then not being met to their full potential because the focus is often on students whose mental health is a larger concern or a distraction from the curriculum (Stoll & McLeod, 2020).

Adolescent mental health also effects the dynamics of family systems, increases family conflict, and decreases family cohesion (Baena et al., 2021; Preyda et al., 2015). General systems theory states any change in one member of a system in turn influences every other member, which is evident in the case of students with mental health problems and the impact on everyone at school and at home. Symptoms exhibited by any member of the family may have an unconscious and non-intentional effect on the functioning of an entire family system (Baena et al., 2021). Normal family challenges associated with adolescence are even more evident in families of children with mental health disorders, though different mental disorders may influence family dynamics in different ways. Behavioral or emotional disorders may increase

family conflict and communication difficulties and provide a larger source of parental anxiety (Baena et al., 2021; Preyda et al., 2015). Families of adolescents with mental health disorders are often contending with multiple, complex challenges that affect the quality of family relationships.

Not all families are able to seek out resources to help adolescents with mental health concerns. Of the adolescents in need of services for diagnosed mental health concerns, only about 36% receive mental health related services (Bains et al., 2016). Therefore, the challenge is left in the hands of the schools. Comprehensive school counseling programs are implemented on school campuses to provide short-term academic, social, and emotional support through individual, small-group, and whole class counseling services. However, these programs are often not enough to combat the rising mental health concerns in school-age adolescents (Rock, 2022; White et al., 2017). There is an acute shortage of teachers adequately prepared and willing to work with students with ED, which leads to those teachers who are qualified leaving the profession within a few years (Farmer, 2020). Fewer qualified personnel are associated with failure to use effective practices giving rise to lower levels of success for students with ED in typical school settings (Mitchell et al., 2019). Teachers either do not have adequate training to feel comfortable working with students with mental health needs or they leave the profession due to high stress levels (Mitchell et al., 2019). Along with decreased academic success, chronic absenteeism, and concerns with discipline, students who lack appropriate mental health support during school age have an increased risk of dropping out of school, drug and/or alcohol abuse, and suicide (White et al., 2017). The risks associated with mental health concerns has led to school-based mental health becoming a high priority for K-12 schools since it is an easy way to meet the needs of all students in one, single point of access. However, even the most

comprehensive school counseling programs cannot provide the intensive mental health support many students need to be academically and socially successful.

There is also evidence of a scarcity of personnel qualified to provide necessary interventions and effective classroom practices that will lead to success for students with mental health concerns (Mitchell et al., 2019). Continued disagreement among teacher trainers, practitioners, and researchers regarding effective treatment approaches is also a hindrance in offering the necessary supports (Mitchell et al., 2019). Successful supports include intervention programs and practices matching the type and intensity of the concern, consideration for multi-faceted approaches, and addressing transfer skills across settings (Mitchell et al., 2019; Yu et al., 2022). Some of the more innovative curricula approaches include social emotional learning (SEL), mindfulness intervention, and cognitive behavioral functioning (CBT)-based programs (Yu et al., 2022). Incorporating multi-faceted approaches leads to students' psychological well-being by developing supportive teacher-student and peer relationships (Yu et al., 2022). However, not providing the most basic effective instructional practices with fidelity can hinder the success of students with ED.

Educational and mental health clinical day programs are a possible solution for equitable academic success for students with significant mental health needs. They can also offer successful outcomes for teacher effectiveness and family functioning. Clinical day programs consist of half day academic classes required for grade level promotion by each individual state and half day therapeutic services, such as individual counseling and group counseling, that address mental health diagnoses. Students are offered treatment several hours per day and then given the opportunity to return home each day after the program (Leffler & Frazier, 2022). Clinical day treatment programs are intended to fill a void between outpatient and more intensive

inpatient treatment for specific mental health concerns in adolescents (Leffler & Frazier, 2022). Because they involve more intensive and daily ameliorative services, clinical day programs offer the support necessary to sustain positive changes in students with emotional and behavioral difficulties as they transition through the continuum of mental health services (Clark & Jerrott, 2012; Leffler & Frazier, 2022). Clinical day programs have been found to lead to improvements in behavior, social skills, and family functioning at the time of release from a program as well as at six-month follow-ups (Clark & Jerrott, 2012). At various study follow-ups, large portions of samples showed overall symptom reduction, including behavioral difficulties. Other positive outcomes include improved behavior, social skills, and family functioning. Therefore, short-term clinical day programs are of long-term benefit to students with mental health concerns, their families, their peers, and the school faculty that works with them (Clark & Jerrott, 2012).

Impact on Learning

The Individuals with Disabilities Education Act of 2004 (IDEA, 2004) mandates appropriate services for all students with disabilities, including emotional disturbances and other mental health diagnoses that may interfere with learning (Ball et al., 2016; Mitchell et al., 2019). For students found eligible for special education services, mental health services can also be provided. But adolescents not identified through IDEA typically receive no intervention outside of in-class, teacher provided strategies (Marsh, 2016). Teacher provided classroom strategies such as establishing clear expectations and routines, promoting empathy and understanding, providing flexible seating, and offering alternative assessments are not enough to combat the growing concerns in relation to learning for students with mental health diagnoses (Marsh, 2016). For example, regular attendance is a key component for academic success so as not to disrupt the learning process. A significant proportion of daily adaptive functioning revolves

around voluntarily attending school, and mental health concerns have the potential to impact school attendance and the likelihood of dropping out (Lawrence et al., 2019). The average attendance rates for students with a mental health diagnosis are lower than their non-affected peers because they are missing school due to medical illness associated with their mental health, refusal, suspension, expulsion, or peer issues (Lawrence et al., 2019). Lower attendance rates lead to less time spent receiving direct instruction which results in decreased academic performance and reduced time receiving social emotional skills which assists them with developing self-regulation and skills needed to interact appropriately among peers.

A relationship also exists between students with mental health concerns and low academic achievement. Students with mental health diagnoses have lower graduation rates, lower reading and math scores, and are less likely to attend postsecondary school. Lower academic performance can lead to lifetime problems with higher education, unemployment, and involvement with the criminal justice system (Agnafors et al., 2020; Mitchell et al., 2019; Yu et al., 2022). Educational concerns often arise from a student disliking education because they struggle to keep up with peers due to unaddressed mental health needs that interfere with their capacity to learn. The difficulty of keeping up with peers educationally leads to engaging in negative behaviors helping students escape the academic demands of the classroom by being sent to the office or being assigned alternative placements such as in-school suspension or out-of-school suspension, and thus losing critical instruction. As the student fails to keep up with classroom expectations, they find academic demands even more aversive and will be more inclined to engage in escape-maintained problem behaviors (Agnafors et al., 2020; Mitchell et al., 2019; Yu et al., 2022). Escaping educational necessities is a pattern that continues if the mental health needs of the student are not identified early and are not addressed consistently.

Students with emotional and behavioral disorders have poorer academic outcomes over time than those diagnosed with learning disabilities (Deaton et al., 2020). Educating students who have mental health concerns is viewed as a complex, confusing, and often daunting task (Deaton et al., 2020; Mitchell et al., 2019; Mojtabai & Olfson, 2020). The needs of students with mental health concerns are often unclear, they tend to be several grade levels behind in their academic functioning, and teachers are not prepared to handle the necessary accommodations in traditional classrooms. Significant gaps or deficiencies in academic performance as compared to grade level peers are experienced among students with mental health concerns across all content areas and equally among genders (Agnafors et al., 2020; Mitchell et al., 2019). Additionally, those with externalizing problem behaviors, such as conduct problems and aggressive behavior, are more likely to experience significant academic gaps or deficiencies than students with internalizing ones. The achievement gap in math has been observed to widen over time, as compared to other content areas, and in their lack of social functioning among peers across all settings and age groups (Yu et al., 2022). Successful clinical day programs should therefore address social, emotional, and educational functioning.

There is also a concern about the effect on the teachers, classmates, and families of students with mental health diagnoses that accompany the academic impacts. Teachers often lack the training and support necessary to appropriately assist in the academic achievement of students with mental health concerns (Mitchell et al., 2019). Teachers feel they do not have the knowledge, skills, or resources to implement appropriate mental health supports, which highlights the need for more training, specific, successful classroom strategies, and support from other professionals (Graham et al., 2011; Ohrt et al., 2020; Reinke et al., 2011). Few teacher training programs and professional development opportunities offer training focused on

adolescent mental health. Even fewer offer training on how to address student mental health concerns within the context of traditional classroom settings (Ohrt et al., 2020).

Traditional settings are defined as educational institutions following conventional teaching methods, practices, and curriculums (Team BrightChamps, 2023). Traditional school settings emphasize structured classroom settings, teacher-led instruction, and a focus on core subjects, such as math, language arts, science, and social studies. A fixed schedule is followed, standardized grading systems are utilized, discipline and uniformity are a focus, and regular assessments to measure student progress are administered. Students of varying learning styles and academic levels are placed in grades based on age or birthdate, creating more of a one-size-fits-all approach (Team BrightChamps, 2023). Teachers in traditional settings report a lack of training on how to address student mental health concerns in the classroom because training is not provided in preservice teacher education programs and professional developments are typically not based on building the necessary skills that translate into practice (Ohrt et al., 2020). Since teachers are not equipped with the training needed to teach students with significant mental health concerns, the students' academic achievement is negatively impacted.

With teachers acting as frontline mental health professionals with little to no training, they feel unable to meet the needs of all students in their classrooms. Much of the stress teachers experience comes from work demands added to their normal educational responsibilities or that are beyond their scope of expertise. Teacher stress leads to experiencing an increased burden, diminished job satisfaction, and a reduction of their own well-being (Farmer, 2020; Owens-King, 2019; Stoll & McLeod, 2020). Teachers are sometimes inclined to acquire indirect symptoms of students who experience trauma and are vulnerable to secondary traumatic stress. Secondary trauma is defined as an emotional reaction, such as anxiety or hypervigilance, to indirect

exposure to traumatic situations (Owens-King, 2019). The increased emotional effects cause higher overall stress levels, self-doubt, and compassion fatigue for teachers, a type of burnout that comes from helping others, which in turn drives them to leave the profession (Farmer, 2020; Owens-King, 2019). Teachers are also more likely to leave the profession if their students are hostile, disruptive, inattentive, lack motivation, or are difficult to engage, all of which are more prevalent in classrooms serving students with mental health concerns (Farmer, 2020).

Classroom disruptions and difficulty engaging students also impacts adolescents in class with students who have significant mental health concerns due to time spent on discipline and attempting engagement taking away from the lesson and content being taught. Students tend to reinforce behaviors in the classroom, leading to peers repeating the negative disruptive, disrespectful, or inattentive behaviors of the students with mental health concerns that interfere with the educational process (Stoll & McLeod, 2020). Interruptions in the classroom diminish the efficacy of teachers' lessons and capabilities to provide quality instruction to all students. Teachers are then inadequately supporting all other students' academic performance and well-being because lessons are interrupted with discipline becoming the focus (Stoll & McLeod, 2020). Often, priority is placed on students with mental health concerns over the general population of students due to their level of needs. Focusing on one population of students can leave teachers feeling the pressure of lack of time to adequately prepare quality lessons and curriculum meeting the needs of all students (Stoll & McLeod, 2020).

In an inclusive classroom, typical students view a student with mental health concerns less positively than the rest of their classmates. Stigma from peers is also a barrier faced in the traditional school setting and can lead to negative stereotypes and reduced social interaction, resulting in further concerns with anxiety and depression (Lindow et al., 2020). Over half (50%-

54.1%) of the parents of children with mental health needs reported inclusive education would not be the best setting for their children due in part to the concern about their child's social and emotional development (Gray et al., 2017). Students with significant mental health concerns benefit from a more suitable setting offering targeted behavior strategies such as anger coping, problem-solving skills, and appropriate social interaction competencies. A setting that meets the needs of students with mental health concerns may impact other students to create a more supportive learning environment for every student.

The Need for More Mental Health Services

Comprehensive school counseling programs are defined as a collaborative effort between the school counselor, families, community stakeholders, and educators to create an environment resulting in a positive impact on student achievement through valuing and responding to diversity and ensuring equitable access to opportunities and rigorous curriculum (American School Counselor Association [ASCA], 2020). The framework of a comprehensive school counseling program should consist of defining the school counseling profession, managing the program effectively and efficiently, delivering the program in collaboration with all stakeholders, and regularly assessing the program. The program should have a systematic and planned delivery involving all students and enhance the learning process (ASCA, 2020). There should be a credentialed school counselor who works with others to support one vision and one voice creating unity and focus toward improving student achievement and supporting student development (ASCA, 2020). This is accomplished through direct and indirect services to students with a recommended ratio of 250:1 to positively affect outcome data on such information as student achievement and discipline referrals at all grade levels (ASCA, 2020).

Studies have shown students attending a school with comprehensive school counseling programs earned higher grades, felt more prepared for the future, and thought of the school as safer (Brown & Trusty, 2005; Deaton et al., 2022). However, the role of a school counselor is focused on the academics, career, and social and emotional needs of every student. Due to this broad scope of responsibilities, it becomes challenging to adequately meet the same needs, and the more intensive mental health needs, of students whose mental health concerns severely impact their functioning in the school setting. Schools that state their comprehensive school counseling program could not provide the necessary effective services report caseload sizes and funding as the biggest areas of concern (Rock, 2022). The efficacy in addressing the most basic needs and ensuring the academic success of students with mental health diagnoses is diffused due to the multitude of responsibilities extending beyond individual and small-group counseling (Brown & Trusty, 2005; Rock, 2022). With such large caseloads and a myriad of responsibilities beyond direct student counseling, the traditional inclusive school setting's implementation of a comprehensive school counseling program is just not enough of a resource to help students who are significantly affected by mental health concerns. There is not enough time to devote to the high needs of students with significant mental health diagnoses.

The transition process from a clinical day program back to the traditional school setting occurs when students meet their academic and behavioral goals and can adequately function in accordance with the traditional school's expectations in a less restrictive environment. Assessments administered at the beginning of a clinical day program are readministered and scores are compared to assess if symptomology has decreased (Leffler & Frazier, 2022). A discharge summary should be given to the students' family and future providers to support coordination and include assessment results, progress in the program, skills gained, and

recommendations for aftercare (Leffler & Frazier, 2022). Prior to complete transition, students may benefit from brief exposures to the traditional school setting to help reestablish relationships with staff and peers and to slowly readjust to school expectations and routines (Leffler & Frazier, 2022). A successful transition includes students using their newly gained skills to meet the traditional school's behavioral and academic expectations.

Statement of the Problem

Mental health is a rising concern among school-age adolescents and has long term effects on their academic, social, and employment success. Students who struggle with mental health tend to have higher attendance issues causing a decrease in their academic functioning and an increase in their academic frustrations (Mitchell et al., 2019). There are long term concerns such as not meeting their academic potential, dropping out of school, and not obtaining post-secondary education, among many other academic related issues (Lawrence et al., 2019; White et al., 2017). Over time, students who need more intensive mental health services and do not receive it struggle to meet academic gains.

Mental health concerns impact more than just those with the diagnosis. Teachers often do not have the training and background to adequately serve students who struggle with mental health concerns. Teachers who work in traditional schools often feel overwhelming stress and burnout which causes them to leave the teaching profession (Farmer, 2020). Typically developing students in their classes do not get the support they need to be academically successful and therefore experience academic deficits as well (Stoll & McLeod, 2020). Typically developing peers feel a stigma toward their classmates who make learning difficult which then leads to more disruption for all students and more stress for the teachers (Stoll & McLeod, 2020). Families also experience dysfunction due to the needs of students with mental health concerns

(Baena et al., 2021; Brennan et al., 2007). It becomes difficult to manage the balance of family and work life when there are added stresses of financial costs, time away from other family members and work, and overall disturbance in the home (Baena et al., 2021; Brennan et al., 2007).

Students with mental health issues often struggle with academic and social functioning in a traditional public school and even the most comprehensive school counseling programs do not offer the level of mental health services they need (Agnafors et al., 2020; Brown & Trusty, 2005). School counselors have large caseloads and other responsibilities beyond direct counseling which make it impossible to adequately serve students who need more intensive therapeutic assistance (Brown & Trusty, 2005). Spending more time with the students who need more attention also leads to less time spent with the rest of the student population and decreases the effectiveness of a comprehensive school counseling program (Brown & Trusty, 2005; Shi & Brown, 2020).

Educating students with significant mental health needs is a complex task which is difficult to undertake in a traditional public school setting while ensuring an equitable education to all students (Deaton et al., 2020; Jerrott et al., 2010). It is necessary for school districts to provide academic and mental health clinical day programs as an alternative for students unable to meet social and academic goals in a traditional inclusive school setting. Studies of such programs have demonstrated long-term successes are possible both at school and at home (Jerrott et al., 2010). They are more cost effective than long term and residential programs, provide the academic and mental health services necessary during adolescence, and cause little disruption to the family system (Clark & Jerrott, 2012; Jerrott et al., 2010). Therefore, it is evident short-term clinical day programs are of long-term benefit to students with mental health concerns, their

families, their peers, and the school faculty working with them (Clark & Jerrott, 2012; Jerrott et al., 2010). The most effective programs offer components which ensure successful reintegration back into the public school setting. There is a gap in the research about programs considered most effective in addressing the needs of students with mental health concerns which interfere with academic success.

Purpose of the Study

The purpose of this research is to determine what components of academic and therapeutic clinical day programs ensure success for students with mental health diagnoses as they transition back to conventional educational settings. Student mental health and its impact on academic success is critical to the students who live with mental health diagnoses (Agnafors et al., 2020; Lemberger-Truelove et al., 2021). It is also important to teachers, peers, and families, all of whom are affected in different ways to ensure healthy relationships and consistent academic gains (Graham et al., 2011; Ohrt et al., 2020; Reinke et al., 2011). There are several types of programs and facilities available to school districts offering varying degrees of treatment options, including the skills necessary to successfully transition back into traditional inclusive schools. Clinical day treatment programs are the most cost effective and worthwhile programs to ensure success for students with significant mental health needs as they transition back to traditional school settings.

Research shows clinical day treatment programs have success in providing appropriate treatment for adolescents with specific diagnoses (Leffler & Frazier, 2022). They fulfill a gap in treatment between outpatient and inpatient treatment using evidence based therapeutic approaches. They not only provide the more intensive mental health resources which are not available in traditional school settings, but they also provide the required academics necessary to

meet state guidelines for grade promotion. Effective clinical day treatment programs consist of care teams providing mental health therapy, specialized education, and transition plans to assist students in successfully transitioning back traditional school settings. Care teams are adequately trained in working with students whose mental health concerns interfere with daily educational success and can implement various therapeutic approaches with fidelity.

Conceptual or Theoretical Framework

This study will be grounded in the idea that students with significant mental health concerns have basic needs which cannot be met in the traditional school setting, therefore, they require reassignment to an educational and mental health clinical day program. Maslow's hierarchy of needs highlights ideas about the characteristics of mental and psychological health, otherwise known as self-actualization (See Appendix C for Maslow's Hierarchy of Needs). Maslow's idea includes factors which promote or inhibit self-actualization and states behavior is equally motivated in terms of self-actualization (Bland & DeRobertis, 2020). Maslow affirms children insecure in their basic needs will "show more selfishness, hatred, aggression, and destructiveness," all signs of diminished mental health (Maslow, 1987, p.171). With the sole mission of adolescence being the search for and reconciliation of a sense of stability and continuity of personality within the context of confusion, change, and uncertainty, it is evident that mental health should be stable, and thus all basic needs should be at least partially met (Bland & DeRobertis, 2020; Maslow, 1987). Therefore, it can be determined when basic needs within Maslow's hierarchy are not met, even at the lowest level, adolescent mental health is stunted (Maslow, 1987).

According to Maslow's theory, all children have the same basic human needs regardless of their ethnicity, age, socioeconomic background, or geographical location. Basic needs are

defined, from the lowest level of need to the highest, as physiological needs, safety needs, the need for love and belonging, esteem needs, and self-actualization (Harper et al., 2003). The most basic need, physiological, includes the body's demand for food, water, oxygen, shelter, sleep, and clothing to maintain survival. The next is safety needs, including security, protection, stability, and freedom from fear or constant anxiety. The need for love and belonging involves the requirement to belong to and feel loved by a community such as a family, religious group, work group, social club, or friend group. Esteem needs are related to self-esteem for one's own accomplishments or achievements or acceptance from others based on one's accomplishments, status, or appearance. And finally, self-actualization is the need to develop one's hidden common potential and unique talent at the highest possible level of growth and achievement (Aruma & Enwuvesi Hanachor, 2017; Bland, 2020; Bland & DeRobertis, 2020; Harper et al., 2003). As each level of needs is satisfied, the next pivotal level of needs emerges to take over an individual's behaviors.

Advancing through the hierarchy of needs ensures an individual's most basic social and emotional needs are at least partially fulfilled (See Appendix C for Maslow's Hierarchy of Needs). However, when these basic needs are not met, they can be suppressed which leads to being consumed by the need's deficiency. The deficit is then reflected in negative reactive or defensive behaviors in an attempt to communicate the suppressed need to others (Bland, 2013; Bland & DeRobertis, 2020). Many times, mental health counselors overlook troubles which are based simply on unfulfilled basic requirements. Traditional counselor training tends to focus on the symptomology of children in terms of deficit behavior, excessive behavior, or deviant behavior, rather than focusing on the underlying needs causing the behaviors (Harper et al., 2003; Rock, 2022). In particular, school counseling is a quick and temporary fix for problems

which often have deeper underlying causes. Maslow's theory is built on the idea that human behavior is motivated by the simple desire to meet specific basic human needs, and these needs must be met before any consideration is given to other human desires, such as education and academic success (Aruma & Enwuvesi Hanachor, 2017). For example, when students are guaranteed love and belonging to a family or community, including a school community, they can gather the courage and confidence to contribute reasonably to the community and attain academic goals. Students must be able to meet their basic needs at least partially to be successful after completion of a clinical day program.

The objective in offering students educational and mental health clinical day options is to assist them in learning to sufficiently fulfill all levels of Maslow's identified needs in an alternative setting focused on helping them grow and develop to their highest level or their natural potential (Harper et al., 2003). Clinical day treatment is defined as an outpatient service where adolescents receive intense levels of mental health treatment in conjunction with educational services in a less-restrictive environment (Clark & Jerrott, 2012; Leffler & Frazier, 2022). Best-practice treatment strategies involve more than just removing the symptoms of unfulfilled needs and instead focus on progress in healthy day-to-day functioning to ensure all around success upon reintegration into a traditional school setting (Bland, 2013; Clark & Jerrott, 2012; White et al., 2017).

The counseling component of a clinical day program should, in part, focus on teaching the necessary skills to progress through Maslow's levels of needs, while the educational portion should focus on practicing and refining those skills in an academic environment for future application in a traditional setting. Among many other components, to manage the challenges associated with returning to a traditional school setting, students need a toolbox of well-

developed coping skills, support systems comprised of school-based professionals with mental health expertise, and a team of faculty and staff which communicates effectively to benefit both mental health and academics (White et al., 2017).

Even the most comprehensive school counseling programs are only designed for instruction, appraisal, advisement, short-term counseling, and referral services and must depend on community service providers to meet the needs of the whole child (ASCA, 2020). Preventative school-based counseling is essential to determine early warning signs and setbacks in academics, career planning, and social and emotional development. However, there is bound to be a diffusion of traditional school counselor effectiveness in meeting even the most basic levels of needs because of the focus on so many other duties besides one-on-one and small-group counseling and ensuring academic success of students negatively impacted by mental health (Brown & Trusty, 2005; Deaton et al., 2022; Rock, 2022). Comprehensive school counseling programs in traditional school settings are not equipped to assist students with significant mental health issues in meeting the basic needs in Maslow's hierarchy. A more intensive, alternative clinical day setting can provide students with mental health diagnoses the skills necessary to meet their basic needs while achieving academic success.

Students attending clinical day programs who return to traditional schools lacking sufficient systems of support or a plan for managing the challenges they face upon their return from clinical day programs are at an elevated risk of readmittance to a clinical day program, dropping out of school, abusing drugs and/or alcohol, or attempting suicide (White et al., 2017). Many clinical day programs have been shown to significantly reduce negative behaviors exhibited in traditional schools and promote successful reintegration (Clark et al., 2010; Leffler & Frazier, 2022). Clinical day programs must be researched to determine what components lead

to their effectiveness in assisting students with mental health concerns in meeting their basic needs and ultimately successfully reintegrating into the traditional school setting.

Research Questions

The goal of this research is to answer the following questions:

1. How is “successful reintegration” defined for students with mental health concerns by the students, families, teachers, and other school staff?
2. What program components are present in effective clinical day programs?

Significance of the Study

Identifying the components of clinical day programs with successful transition back to traditional schools will benefit students, their peers, staff, and families as the programs consist of qualified personnel offering evidence based therapeutic services and educational environments. Successful reintegration will reduce general education teacher stresses and allow for more consistent teaching of non-affected students. A clinical day program with successful reintegration back into traditional school settings will empower students to use their own learned tools and self-awareness to assist them in self-regulation in the classroom. These skills will provide for better learning, behavior, and overall health outcomes (Meiklejohn et al., 2012). Students must understand their own basic needs according to Maslow’s hierarchy and know what needs must continually be met to be academically and socially successful. They must also acquire and practice appropriate coping skills to ensure their continued success. With the help of clinical day programs, students develop ways to enhance their capacities in self-regulation, fostering stress resilience, and acting responsively rather than reactively. Students also learn how to buffer their brains from detrimental effects of stress which will hopefully transfer into the traditional inclusive education setting (Meiklejohn et al., 2012). Upon returning to traditional

schools, the students must be social actors with their own strategies for actively coping with challenges, since teachers are not always capable of adequately supporting students with mental health concerns, despite the important link between student mental health and academic success (Deaton et al., 2022; Graham et al., 2011).

Giving students with mental health concerns the power to self-regulate and ensure their own academic success will support teachers who lack the training and support necessary to assist students as teachers reported feeling they lack the skills necessary to support these needs (Reinke et al., 2011). Teachers reported feeling they did not have the knowledge, skills, or resources to implement appropriate mental health supports for students significantly affected (Ohrt et al., 2020; Graham et al., 2011; Reinke et al., 2011). This highlights the need for training, strategies, and support for teachers working with these students. While few teacher training programs and professional development opportunities offer training focusing on adolescent mental health, even fewer offer training on how to address student mental health concerns within the context of traditional classroom settings. By identifying the successful components of a clinical day program, teachers can also learn what strategies they can implement within daily instruction to support students with mental health concerns.

The increase in mental health difficulties of adolescents leaves teachers being asked to act as frontline mental health professionals with little to no training. Being unable to meet the needs of all their students leaves teachers feeling an increased burden, diminishes their job satisfaction, and reduces their own wellbeing (Mitchell et al., 2019; Reinke et al., 2011; Stoll & McLeod, 2020). These feelings lead teachers to be emotionally affected causing higher levels of stress, feeling self-doubt, and suffering compassion fatigue. Teachers repeatedly exposed to emotionally charged situations, such as those occurring in the classroom with students who

suffer mental health problems, leads to a level of emotional exhaustion causing them to leave the profession (Farmer, 2020). Relieving teachers from the most stressful of those situations by offering alternative settings for students significantly affected by mental health issues would impact the numbers of teachers leaving the profession or struggling personally due to lack of support, levels of stress, and burnout. It is then crucial to determine the components needed to develop an effective clinical day program which also leads to successful reintegration into the traditional school setting to increase teacher retention rates.

Identifying the positive components of clinical day program will also impact students in traditional school settings without EDs. Stigma is often attached to young people with mental health issues which can lead to negative stereotypes and reduced social interaction, resulting in further concerns with anxiety and depression (Lindow et al., 2020). There is a tendency for students to reinforce each other's behaviors in the classroom, so peers can either respond by repeating the behaviors of those who struggle with mental health or by isolating those students. Behavior issues in the classroom result in teacher stress, and teaching students with mental health issues can cause disruptive, inattentive, or hostile behaviors, even from those not suffering from mental illness (Stoll & McLeod, 2020). Teachers also struggle with meeting the needs of all students when the focus is often on students whose mental health is a concern. With this increased burden, teachers feel they are inadequately supporting all other students' well-being and performance (Stoll & McLeod, 2020). When teachers prioritize their attention toward students who exhibit adverse effects from mental health diagnoses, those who are not identified as requiring additional support may inadvertently be overlooked or marginalized. Thus, reintegration into the traditional classroom must be successful to lead to reduced or eliminated

disruptive behaviors, inattentiveness, and hostile behaviors which disrupts the education of all students.

Identifying the successful components of clinical day programs is equally important for the families of students transitioning back to traditional school settings. Research indicates educating students with significant mental health issues is difficult not only for educators and related services personnel, but it can also be a burden on family members (Reid et al., 2004). According to general systems theory, every change in one member of the system will in turn influence every other member, including the relationship between parent behavior and child behavior (Baena et al., 2021). Overall parental well-being is also affected as there is more strain on the caregiver, which in turn affects the entire family. Behavioral and emotional problems have a direct influence on family dynamics, increasing family conflict, and decreasing family cohesion (Baena et al., 2021).

Parents often experience work disruptions and significant stress managing work and family responsibilities due to lack of community-based supports for children with serious mental health concerns (Brennan et al., 2007). This adds to parental and familial stress regarding the financial aspect of caring for adolescents with mental health needs for evaluations, medications, therapy, and other treatment. The financial stress on parents also leads to family dynamic disruption. The goal of educational and mental health clinical day programs is teaching the enrolled students to better function within the family system through self-regulation, improved social interactions, and coping skills. The same skills that help students blend into a classroom can be translated to controlling behaviors and responses within the dynamics of a family.

Assumptions, Limitations, and Delimitations of the Study

The current study is not without assumptions, limitations, and delimitations. The assumptions are made about the interview questions by assuming the participants (students, parents, and staff) answer all questions openly and honestly. It is assumed all participants have the cognitive ability to answer the questions during the interview process.

A significant limitation of the study is the clinical day programs are in geographically different areas than the researcher. This makes in-person interviews difficult and necessary to be conducted virtually through Zoom. The researcher's ability to travel to the clinical day program locations could have an impact on the validity of the obtained results.

Another limitation is the honesty of a small sample size of participants. Interviews and surveys include self-reporting which can lead to unintended dishonesty or fear of answering openly. This leads to possibly inaccurate data collection. Having a small sample size also creates the concern of generalizing data to larger populations.

One last limitation is consistency within each school about the transition process back to traditional school settings. Each school has a unique and differing procedure which could affect the success of the clinical day treatment programs' results. There is a possibility some schools offer more successful transition processes than others.

A delimitation of the study includes locating clinical day treatment programs that include therapeutic and educational services. There are various types of programs available for students with mental health concerns, but only one type was researched. Another delimitation was finding and selecting participants employed in clinical day treatment programs who work with students with mental health diagnoses. Not all programs have the same acceptance requirements, including students having a diagnosis. Interviewing only staff is a delimitation as other members

of the program could offer important data. Lastly, only researching the outcomes from the clinical day treatment programs is a delimitation.

Definition of Terms

This work will use several key terms found below based on the APA Dictionary of Psychology (n.d.). The definitions for these terms will be applied throughout.

Academic Functioning. Any identifiable success in the areas of scholarship or disciplined study; a level of proficiency in scholastic work in general or in a specific skill, such as arithmetic or reading.

Clinical Day Treatment Program. A program of coordinated interdisciplinary assessment, treatment, and rehabilitation services provided by professionals and paraprofessionals for people with mental diagnoses, usually at a single location for 6 or more hours during the day; services also address educational, skill, and vocational development.

Comprehensive School Counseling Program. Guidance offered at school to students, parents, and other caregivers which focuses on students' academic, personal, social, and career adjustment, development, and achievement; it is offered by certified professionals at all educational levels from elementary through college and professional school.

Emotional Disturbance (ED). A fear-, anxiety-, or other emotionally based condition resulting in maladaptive behavior – ranging from withdrawal and isolation to acting out and aggression – and adversely affects an individual's academic and social functioning; children with a longstanding condition which meets specified criteria, such as the inability to form satisfactory relationships with peers and teachers, are considered to have a serious emotional disturbance (SED) which constitutes a disability under the Individuals With Disabilities Education Act (IDEA).

Maslow's Hierarchy of Needs. Described by Abraham Maslow as the hierarchy of human motives or needs. Physiological needs (air, water, food, sleep, etc.) are at the base; followed by safety and security (safety needs); then love and belonging (love, affection, acceptance, etc.); then esteem needs (prestige, competence, power, respect, self-esteem, etc.); and self-actualization (aesthetic, need for knowing, achieving one's potential) is at the highest level.

Mental Health. A state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life.

Reintegration. Restoration to health or normal condition and functioning; the action or process of integrating someone back into a traditional school setting.

Secondary Trauma Stress. The impact on a caregiver of repeated emotionally intimate contact with trauma survivors; it affects the caregiver across students/clients and situations; it results in a change in the caregiver's own worldview and sense of justness and safety of the world; isolation and overinvolvement in working with trauma survivors can increase the risk of secondary trauma stress.

Stigma. The negative social attitude to a characteristic of an individual that may be regarded as a mental, physical, or social deficiency; it implies social disapproval and can lead unfairly to discrimination against and exclusion of the individual.

Traditional Classroom or Traditional School Setting. A setting where a teacher moderates and regulates the flow of information and knowledge and students are expected to continue developing their knowledge of a subject; standard curriculum is delivered by a teacher in-person; standardized tests are administered at regular intervals; time, place, and pace of learning remain consistent regardless of student ability.

List of Acronyms

ADHD. Attention deficit hyperactivity disorder

CBT. Cognitive behavioral therapy

ED. Emotionally disturbed

IDEA. Individuals with Disabilities Education Act

IOP. Intensive outpatient program

IPH. Inpatient psychiatric hospital

MTSS. Multi-tiered systems of support

PHP. Partial hospitalization program

SEL. Social-emotional learning

CHAPTER 2: LITERATURE REVIEW

Introduction

The importance of addressing the mental health needs of K-12 students has become increasingly clear. It has also become evident that traditional educational settings cannot offer the level of mental health support which some students require to be academically successful (Clark & Jerrott, 2011; Rock, 2022). As of April 2022, approximately three quarters of public schools in the United States reported an increase in staff expressing concerns about student depression, anxiety, and other mental health issues (Rock, 2022). Teachers and school counselors are often first to recognize students' needs, but the growing number of students struggling with mental health concerns means there is more to be done to address the number of students whose mental health needs impede their academic success. Students suffering from ED tend to present with behavioral and achievement problems which interfere with schooling, and slightly over half of students with behavior problems related to mental health have some degree of academic difficulty leading to higher dropout rates (Mitchell et al., 2019). To change this narrative, it is necessary to uncover the mental health needs of K-12 students and to address them with an effective clinical day program comprised of elements offering more individualized curricula than a conventional classroom or comprehensive school counseling program can provide.

Comprehensive school counseling programs provide short-term academic, social, and emotional support through individual, small-group, and whole class counseling services to help students succeed in school (Rock 2022; White et al., 2017). Lack of mental health support at the school level results in an increased risk of dropping out, drug and/or alcohol abuse, and suicide (White et al., 2017). Research demonstrates mental health negatively affects one out of five young people and that suicide is quickly becoming the leading cause of death among 12–18-

year-olds (Bowers et al., 2013; Johnson et al., 2011; Lindow, 2020; Marsh & Mathur, 2020; Mental Health Technology Transfer Center Network [MHTTC], 2020; White et al., 2017). This makes mental health availability within the K-12 educational system a priority since it is the best and easiest way to reach large numbers of adolescents (Bowers et al., 2013; Johnson et al., 2011; Lindow, 2020; Marsh & Mathur, 2020; Mental Health Technology Transfer Center Network [MHTTC], 2020; White et al., 2017). Even the most comprehensive school counseling programs can only offer a limited scope of short-term support to students, especially considering school counselors' increasing case load sizes and list of other responsibilities, aside from direct counseling services.

The objective in offering students educational and mental health clinical day options is to assist them in learning to sufficiently fulfill all levels of Maslow's identified needs in an alternative setting which is focused on helping them grow and develop to their highest level or their natural potential (Harper et al., 2003). Clinical day treatment is defined as an outpatient service where adolescents receive intense levels of mental health treatment in conjunction with educational services in a less-restrictive environment which also supports the transfer of skills across settings (Clark & Jerrott, 2012; Mitchell et al., 2019). Best-practice treatment strategies involve more than just removing the symptoms of unfulfilled needs and instead focuses on progress in healthy day-to-day functioning to ensure all around success upon reintegration into a traditional school setting (Bland, 2013; Clark & Jerrott, 2012; Mitchell et al., 2019; White et al., 2017). The counseling component of a clinical day program should, in part, focus on teaching the necessary skills to progress through Maslow's levels of needs, while the educational portion should focus on practicing and refining those skills in an academic environment for future application in a traditional setting (Mitchell et al., 2019). Among many other components, to

manage the challenges associated with returning to a traditional school setting, students need a toolbox of well-developed coping skills, support systems comprised of school-based professionals with mental health expertise, and a team of faculty and staff which communicates effectively to benefit both mental health and academics (Mitchell et al., 2019; White et al., 2017).

Mental Health and Adolescence

Adolescence is a crucial time for developing healthy social and emotional habits which support mental health well-being. Protective and supportive environments within the family, school, and community settings are important factors in developing healthy habits (WHO, 2017b). The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. These factors can include peer pressure, exploration of identity, the media, quality of home life, relationships with peers, exposure to violence, and socioeconomics (WHO, 2017b). Other factors can include living conditions, discrimination or exclusion, lack of access to quality supports and services, and a family history of mental illness (WHO, 2017b). Mental health promotion and prevention interventions are meant to strengthen one's capacity to regulate emotions, enhance alternatives to high-risk behaviors, build resilience, and promote supportive environments using a multi-level approach (Clark & Jerrott, 2011; Leffler & Frazier, 2022; WHO, 2017b).

Mental health conditions currently affect 20% of adolescents in the United States, and only approximately one-third receive mental health services (Bains et al., 2016; Johnson et al., 2011; Mitchell et al., 2019; Mojtabai & Olfson, 2020; Osagiede et al., 2018). There is an increased risk of substance abuse and suicidal behaviors in adolescents with mental health diagnoses (Johnson et al., 2011). Suicide as a result of mental health diagnoses is quickly

becoming the leading cause of death among 12–18-year-olds, with 17% of students reporting they seriously considered attempting suicide at some point (Bowers, 2013; Johnson et al., 2011; Lindow, 2020; Marsh & Mathur, 2020; MHTTC, 2020; White et al., 2017). These statistics mean that for a teacher with an average of 22 students, at least four students are dealing with mental health concerns which can interfere with their educational goals.

Anxiety, depression, attention deficit hyperactivity disorder (ADHD), behavioral or conduct disorders, and serious EDs are the most diagnosed mental disorders in school-aged children (Deaton et al., 2022; Mitchell et al., 2019; Osagiede et al., 2018). Roughly 12% of all American K-12 students receive special education services for such diagnoses with less than 1% receiving services under the ED category (Mitchell et al., 2019). Early interventions and supports are crucial for students with diagnosed mental health conditions to prepare them for life after high school, as half of adult diagnoses emerge before the age of 14 (Bowers et al., 2013; Johnson et al., 2011; Shi & Brown, 2020). However, only 20–36% of students with mental health diagnoses receive any mental health treatment, including school-based counseling (Leffler & Frazier, 2022; Mojtabai & Olfson, 2020).

The Impact of Mental Health on Public School Education

The achievement and opportunity gap remains a popular topic in education and continues to be complex. Mental health problems are a predictor of academic performance, though early identification and intervention of mental health concerns can vastly improve school and life outcomes (Agnafors et al., 2020; MHTTC, 2020; WHO, 2017b). Students suffering from ADHD, ED, behavioral disorders, anxiety, and/or depression experience a diminished capacity to function in school which can lead to negative impacts on the classroom experience. The negative impacts involve various difficulties including poor academic functioning, chronic absenteeism,

disciplinary concerns, and being expelled from school (Ball et al., 2016; Marsh & Mathur, 2020; Osagiede et al., 2018). Adolescents with mental health diagnoses who do not receive services have a dropout rate of more than 40% and poor postsecondary and employment outcomes. As many as 40% of students identified with ED have a criminal record within a few years of leaving school and have an increased risk of engaging in health risk behaviors (Marsh & Mathur, 2020; Mitchell et al., 2019).

Legalities of Mental Health in Education

IDEA (2004) categorizes students with mental health-related disabilities under the ED category entitling them to special education and related therapeutic services. Adolescents with mental health problems not labeled as special education or receiving services are at risk of decreased academic performance and involvement in the juvenile justice system (Marsh & Mathur, 2020; Ohrt et al., 2020). IDEA ensures students with disabilities receive accommodations and services which provide students with a free and appropriate public education (ADDitude, 2015). Students with diagnosed mental health issues who receive mental health services early have lower rates of problematic outcomes and higher levels of positive school-related outcomes than those not receiving services (Marsh & Mathur, 2020).

Students with mental health diagnoses are often educated in the general education environment whether they receive special education related services or they have yet to be identified (Marsh & Mathur, 2020). School-based prevention and intervention practices provided in the general education classroom have become essential for reducing mental health related concerns which interfere with learning (Agnafors et al., 2020; Reinke et al., 2011). However, general education teachers often do not have the training to recognize mental health concerns or to address the associated needs to close the achievement and opportunity gap (Agnafors et al.,

2020; Marsh & Mathur, 2020; MHTTC, 2020; Reinke et al., 2011). General education teachers are expected to provide universal promotion and prevention supports, implement classroom-based management strategies, foster positive school climate, develop caring and supportive relationships, and enhance other protective factors for students (Ball et al., 2016; Marsh & Mathur, 2020).

Effective prevention practices and interventions require teachers to have the appropriate training since students spend between 25 and 27 hours per week in the classroom (Stoll & McLeod, 2020). However, general education teachers may not have the resources or knowledge to provide the necessary support (Ohrt et al., 2020; Reinke et al., 2011). It is important to understand the need for professional training and current knowledge for general education teachers working with students with mental health concerns. General education teachers may experience high levels of stress, anxiety, and fear regarding their students' mental health and their ability to provide adequate help (Farmer, 2020; Stoll & McLeod, 2020). Teachers report the top three areas identified for additional training were strategies for working with children with externalizing behavior problems, recognizing and understanding mental health issues in children, and training in effective classroom management and behavioral interventions (Reinke et al., 2011). A lack of qualified personnel can lead to ineffective implementation of practices in areas where additional training is needed. This can result in low levels of success for students with ED in traditional school settings (Mitchell et al., 2019).

Evidence-based interventions for students with mental health diagnoses are perceived as falling within the expertise of more qualified professionals rather than the classroom teacher, even after additional training is provided (Farmer, 2020; Reinke et al., 2011). Teachers identify supporting student mental and emotional health as part of their role, but also report providing

appropriate supports in their classroom as stressful and difficult (Ball et al., 2016; Stoll & McLeod, 2020). The impact of unmet student needs increases their burden, diminishes their job satisfaction and well-being, and can negatively impact the well-being and performance of all students (Stoll & McLeod, 2020). Teachers repeatedly exposed to emotionally charged situations in the classroom, including working with students with mental health concerns, experience emotional fatigue which causes them to leave the profession (Farmer, 2020; Mitchell et al., 2019).

Comprehensive School Counseling Programs

Due to the increasing numbers of adolescents presenting with mental health concerns, mental health support within the schools is a priority (Bowers, 2013; Johnson et al., 2011; Lindow, 2020; Marsh & Mathur, 2020; MHTTC, 2020; White et al., 2017). There are a multitude of mental health programs and facilities available which offer varying degrees of treatment but are not an option in most school districts. School-based mental health programs and comprehensive school counseling programs reduce behavior problems, improve school climate, and increase academic achievement (Desrochers, 2015). Comprehensive school counseling programs focus efforts on promoting academic, career, and social/emotional success for all students and acknowledge they may be the only counseling services available to students and their families (American School Counseling Association [ASCA], 2020). An effective program is one which makes a difference in the lives of students, parents, and teachers. The counseling services, whether individual, group, or a mixture of both, is at the crux of a comprehensive program and must be the focus of the helping process. An overall effective program will infiltrate the classrooms with teachers and counselors working in tandem to identify students in need of intervention and provide the necessary curriculum and other services

to address their needs (ASCA, 2020). It is a combined effort among all stakeholders to make a comprehensive school counseling program most effective.

As diversity brings students of varied backgrounds and family structures into the school system, professional school counselors are being relied on for many things to ensure success of all students. Students spend more time in school than anywhere else outside the home, making school-based services essential for those with a diagnosis who do not also receive outside services (Osagiede et al., 2018). Because of their training, counselors are acutely aware of the link between student psychological concerns and the ability to succeed in school (Gruman, 2013). It is under their scope of expertise to ensure equitable distribution of services to all students and their families (ASCA, 2022). School counselors must learn to address the needs of every student, particularly those presenting with mental health concerns. The ASCA Ethical Standards (2022) state school counselors are advocates, leaders, collaborators, and consultants who create systemic change by providing equitable educational access. It is critical to understand how school counselors and comprehensive school counseling programs can address the opportunity gap in public schools.

Even the most comprehensive school counseling programs are only designed for instruction, appraisal, advisement, short-term counseling, and referral services and must depend on community service providers to meet the needs of the whole child (ASCA, 2020). Preventative school-based counseling is essential to determine early warning signs and setbacks in academics, career planning, and social and emotional development. However, there is bound to be a diffusion of traditional school counselor effectiveness in meeting even the most basic levels of needs because of the focus on so many other duties besides one-on-one and small-group

counseling and ensuring academic success of students most negatively impacted by mental health (Brown & Trusty, 2005; Shi & Brown, 2020).

The Responsibilities of School Counselors

School counselors have an array of responsibilities aside from individual and small-group counseling. ASCA (2003) defines the roles of counselors as including responsive services such as managing crises, consultation services, and meeting with parents and teachers, as well as offering strategic interventions (Brown & Trusty, 2005). School counselor duties should not include such administrative responsibilities as record keeping, discipline, testing, covering classes, supervising common areas, and tutoring (ASCA, 2003; Rock, 2022). However, school counselors still report a large amount of time is spent on these activities which impede their ability to offer quality individual and small-group counseling services (Shi & Brown, 2020).

Other responsibilities that often fall on school counselors are involvement in the multi-tiered systems of support (MTSS) process, offering trainings and professional developments for staff, career or vocational development, and scheduling (Brown & Trusty, 2005; Rock, 2022; Shi & Brown, 2020). The MTSS process should include counselors once students have gotten past tier one, which is core classroom instruction (Rock, 2022). Tiers two and three, however, target small group and individual interventions which may fall under the role of school counselors and outside mental health resources (Rock, 2022). Counselors lose direct time with students when they are asked to provide staff with professional development and other trainings. Though they are the experts in adolescent mental health, professional developments and trainings centered around student mental health are sometimes presented during the school day when students need responsive services and interventions (Rock, 2022).

As school counseling has evolved from guidance counseling, there is less focus on offering vocational guidance and administrative-type scheduling responsibilities (Brown & Trusty, 2005; Rock, 2022; Shi & Brown, 2020). Career development is an educational necessity, and therefore should not rest solely on the counselors to administer (Rock, 2022). It is common now to have school counselors present classroom lessons regarding necessary classes in relation to students' future plans, and then have teachers work directly with students through digital programs designed to guide them on an appropriate educational and career path. The administrative task of inputting and creating student schedules is no longer a task designated for school counselors, and instead is commonly the responsibility of data managers or other similar school staff (Brown & Trusty, 2005; Rock, 2022; Shi & Brown, 2020). There are still many responsibilities that should not be left for counselors but remain part of their daily duties and impede their ability to effectively offer mental health services.

Comprehensive School Counseling and Discipline

Integrating comprehensive school counseling programs can reduce discipline problems in some school-aged children (Costello & Maughan, 2014). Though out of school suspensions have decreased in recent years, students are still often removed from the classroom resulting in missing vital education for disciplinary reasons (Southern Coalition for Social Justice, 2018). Counselor-led lessons based on adolescent development have the potential to improve students' expressed behavior, and some studies indicate these types of behavioral approaches intermingled with counseling showed the largest effect on reported discipline problems in school settings (Whiston & Quinby, 2009). Reducing discipline problems at the source is another reason to support a comprehensive school counseling program.

School counseling programs influence student academic and disciplinary behaviors and staff interventions used within the school system. Because counselors are trained to recognize specific behaviors which stem from mental health concerns, they can address these concerns with the student and with teachers to better provide interventions to ensure success, both academically and emotionally. Research supports the implementation of comprehensive school counseling programs positively affects outcome data related to student achievement and discipline referrals, at all grade levels, when counselors are used appropriately within the guidelines of the counseling program (ASCA, 2020). With an appropriate school counseling program in place, teachers should see the connection between mental health and both academic progress and behavior improvement. Schools with more fully implemented comprehensive school counseling programs have better student outcomes including educational and personal development (Brown & Trusty, 2005; Harper et al., 2003; Lemberger-Truelove et al., 2021; Whiston & Quinby, 2009). The goal of a comprehensive school counseling program is to improve student achievement, attendance, and discipline. Making counseling part of the everyday routine in schools will normalize obtaining mental health services for all areas of student growth and development.

The Stigma Attached to School Counseling

Stigma related to counseling refers to the concern about what others, including the help provider, might think of the adolescents seeking services (Biolcati et al., 2017). Understanding how adolescents perceive mental illness is an important factor to improving engagement and for the development of educational programs (Chisholm et al., 2018). Yet many students with mental health diagnoses still decide against disclosing their conditions due to fear of public stigma or self-stigma and shame (Mulfinger et al., 2019). A more open-minded culture surrounding mental health stigma encourages adolescents to seek help (Biolcati et al., 2017).

There is more stigma when there is less knowledge and a general lack of understanding about adolescent mental health (Biolcati et al., 2017).

The ways in which a school counseling program can influence student behavior is a key component to making the change to better serve the student population. Studies suggest 10-20% of adolescents showed signs of clinically significant mental health disorders requiring timely assessment and interventions, but half of those adolescents avoid formal services (Biolcati et al., 2017). Developing and implementing a comprehensive counseling program in the school setting leads to access of mental health services for all students with less of a stigma attached, as it can be seen as a normal part of the everyday school routine. School counseling programs must ensure that what typically keeps students away from counseling services at school are not a roadblock in their program. An effective comprehensive program will face potential challenges with a plan of action in place. It is imperative programs work with all levels of school personnel, as administrators, teachers, and other staff do find counseling services necessary and successful. With that understanding comes the responsibility of increasing the quality and efficacy of school counseling services and clarifying the counselors' roles and job descriptions (Karatat & Kaya, 2015; Shi & Brown, 2020). For a program to be most effective, it must be implemented with fidelity.

The Educator's Role in Comprehensive School Counseling

An important factor in implementing successful comprehensive school counseling programs to increase academic success also lies in the teachers' role. Educators, and other school personnel, play a vital role in promoting mental health and well-being and identifying and responding to emerging mental illness (Deaton et al., 2022; MHTTC, 2020). Students spend a significant amount of time in school, which puts teachers in a unique position to identify and

support students' mental health concerns (Johnson et al., 2011; Marsh, 2016; Ohrt, 2020). However, many teachers do not feel prepared to adequately help students (MHTTC, 2020). Professional developments and trainings are essential to a successful implementation of a mental health program (Johnson et al., 2011; Marsh, 2016; Ohrt et al., 2020). The lack of teacher comfortability can inhibit the success of school counseling programs.

There continues to be a debate on whether comprehensive school counseling programs benefit academic success (Brown & Trusty, 2005; Mitchell et al., 2019; Shi & Brown, 2020). School counselors frequently find themselves assigned tasks not aligned with their job description, resulting in the development and implementation of programs that are not appropriately designed and do not prioritize improving academic success (Brown & Trusty, 2005; Shi & Brown, 2020). While psychotherapy has been the preferred treatment style for beneficial impacts on children and families, it is still unclear if newer comprehensive school counseling programs are as successful as traditional therapy (Leffler & Frazier, 2022). Early interventions with a comprehensive school counseling program tend to show promise in longer term success for students and reduces stigma, but some programs leave educators and mental health professionals with remaining concerns such as time and cost (Bowers et al., 2013; Leffler & Frazier, 2022). School personnel continue to encounter challenges in identifying students with mental health issues due to the unfamiliar nature of this territory (Marsh, 2016).

Implementing early interventions for students with mental health concerns or lower reading achievement increases the likelihood of creating positive changes in both areas. This underscores the importance of addressing both academics and mental health (Agnafors et al., 2020; Lawrence et al., 2019; Mitchell et al., 2019). The key to successfully reaching students as early as possible is through training teachers to recognize the early signs of mental health

concerns. However, teachers feel hesitant and not well-supported when it comes to identifying and supporting student mental health (MHTTC, 2020). Because this leads to teacher stress and burnout, it has become important to offer mental health training to preservice teachers to reiterate the impact of clear communication, remaining flexible, providing relevant instruction, positive peer interactions within the classroom, showing respect, and facilitating conditions for self-efficacy (Johnson et al., 2011; Ohrt, 2020). Further training for teachers and working closely with school counselors implementing a comprehensive school counseling model can lead to more success for students with significant mental health needs.

Students with EDs struggle with mental health and therefore require continual monitoring and measuring of their academic performance. They require scientifically based academic interventions to address deficits across all content areas (Agnafors et al., 2020; Leffler & Frazier, 2022; Mitchell et al., 2019). Behavior problems often interfere with students' learning and educational instruction, leading to large academic achievement deficits. Students with ED on average achieve in the 25th percentile, which is sometimes considered significantly below their non-disabled peers (Agnafors et al., 2020; Lawrence et al., 2019; Mitchell et al., 2019). Previous research suggested student achievement was directly linked to student behavior, however, more recent research does not clearly support the relationship between academics and behavior (Brown & Trusty, 2005; Mitchell et al., 2019; Shi & Brown, 2020). Even with newer research leaning toward no relationship between a diagnosis and academic success, teachers still tend to group students with mental health concerns in the same category as students who struggle in school (Brown & Trusty, 2005; Mitchell et al., 2019; Shi & Brown, 2020).

When Comprehensive School Counseling is Not Enough

Educating students with significant mental health concerns is a complex, confusing, and difficult task for family members, related services personnel, and educators (Baena et al., 2021; Brennan et al., 2007; Deaton et al., 2020; Mojtabai & Olfson, 2020; Preyde et al., 2015; Stoll & McLeod, 2020). There is a growing trend towards inclusive education that makes teaching this population even more difficult, demanding the question of how well inclusive education effectively provides all students with equitable learning opportunities which will result in academic progress (Gray et al., 2017). Teachers in inclusive settings must have a solid foundational background in working with the learning needs of a very diverse groups of students, including those who struggle with their mental health. But most general education teachers do not receive the necessary training to understand inclusive policies and potential strategies (Deaton et al., 2021; Farmer, 2020; Mitchell et al., 2020). Those with special education backgrounds tend to have a better understanding and higher success in working with students negatively affected by mental health, but often their training is still not focused enough on the individual needs of students with mental health diagnoses (Gray et al., 2017; Marsh, 2016). Though most teachers can identify a student's emotional needs must be met before they can take care of their behavior and academics, they are simply not prepared to handle the level of need in their classrooms.

Students with good emotional regulation skills perform better in school and are at less risk of mental health symptoms (MHTTC, 2020). Promotion and prevention interventions are aimed at strengthening adolescent emotional regulation. Programs which address these needs require a multi-level approach with varied delivery platforms and varied strategies to reach the most vulnerable adolescents (WHO, 2017b). Addressing student mental health needs in the

school setting has become a priority since there is a link between mental health and academics (Deaton et al., 2022). Interdisciplinary support, such as from a school counselor, is necessary for managing negative externalizing behaviors. School counselors play a vital role in helping students learn to regulate their emotions, and teachers feel supported when school counselors provide interventions (Deaton et al., 2022).

School counselors have unique qualifications and skills needed to implement comprehensive school counseling programs to address K-12 student mental health needs (ASCA, 2022). However, their list of responsibilities is lengthy and does not encompass the skills or time necessary for students with significant mental health concerns which interfere with daily functioning at school. Large caseload sizes and inadequate funding to hire more school counselors leads to a diffusion of the effectiveness of school counseling programs because school counselors become less visible and accessible (Brown & Trusty, 2005; Rock, 2022; Shi & Brown, 2020; Williams et al., 2016). As a result, higher percentages of public schools do not feel their schools can effectively provide the most appropriate mental health services to all students in need (Rock, 2022; Williams et al., 2016). The inability of school counselors to meet the needs of all students leaves a gap in services for students with mental health concerns at the school level.

The History of Clinical Day Programs

Only about one third of students diagnosed with ED receive support in the school setting (Mitchell et al., 2019). With poor academic outcomes for students with ED, even minimal requirements for successful interventions and supports are necessary but are also hard to accomplish in the traditional school setting (Mitchell et al., 2019; Mojtabai & Olfson, 2020). Clinical day treatment programs are considered intermediate levels of care which can fill a void between outpatient and inpatient treatment while the adolescent also receives educational

instruction (Clark & Jerrott, 2011; Leffler & Frazier, 2022). These programs often combine group therapy, individual therapy, family therapy, coordination of care among providers, and follow-up with traditional home schools.

Clinical day treatment programs or similar forms of outpatient settings have been in existence for almost 80 years, but initial implementation was sparse (Leffler & Frazier, 2022; Mojtabai & Olfson, 2020). The Community Mental Health Center Act made clinical day treatment for youth mandated in 1963 as part of the deinstitutionalization movement (Leffler & Frazier, 2022). Even with this mandate in place, by the end of the 1960's many adolescents were not receiving the appropriate care or were in more restrictive environments than deemed necessary. Clinical day treatment programs were offered by one-fourth of the various mental health organizations in the United States by the 1970's, and by the early 1980's nearly half of all mental health organizations offered some form of day treatment program (Leffler & Frazier, 2022). The Association of Ambulatory Behavioral Healthcare (AABH) organization began its focus on development, implementation, measurement, and outcomes of clinical day treatment programs beginning in the 1990's (Leffler & Frazier, 2022). In 2020, the Acute, Intensive, and Residential Service Special Interest Group (AIRS SIG) was developed in an effort to provide evidence-based treatment and leadership in clinical day treatment settings (Leffler & Frazier, 2022). These combined efforts with clinical day treatment programs have provided a vital link between outpatient and inpatient levels of care and opportunities for more comprehensive continuums of mental health care for adolescents.

Clinical day treatment programs have been found to be effective at addressing symptoms, functioning, and sustained change in adolescents with mental health diagnoses (Clark & Jerrott, 2011; Leffler & Frazier, 2022). The programs offer intensive services in less restrictive

environments while allowing the students to return home at the end of each treatment day, creating less family disruption. There are a range of professional settings which offer clinical day treatment programs including hospitals, community mental health settings, and schools, all of which can offer focus on specific treatment populations or a broad range of diagnoses (Clark & Jerrott, 2011; Leffler & Frazier, 2022). Comprehensive clinical day treatment programs offer evidence-based strategies which address multiple areas, and the most favorable outcomes involve both adolescents and their caregivers (Clark & Jerrott, 2011).

Many clinical day treatment programs evolved from day school programs which include an education or school-based component influenced and directed by the state requirements for education (Leffler & Frazier, 2022). Some programs offer three to four hours of academic time per day, and other programs offer no academic or learning activities at all. More modern clinical day treatment programs, compared to earlier versions of clinical day treatment programs, may vary in length and frequency but are considered a lower level of care since the students attend academic activities in conjunction with therapeutic components and return home at the end of each day (Leffler & Frazier, 2022). Immediate changes in behavior are often observed following the completion of treatment, however, there is still a challenge to take those immediate gains and carry them into the future and in real world settings (Clark & Jerrott, 2011).

Clinical Day Programs as A Possible Solution

Many students are unable to manage their daily life in traditional inclusive school settings even with highly trained teachers and a comprehensive school counseling program. Therefore, they need more support than the school level can provide, but they do not require a residential setting (Clark & Jerrott, 2012; Leffler & Frazier, 2022). In this instance, an educational and mental health clinical day program would be a more appropriate setting. In a clinical day

program, adolescents receive a treatment modality at a more intense level than offered in an inclusive setting while still receiving their educational instruction. Students gain the tools to reduce their negative behaviors to an appropriate level allowing them to successfully reintegrate into their traditional school setting (Clark & Jerrott, 2012; Jerrott et al., 2010; Leffler & Frazier, 2022). A smaller caseload through the use of waitlists allows the program staff to spend more time providing direct services in the form of individual and group counseling to target skills necessary for successful self-regulation in a traditional classroom.

Studies of clinical day programs reveal short-term programs including evidence based educational and mental health components have long-term benefits to students with mental health concerns which interfere with their academic success (Clark & Jerrott, 2012; Leffler & Frazier 2022). They are less restrictive than residential placements, are more financially feasible, and create less family disruption (Clark & Jerrott, 2012; Leffler & Frazier, 2022). Families are able and encouraged to participate in their child's treatment, which is usually difficult to find time to do in even the most effective comprehensive school counseling programs in traditional schools. Upon follow-up with students once enrolled in a clinical day program but reintegrated back to a traditional school, these students showed significant improvement in behavior including externalizing behaviors, aggression, and behavioral intensity both in their traditional school setting and at home (Jerrott et al., 2010; Leffler & Frazier, 2022). Parents reported reduced levels of stress related to their family and work life balance as well. In terms of academics, mental health, social functioning, and family dynamics, a clinical day treatment program may be the best option to prepare students for the life challenges they will continue to face both at home and in traditional school settings.

Levels of Clinical Day Treatment Programs

Services in the mental health continuum range between traditional outpatient therapy consisting of weekly one-hour therapy sessions to inpatient psychiatric hospitalization (IPH) which is more restricted, acute, and short-term. These are sometimes referred to as intermediate levels of care, or day treatment (Leffler & Frazier, 2022). Clinical day treatment programs can fill a treatment void between outpatient and inpatient treatment, may provide more intensive and appropriate treatment for some specific adolescent mental health concerns, and are the most commonly used service (Clark & Jerrott, 2011; Leffler & Frazier, 2022; Mojtabai & Olfson, 2020). Clinical day treatment programs offer a step-up from traditional outpatient therapy and a step-down from inpatient care. Two forms of clinical day treatment programs include partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs).

Clinical day treatment programs offer a step-up from outpatient therapy when seeing a therapist on a weekly basis is no longer meeting a patient's needs. It could also be the next option when there is an increase in psychosocial stressors which intensify psychiatric symptoms and reduce functioning (Clark & Jerrott, 2011; Leffler & Frazier, 2022). On the other hand, clinical day treatment could be a step down for an adolescent who has been medically and psychiatrically stabilized on an IPH unit. These children are safe enough to leave the inpatient hospital setting but still require a gradual decrease in support to maintain safety and practice therapeutic skills in the context of daily life activities (Clark & Jerrott, 2011; Leffler & Frazier, 2022). The gradual decrease in service intensity encourages a smooth transition through the continuum of mental health care in the hopes that rehospitalization is not necessary.

PHPs and IOPs offer ongoing and consistent treatment multiple days a week for several hours of the day. Transitions back to living at home, engaging in daily social and educational

expectations, and managing daily life stressors are addressed in PHPs and IOPs (Leffler & Frazier, 2022). PHPs are more intense and tend to require participation at least four hours per day, five days per week. They are designed to address the needs of patients with acute psychiatric needs who no longer require round the clock observation and monitoring. IOPs are less intensive than PHPs and tend to last about three hours per day for at least three days per week (Clark & Jerrott, 2011; Leffler & Frazier, 2022). IOPs are designed for adolescents requiring more support than outpatient therapy but are still unable to manage the daily demands of attending school, functioning within the family unit, and other responsibilities.

The most common program for students with EDs is the PHP, which provides school and therapy in a longer daily program and is often referred to as clinical day treatment. The students attend the programs five days a week and return home each day (Clark & Jerrott, 2011). The programs are typically offered in hospitals, academic medical centers, community mental health centers, or larger group practices (Clark & Jerrott, 2011; Leffler & Frazier, 2022). They are run by multidisciplinary and integrated care teams consisting of various combinations of psychiatrists, nurses, psychologists, social workers, therapists, behavioral health specialists, and special education teachers using evidence-based strategies (Clark & Jerrott, 2011; Leffler & Frazier, 2022). The daily routine may consist of various group therapies, individual and family therapy, medication management, and coordination of care with community providers and schools (Leffler & Frazier, 2022).

Availability of Clinical Day Treatment Programs

There are several factors for a lack of clinical day treatment programs being available and accessed by students with mental health concerns. One of the main challenges lies in difficult-to-navigate mental health systems which vary from state to state or county to county (Leffler et al.,

2022a). Parents report the mental health system is broken with waitlists over six months long or confusing scheduling practices (Leffler et al., 2022a). More challenging factors include funding, transportation, program access, working with the community, staffing, and program licensure, accreditation, and regulatory requirements (Leffler et al., 2022a; Leffler et al., 2022b).

Mental health programs should be evaluated based on earnings since they may not initially demonstrate fiscal success or even sustainment. Clinical day treatment programs may display a financial loss for institutions, but it does not mean they should be abandoned (Leffler et al., 2022b). Conferring with a billing specialist can clarify the services being planned to accurately understand the cost of running the program. Programs which offer specific treatment niches or serve a specific student population justifies including expenditures for meaningful aspects of the program such as medication management, psychiatrists, behavior management specialists, special education teachers, and other higher priced professionals (Leffler et al., 2022b).

Housing a clinical day treatment program is a barrier in offering such a program. Assessing space needs and square footage can be challenging if a geographic location does not have the physical space to offer (Leffler et al., 2022b). The cost of space may then contribute to the overall cost of the program which is also a concern for families and insurance companies (Leffler et al., 2022a; Leffler et al., 2022b). Insurance companies often require adolescents attempt services at a lower level of care before deciding a clinical day treatment program is the most suitable option. Clinical day treatment programs are less expensive than inpatient care but are more expensive than traditional outpatient therapy (Leffler et al., 2022b). Another concern associated with housing a program is transportation to and from the facility once a location is secured. Many programs require guardians to transport the student to and from the program

which can be costly to the family (Leffler et al., 2022b). Local school districts, county mental health providers, or transportation vouchers may eliminate the out-of-pocket cost for transportation to a program location which may be further than a traditional school (Leffler et al., 2022b).

Another reason clinical day treatment programs may not be available in some areas is they require specifically trained staff to run a program with fidelity. The population served, payment models, culture of the organization, and salaries among many other factors must be considered when staffing a program (Leffler et al., 2022b). Training all members of a program's team is crucial to a program's success. If treatment is not provided as planned or promised, dissatisfaction from families, students, directors, and team members can lead to complaints, burnout, staff turnover, and decreased referrals. All these possibilities then result in not meeting financial targets to maintain an effective clinical day treatment program (Leffler et al., 2022b). Staff training, which can be costly but is necessary, should be a continual process to include updates and changes in the program based on clientele and new research in the field (Clark & Jerrott, 2011; Leffler et al., 2022b).

Another barrier to offering sufficient numbers of clinical day programs is the process of becoming a licensed or accredited institution. Most states have specific requirements which must be met for programs and facilities to be licensed, and licensure for certain programs requires accreditation (Leffler et al., 2022b). Payors also have requirements which leave potential challenges for programming and billing. Private insurances and other payors have their own set of standards, including accreditation, performance standards, or letters of support from local municipalities (Leffler et al., 2022b). If the standards of quality services are met, then clinical day treatment programs may be eligible for various financial incentives (Leffler et al., 2022b).

Accreditation is desired to communicate to the community and other stakeholders that despite the financial burden, the clinical day treatment programs provided are both safe and of good quality (Leffler et al., 2022b).

The Need for More Clinical Day Treatment Programs

Research on clinical day treatment programs suggests the short-term, cognitive-behavioral care they offer is of long-term benefit to adolescents and their families (Clark & Jerrott, 2011; Leffler & Frazier, 2022). Outcomes include clinically significant reduction in psychiatric symptoms and the ability to maintain safety and stability in the traditional school and home environment (Leffler & Frazier, 2022). The proportion of students placed in clinical day programs increased by eleven percent between 2009 and 2018 raising questions about the extent to which students are matched to appropriate services (Mojtabai & Olfson, 2020). With a steady increase in the need for clinical day treatment programs, they should be more accessible to students in need of their focused services.

Adolescents enrolled in clinical day treatment programs continue to show treatment gains related to externalizing behaviors, aggressive symptoms, social problems, ADHD, and behavioral intensity (Clark & Jerrott, 2011). Guardians of students attending the programs report less stress regarding their child, better attachment relationships, and an improvement in their own mood difficulties at the time of discharge (Clark & Jerrott, 2011). Structured follow-up supports, or booster sessions, may help with maintenance of real-life gains but do not require the intensive services offered at clinical day treatment programs (Clark & Jerrott, 2011; Leffler et al., 2022b). Overall enhanced family functioning and school related behaviors are benefits from clinical day treatment programs which cannot be offered in the traditional school setting and therefore cannot be overlooked.

For ongoing effectiveness, constant evaluation and revision of programming is necessary for programs to meet the continually changing needs of institutions, communities, and populations (Leffler & Frazier, 2022). It is also important to consider a follow-up plan for continued success after leaving a clinical day treatment program. This plan includes ongoing care and referrals for medication management, school and academic plans, and student reintegration into the community and the traditional school setting (Leffler et al., 2022b). Despite the effectiveness and need for clinical day programs, multiple systemic barriers exist for implementation and development of such programs in many areas.

Summary of the Literature Review

The need for more intensive and focused mental health services in conjunction with education is crucial for student success as there remains an achievement and opportunity gap for students with mental health concerns. Commonly diagnosed mental health disorders in adolescents, such as ED, ADHD, depression, and anxiety, are a predictor of academic performance. Early identification and intervention for these diagnoses remain top priority to improve school and life outcomes (Agnafors et al., 2020; MHTTC, 2020; WHO, 2017b). Though about 20% of K-12 students are affected by mental health concerns, only about one-third receive appropriate services (Bains et al., 2016; Johnson et al., 2011; Mitchell et al., 2019; Mojtabai & Olfson, 2020; Osagiede et al., 2018). The IDEA recognizes ED as a special education category which includes related services to ensure they are provided with a free and appropriate education with the resources needed for academic success (ADDitude, 2015).

Comprehensive school counseling programs play a vital role in helping students to regulate their emotions and helping teachers to feel supported (Deaton et al., 2022). However, a school counselor's list of responsibilities is lengthy and does not include the time needed to

assist students whose mental health negatively impacts their ability to learn. Teachers do not possess the knowledge necessary to identify students with mental health concerns or the training needed to effectively implement interventions in the classroom (Bowers et al., 2013; Marsh, 2016; MHTTC, 2020). It is important to understand how school counselors can address the opportunity gap in public schools, but they cannot be relied on for more significantly affected students as the numbers of those diagnosed with mental health disorders continue to rise.

Traditional schools lean toward a more inclusive education which makes it difficult to work with students with mental health concerns (Grey et al., 2017). Therefore, students need an alternative individualized approach which meets their therapeutic and educational needs. Various levels of clinical day treatment programs exist to alleviate the strain on public schools and can be considered one solution to the growing trend of students exhibiting mental health concerns. Mental health organizations have offered some form of clinical day treatment programs since the 1960's, however, there are many barriers in place which prevent them from being more common (Clark & Jerrott, 2011; Leffler & Frazier, 2022). Some of the more common barriers include location, funding, and staffing (Leffler et al., 2022b).

Research on the success of clinical day treatment programs suggests the care they offer is of long-term benefit despite the challenges associated with running them (Clark & Jerrott, 2011; Leffler & Frazier, 2022). They provide clinically significant reduction in psychiatric symptoms and stability in the school and home environments (Leffler & Frazier, 2022). Students learn to fulfill various levels of Maslow's identified needs in an alternative setting focused on helping them grow and develop to their highest level (Harper et al., 2003). Best-practice treatment strategies go beyond simply alleviating symptoms of unmet needs. Instead, they prioritize progress in healthy real-world functioning to ensure overall success upon reintegration into a

traditional school setting (Bland, 2013; Clark & Jerrott, 2012; Mitchell et al., 2019; White et al., 2017).

Many components are necessary for clinical day treatment programs to function with fidelity and lasting results, but they should be made more accessible to students in need of significant mental health support. Clinical day treatment programs offer the best practical option for students with mental health concerns to experience academic, social, and family success (Clark & Jerrott, 2011; Leffler & Frazier, 2022). Students benefit from a toolbox of well-developed coping skills, support systems comprised of school-based professionals with mental health expertise, and a team of faculty and staff which communicates effectively to benefit both mental health and academics (Mitchell et al., 2019; White et al., 2017). An effective clinical day treatment program offers more individualized curricula than a conventional classroom or comprehensive school counseling program, ultimately leading to successful reintegration into traditional school settings.

CHAPTER 3: METHODOLOGY

As reviewed in chapter two, clinical day programs have success in assisting students with mental health diagnoses as they reintegrate into traditional school settings. The short-term cognitive behavioral care offered is of long-term benefit to adolescents and their families (Clark & Jerrott, 2011; Leffler & Frazier, 2022). A clinically significant reduction in psychiatric symptoms and the ability to maintain safety and stability in school and at home, are among the positive outcomes. (Leffler & Frazier, 2022). A clinical day treatment program with successful reintegration back into traditional school settings will empower students to use their own learned tools and self-awareness to assist them in self-regulation in the classroom. These skills will provide for better learning, behavior, and overall health outcomes (Meiklejohn et al., 2012).

Students must understand their own basic needs according to Maslow's hierarchy and know what needs must continually be met to be academically and socially successful. They must also acquire and practice appropriate coping skills to ensure their continued success once integrated back into traditional inclusive schools. With the help of clinical day programs, students develop ways to enhance their capacities in self-regulation, fostering stress resilience, and acting responsively rather than reactively in real-world settings (Harper et al., 2003). Students also learn how to buffer their brains from detrimental effects of daily life stresses (Meiklejohn et al., 2012). Upon returning to traditional schools, the students returning from clinical day treatment programs must be social actors with their own strategies for actively coping with challenges, since regular education teachers are not always capable of adequately supporting students with mental health concerns, despite the important link between student mental health and academic success (Deaton et al., 2022; Graham et al., 2011).

The purpose of this research was to determine which components of academic and therapeutic clinical day programs lead to success for students with mental health diagnoses as they transition back to traditional educational settings. A limitation of this study includes a lack of consistency with how success looks like once students are reintegrated into a traditional school setting, which would necessitate future study. Student mental health and its impact on academic success is critical to students who live with mental health diagnoses, as well as their teachers, peers, and families. This chapter addresses the research design, setting, participants, data collection process, data analysis process, researcher positionality, ethical considerations, and limitations involved in this study.

Research Questions

The goal of this research is to answer the following questions:

1. How is “successful reintegration” defined for students with mental health concerns by the students, families, teachers, and other school staff?
2. What program components are present in effective clinical day programs? and

Research Design

Case studies involve investigating a contemporary phenomenon or case, such as an educational program, within its real-world context to gain a comprehensive understanding of a situation and its meaning with a focus on discovery for those involved (Merriam, 1998; Yin, 2018). Qualitative case studies of programs are prevalent in education, particularly when studying psychology within the educational field (Creswell & Poth, 2018). They are characterized by identifying a specific case which will be described and analyzed with multiple cases being identified so they can be compared (Creswell & Poth, 2018). The researcher collects and integrates various forms of qualitative data including interviews, observations, documents,

and audio-visual materials to develop an in-depth understanding of the case (Creswell & Poth, 2018). The findings of a case study involve both a description of the case and themes or issues which have been uncovered during the study (Creswell & Poth, 2018). Themes may be organized by chronology, theoretical model, or through identifying similarities and differences (Creswell & Poth, 2018).

Evaluative case studies include several characteristics to be considered exemplary (Creswell & Poth, 2018). The first is it must be significant, or of public interest. The next is it must be complete by clearly defining the case boundaries, including extensive evidence, and being conducted absent of time or resource constraints. Next is considering alternative perspectives by collecting opposing information and collecting evidence from differing perspectives. It must display sufficient evidence through presenting the cases so the reader may reach an independent judgment. And lastly, it must be composed in an engaging manner to effectively communicate the findings broadly (Cresswell & Poth, 2018). An evaluative case study of several clinical day programs provides description, is grounded, holistic, and weighs information to produce judgment. This is important when determining the significance or future of a clinical day program through a better understanding of the dynamics of several programs (Merriam, 1998; Yin, 2018).

Case studies of academic and therapeutic clinical day programs will provide the opportunity to gain a thorough understanding of how the programs function and what the students, families, and staff determine as components necessary for success in each program and success as they reintegrate into traditional schools. Case studies have a distinct advantage for researchers asking “how” and “why” questions, such as in this study (Merriam, 1998). The current study allowed the researcher close access to the subject of interest through personal

interviews in natural settings with a wider focus (Merriam, 1998). The case study of clinical day programs also revealed knowledge of human experience not otherwise accessible through quantitative data collection (Merriam, 1998; Stake, 2010).

This study was conducted using a qualitative collective, multiple-case study design using replication logic. The multiple-case study design can provide analytic conclusions independently occurring from multiple cases. Conclusions from multiple cases can be more powerful than those from a single case (Yin, 2018). The design followed an analogous logic in which each case or program was carefully selected so the individual cases potentially predict similar results. Because staff were interviewed and surveyed, this case study was considered embedded, and findings were considered individual for each case study. The rationale for choosing a multiple-case replication embedded design was to determine how and why the success of reintegration resulting from each program may have occurred (Yin, 2018). This multiple-case design yielded a stronger, more compelling case study by gathering similar results from multiple cases.

Setting

Two clinical day programs were identified to be studied. They were selected based on meeting the criteria of being half academic and half therapeutic in nature, requiring students to have a mental health diagnosis or potential diagnosis to attend the program, and willingness to have staff participate in the study.

Copper River Academy is an educational and treatment-oriented alternative placement for children identified with mental health and academic concerns providing alternative education, emotional support, life skills support, autism, and partial hospitalization services to students in an eastern state. Copper River Academy serves 13 schools and three career and technical centers in three different counties within the state. There are 1,400 full and part-time employees that serve

79,000 public school-age adolescents and 9,000 non-public school adolescents on average per year. Students spend 6.5 hours per day in the clinical day treatment program specifically designed for emotional support for ED students. To be eligible for the clinical day treatment program, students must have an individualized education plan (IEP) for a diagnosis of ED and require a higher level of emotional support. The diagnosis of ED is reserved for those from birth to age 18 who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of significant duration. It must result in functional impairment which substantially interferes with or limits the adolescent's role or functioning within the family, school, or community (Center for Behavioral Health Statistics and Quality, 2016). The day consists of morning group therapy sessions, individual counseling sessions, brief afternoon therapy sessions, and in-class behavior management. At the time of the study 300 students were enrolled in the clinical day program at Copper River Academy.

Susitna Ridgeway Children's Center is in an eastern state and specializes in mental and behavioral health for children, teens, and families in various types of partial hospitalization and clinical day treatment programs. The center provides innovative evidence-based treatment and services through research, clinical practice, and professional training. The year-round partial hospitalization services clinical day treatment program provides students in grades 1-12 and their families with comprehensive mental health treatment and educational services throughout all developmental stages and across all environments. At the time the study was conducted, the number of students enrolled at the Susitna Ridgeway partial hospitalization clinical day treatment program was not available, but 75 staff members are employed by the program.

Participants were initially identified through the use of mass emails disseminated by program administrators to students, their parents/guardians, and staff of the facility to determine

interest in participating. These emails were sent through the facility to maintain confidentiality. Those who voluntarily agreed to be interviewed were asked to email the researcher expressing interest. Volunteers were sent a return email thanking them for participating and included a link for a consent to participate form. At the end of the consent form, another link was provided to schedule an interview date and time. No students or parents/guardians at either location expressed interest in participating. Interview participants included an associate teacher, a teacher, and a clinical supervisor. The second phase of the research involved a post survey to gather demographic information from the interview participants.

Participants included three adult staff members ranging in age from 41 to 59. All three interviewees were white, two of them were male and one was female. Both males worked with high school level students while the female worked with middle school aged students.

Instrumentation and Materials

Interview

The researcher's Dell laptop was used during all parts of the study. Because participants were in a different state than the researcher, interviews were conducted virtually. Interviews were conducted individually using Zoom (<https://zoom.us/>). The researcher began with an introduction and consent which were not recorded. Once the participants consented to audio of the interview being recorded, the researcher used Otter.ai (<https://otter.ai/home>) to audio record the interview.

Otter.ai creates a written transcript of the recorded interview. The researcher listened to the audio recording and compared it to the transcript. Interviews were edited in Otter.ai's program to remove identifying information and corrections to the transcript were made manually as needed. Transcripts were then copied into a three-column table in a Word document to allow

for coding. The audio recordings from Otter.ai and the Word documents were deleted and the recycle bin was emptied at the conclusion of the study.

Survey

A link to a survey was provided to interview participants in a thank you email at the conclusion of the interview process. Surveys were administered by Qualtrics (<https://www.qualtrics.com>). The survey consisted of questions to collect demographic information and roles within the clinical day program. The survey provided questions consisting of text entry and multiple choice. At the conclusion of the study, all data was deleted from the Qualtrics program.

Data Collection

Ethics approval was obtained from Coastal Carolina University's office of Research Compliance before data was collected and interviews were conducted, as per policy (Coastal Carolina University, 2023). The sample included staff members employed at either Copper River Academy or Susitna Ridgeway academic and therapeutic clinical day programs at the time of the study. The staff who participated were able to determine the components which lead to success within or as a result of each program. Because all staff included in the study were employed with the same two schools, there is not a geographically diverse sample of participants. There was also not an ethnically diverse sample.

Interviews were scheduled based on participant availability through Zoom (<https://zoom.us/>). Audio from the interviews was recorded using Otter.ai (<https://otter.ai/home>) which creates a written transcription of the recorded interview. The interviews were conducted independently between the researcher and program staff. The interviews began with an introduction by the researcher, an introduction from the interviewee, then a series of questions

designed to gather more in-depth information based on the research questions. The goal of the researcher's introduction phase was to create a rapport with the interviewee establishing a welcoming and safe space for free conversation regarding both academics and mental health in the clinical day and traditional school settings.

The research questions focus on the levels of Maslow's hierarchy of needs being met within the clinical day program. A list of Maslow's hierarchy of needs with explanations of each level was provided to interview participants during the interview. The goal of the interview phase was to gain insight into what components of each program are helping or hindering students' successful reintegration into traditional school settings, as defined by the participants in the study.

Data Analysis

Saldaña's method of coding, which involves two cycles of coding, was used to code the interview transcripts. The first cycle of coding was performed to construct symbolic meaning for data to later identify patterns and categories which capture the primary content and substance of the interviews (Miles et al., 2020). During the first cycle, the transcripts were reread and coded based on the interviewees' statements using generalized codes which summarized responses through simultaneous coding. The key words and generalized codes identified in the first cycle of coding included home school/district, graduate, next step, don't want to go back, one-on-one, attention, behaviors, connection, love and belonging, esteem, diversity, transfer of skills, successes, resources, funding, staffing, and self-advocacy. These initial codes were then grouped to create "bigger picture" categories with examples of direct quotes which supported the new categories. The categories identified through this coding were love and belonging, esteem, one size fits all, stand on their own two feet, future, mental health skills, academic skills, and

transition. To ensure validity of the codes, triangulation of the data was established.

Triangulation in a qualitative study involves corroborating evidence and responses from different sources to identify a theme or perspective (Creswell & Poth, 2018).

During the second cycle of coding, the categories were further combined into larger, overarching themes. The themes identified in the second cycle of coding were individualization, meeting students' hierarchy of needs, and outcomes. These themes overlapped between interviewees and helped reach a better understanding of what components of the programs hinder or enhance successful reintegration into traditional school settings, thus answering the research questions. Triangulation was again used to determine answers were common based on the interviewees' role within the clinical day program.

The last phase of the study included a survey to collect basic demographic information. The demographic information gathered in the survey were age, race, gender, grade level that the participant works with, and if the students they work with have an IEP.

Positionality

In the research findings, the researcher's positionality as a teacher, mental health counselor, and school counselor will be identified to recognize any possible bias or limitations in the study and interpretation of the results. The data analysis was presented using the codes identified above to present themes evident in the interviews. The findings illuminate details about the components of each program which lead to successful reintegration by following how they are developed and implemented by both the students and the staff throughout the programs' daily routines.

Ethical Considerations

An important component of conducting case studies is taking into consideration the ethical standpoint of a professional researcher. One ethical dilemma involves approaching the case study with a bias towards supporting evidence while disregarding contradictory evidence. To prevent this issue, the researcher was open to contrary evidence by providing all findings adequate attention, so they do not conform to preconceptions (Yin, 2018). All data from multiple perspectives was disclosed, not just positive results. A harmful picture of the participants or sites could have occurred if all viewpoints were not equally shared in the results, and the results were made shareable with the participants and stakeholders (Creswell & Poth, 2018). No information was offensive to the participants or stakeholders and anonymity was maintained to prevent exposing subjects to unwanted attention. Therefore, this research presented findings in a way that is as unbiased, accurate, and honest as possible (Merriam, 1998).

Another ethical consideration is case studies involve human affairs so the human subjects must be protected. Special care and sensitivity needed in this case study included obtaining informed consent, protecting participants from harm by avoiding deception, maintaining privacy and confidentiality, taking extra precautions for especially vulnerable groups, and selecting participants equitably (Yin, 2018). Interviews can have unanticipated long-term effects but could also improve the condition of responses. In the case that there are any possible negative effects from the interviews, referrals to appropriate resources after the interview phase were appropriately provided for some participants (Merriam, 1998). The benefits of the research outweighed the costs to those involved. There were no anticipated negative effects for any subjects participating in this study.

Limitations of the Study

1. Creating and honoring an aggressive research timeline.
2. The study was limited to two clinical day programs in one state.
3. The researcher does not know from this study what defines a successful transition once students are reintegrated into a traditional school setting, which would necessitate a future study.
4. Only three staff members agreed to participate in the study.
5. No students and parents/guardians expressed interest in participating in the study.

Summary of Methods

This evaluative case study involved interview participants from two clinical day programs located in the same eastern state, but both are located in different parts of the state. After the interview phase, the participants were given a survey to collect demographic information. Participants included staff members from both research sites with various positions within the program.

The researcher used a personal Dell laptop to do all parts of the research. Interviews were conducted using Zoom and were recorded using Otter.ai. Transcripts were created through Otter.ai and were then copied and pasted into a three-column table in a Word document for coding purposes. Finally, a survey was conducted through Qualtrics to gather demographic information. All interview recordings and transcripts were deleted from the researcher's personal files, and all files in Otter.ai, Word, and Qualtrics were also deleted.

Ethics approval was obtained through Coastal Carolina University's IRB and all participants consented to being interviewed and recorded. Questions in the interview consisted of

definitions of a successful transition as well as questions regarding Maslow's hierarchy of needs being met through the clinical day programs.

Coding included two phases to narrow down themes to three important and repeated categories based on interview responses. Triangulation was used to determine answers were common with supporting quotes pulled directly from the interviews. All themes answered the initial research questions.

Table 1*Participant Characteristics*

Pseudonym	Age	Race	Gender	Grade Level/ Relation	Diagnosis
Ramone	67	White	Male	9-12	Level 3 Clinical Supervisor
R1	44	White	Male	9-12	Teacher
W.J.	41	White	Female	six through nine	Associate Teacher

CHAPTER 4: FINDINGS

Overview

The purpose of this research was to determine what components of academic and therapeutic clinical day programs ensure success for students with mental health diagnoses as they transition back to conventional educational settings. Qualitative data from two locations was collected, analyzed, and triangulated to identify elements of clinical day programs that contribute to students successfully returning to their home school. Using Maslow's hierarchy of needs as a framework, data gathered related to the ability to meet students' needs both in the clinical day program and once they return to a traditional school setting. Two research questions were utilized to guide the study:

1. How is "successful reintegration" defined for students with mental health concerns by the students, families, teachers, and other school staff?
2. What program components are present in effective clinical day programs?

This section presents interview procedures, tools used for collection of demographic information, and data analysis of interview responses to answer the research questions.

Analysis Procedure

Procedures and Tools

The primary data collection method for this research was individual interviews. Students, parents/guardians, and staff were all requested to participate, however, only staff members agreed to be interviewed for this study. Both sites were contacted four times each to try and gain more interest, but students and parents/guardians did not respond. Questions were based on defining successful reintegration and Maslow's hierarchy of needs. There were three interviews conducted with staff members as it was difficult to secure more and diverse participants. Both

sites were contacted four times for recruitment, with the last three contacts requesting a follow up recruitment email to be sent to students, parents/guardians, and staff. No students or parents/guardians responded, and both sites agreed that gaining participation from this population was often difficult. All three interviews were conducted through Zoom and lasted between 17 and 32 minutes. The interviews were audio recorded in Zoom and then uploaded into Otter.ai for transcription purposes.

The first interview was completed with an associate teacher at Copper River Academy, which employs 1,400 full and part-time staff members for the 300 students currently enrolled in the program. All students enrolled at the Academy have a mental health diagnosis and have an IEP in place. Associate teachers at Copper River Academy offer more supervision and one-on-one assistance to students throughout the clinical day program. She identified herself as W.J., a white female, age 41, and she worked in grades six through nine. The second interview was conducted with a regular education history teacher at Susitna Ridgeway which has 75 staff members working with the high school population, but current enrollment numbers were not provided. He identified himself as R1, a white male, age 44, and he worked with grades 9-12. As a high school teacher R1 provided history content designated by the state as appropriate for graduation requirements. The last interview was done with a level three clinical supervisor at Copper River Academy. He identified himself as Ramone, a white male, age 67, and worked primarily with grades 9-12. As a level three clinical supervisor, Ramone provided consultation services to school districts interested in implementing or developing programs at various levels on the mental health care continuum. Services may include analysis of target populations, service descriptions, staff trainings, technical assistance, and support through the licensure or

accreditation process. All three participants met the criteria as staff members at the clinical day programs and were from the same general geographic area in an eastern state.

Once transcripts were completed and edited in the Otter.ai program, the transcripts were then downloaded to a Microsoft Word three-column table for coding and thematic development purposes. The interview transcripts were entered into the first column of the table, with two additional columns used for coding. An initial round of coding was completed to create overall codes for each interview and included supporting quotes. The initial codes were created and developed through in vivo coding, using words or phrases from the participant's own responses as codes, and concept coding, creating concepts or ideas from the responses and placed in the second column (Miles et al., 2020). The column was used for final thematic codes which combined the initial codes into larger, overarching themes.

The first interview resulted in 22 codes, the second interview produced 12 codes, and the third interview resulted in 18 codes. These codes were entered into the second column of the table and included direct quotes from the interviewees. The initial codes were then grouped to create "bigger picture" categories in the third column of the Microsoft table. Seven categories were created during this cycle in which triangulation was used to corroborate responses from all three sources to identify overarching themes. Thematic codes were then created from the first round of codes. The three overarching themes which appeared in all three interviews were: *meeting students' hierarchy of needs, individualization, and outcomes*. The main themes overlapped among responses from all three interviews to help determine what defines a successful transition and what components are needed to provide a successful transition, thus answering the research questions.

Adjustments and Revisions

Adjustments and revisions were made to the interview process due to the difficulty in securing student and parent/guardian participants. Four follow-up emails were sent to both site contacts to help gain interested students and parents/guardians, but contacts at both sites agreed it is difficult to obtain participation in any form from this population. Site contacts assisted by going into classrooms and speaking with students directly, sending home printed versions of recruitment emails, and providing the printed emails to staff who meet with parents/guardians in person on a regular basis. Lack of responses from students and parents/guardians resulted in only interviewing staff members from both sites which only provided one perspective of a successful transition and what components lead to a successful transition.

Data Analysis

The purpose of this research was to determine what components of academic and therapeutic clinical day programs ensure success for students with mental health diagnoses as they transition back to conventional inclusive educational settings. Through the interviews, it was determined similar components lead to student success in the future in terms of meeting the students' hierarchy of needs while in the program and assisting them in meeting their own hierarchy of needs once transitioned out of the clinical day setting. The interviews led to the creation of three main themes identified as *meeting students' hierarchy of needs*, *individualization*, and *outcomes*. The themes have been identified and will be explained and elaborated upon in Chapters Four and Five.

Meeting Students' Hierarchy of Needs

The interview questions asked specifically how the program was meeting students' hierarchy of needs. All three interviews yielded similar responses, including the most critical

needs being those of love and belonging and esteem, both delineated on Maslow's Hierarchy of Needs (Maslow, 1987). Other needs on the hierarchy include safety, which was supported by Ramone who brought up, "There's no one left unsupervised ever."

Love and Belonging

Love and belonging was the first need identified by all three participants. W.J. noted that having group first thing in the morning "works with their sense of connection, the love and belonging part to find out how they're doing, how did their night go." She went on to add, "The staff in the room are from all different areas of life. I think that helps [their sense of love and belonging] too." Ramone shared, "[It is the] love and belonging piece, that gets missed at school for a lot of kids, not just our kids." He continued that the students in the Copper River Academy program tend to be the outliers:

They're the ones sitting alone in the lunchroom. They don't have any friends. Our kids are the ones having that meltdown in the hallway, that people are videotaping, and then posting to make fun of them. You know, those are our kids. And now they've already had a bad experience at the school. How do you recover that? How do you restore that? And you're not just working from like zero, from neutral, you're in the negative and you've got to work up to zero just to get on the positive.

To further elaborate on the importance of the love and belonging needs on Maslow's hierarchy of needs, Ramone stated:

In the hierarchy you have, there are different versions with different wording. Some of them have esteem as achievement. And there have been people who have written mostly about like diversity, equity, and inclusion. But it's, I think, a valid point that schools often flip flop those two spots on the hierarchy. That is, you know, love and belonging come

before achievement in Maslow's hierarchy. But often in schools you have to achieve first, before you have to belong. And that's reverse.

All three interview responses confirmed that students with significant mental health concerns who are in the traditional setting lack the necessary tools to feel a sense of love and belonging among the larger group. R1 commented that feeling like the students fit in is a difficult adjustment during the transition process. "Everyone has a verse to contribute in life. And it's figuring out what particular verse is of a benefit. And it's getting them to see that that's really the biggest challenge." Ramone summed up the importance of love and belonging by stating that the relationships are key. No program can have any success in meeting students' hierarchy of needs "unless you have that relationship first."

Esteem

Building a student's sense of esteem was another theme that was prevalent in the interview responses. W.J. explained, "One of the skills that they lose, or one of these needs that they lose is their self-esteem just because they get kind of lost in the mix." Returning to a public school with a class size of 26 or more students and only one teacher makes it "hard for them when they go back at their school sometimes to deal with all that. We have four people in our room, four staff members." She continued, "I think some of them lose their self-esteem going from this school back to their home school, because they'd, like I said, they get lost in the shuffle of everybody else." Morning groups help with not only gaining a feeling of love and belonging, but it also builds a student's self-esteem.

Then they go into a group which I think helps with their esteem. We actually had one, but he's gotten better. When he started here, he wore a mask every day. And slowly, we were able to like talk to him. And he only wore a mask just to hide himself. It wasn't because

of any kind of COVID or anything like that. He just was hiding his face. And I think group helped with his self-esteem. He actually ... speaks up more, because you could barely hear him before he was so light spoken. That helps that the checking in with them and not going right in academics.

R1 echoed W.J.'s feelings about esteem. "I'm trying to build a person's self-esteem that's the main component... they are an individual that can accomplish things. That they are noteworthy. That they are somebody." But he also pointed out that building students' self-esteem to ensure success in the traditional setting can be a difficult task. "That's the biggest challenge is having them know how to stand on their own feet."

Ramone pointed out that esteem is often seen as coming after academic achievement. "But it's, I think, a valid point that schools often flip flop those two spots on the hierarchy. That is, you know, love and belonging come before achievement in Maslow's hierarchy. But often in schools you have to achieve first, before you have to belong. And that's reverse." Student mental health and its impact on academic success is critical to the students who live with mental diagnoses. Traditional schools often focus on the academic portion of the day without considering a student's mental health needs. "Some [versions of the hierarchy of needs] have esteem as achievement."

Individualization

All three interviews elucidated the idea, regardless of how successful students are in the clinical day program, the transition back to the home school or district can be difficult. The main reason is the individualization of the clinical day programs for each student. Susitna Ridgeway is "not a one size fits all method, you can't basically set the parameters the same for every student that comes through, unfortunately," according to R1. Similarly, Copper River Academy is "a

much smaller school setting. You know, there's 300 kids in the building.” Because of the small size, Copper River Academy is able “to do something different... with our kids, if we do the same as they are doing in their home school, we're gonna get the same results. We have to try to engage the kids a little bit differently.”

Engaging the students in both programs involves doing something very different than traditional schools can provide. “In the bigger school, kids have to fit the program. But in our school, we try to make the program fit the kid,” said Ramone. At Copper River Academy, this includes having “special education teachers in the building, we have school psychologists in the building, we have professional counselors in the building, we have drug and alcohol specialists in the building. We have adaptive PE teachers in the building, we have therapeutic activities in the building... there's a lot available to the kids. And just overall... it's more individualized.” Copper River Academy also provides vocational skills to be attractive to students to improve attendance. The Academy offers strength training, culinary arts, indoor climbing, theater groups, and community service projects. Regarding the strength training available, Ramone shared:

We have a social worker at the Academy, who is also a power lifter... he merged therapy and strength training... the kids will work with him for weeks, like they set a goal. [So] you may see kids running around the school carrying a log. It's so big, it takes six kids to do it. But you know, and then he sits them down and teaches them about teamwork. And maybe the first time they only get a quarter of the way around the building, but then the next week, they're halfway around the building. And eventually they get all the way around the building. And he'll sort of celebrate those successes with them.

Susitna Ridgeway offers comparable skills because the students “need to learn how to change a tire, you need to learn how to cook, or how to do laundry, [there are] social skills that you need

in life, to help better yourself on top of what you're already learning and dealing with personally.”

One of the biggest concerns with this individualized curriculum is making the transition back to a traditional setting that is unable to provide everything the student is used to having readily available to them. Ramone shared, “The kids at our school get a lot of individual attention, there's a lot of stuff individualized, and going back to their home school, they're not going to get that same kind of attention.”

Outcomes

Unfortunately, students transitioning from the clinical day programs back to traditional settings do not always have the success that the programs hope for. At Susitna Ridgeway, RI divulged that he has “seen occasional successes. And yes, it tends to be in the low minority,” but “you throw [the students] in [the traditional setting] and some manage to succeed.” In his program, success is defined in many ways. RI said:

My theory is, is okay, if they're not able to come back, because we do certainly get a number of them that do return. But if they are able to stand on their own two feet, by themselves and not get referenced back to us, then obviously we, you know, again, that's the hope... Your measures of success are what you achieve on a daily basis... What baby steps you can accomplish is something that is typically remarkable if you were able to help in some small way, you know, that's a sense of achievement... if they're even able to show up, that's success in itself that they were able to get there, if the family cooperates... those actions are something new. And that's kind of how I would define it.

W.J. shared that at Copper River Academy, “success would be getting them back to their home schools rather than graduate from here... success for that would just be helping them

obtain what they need to graduate... and move on to the next steps of their lives.” At the same program, Ramone defined success as “measured in a lot of different ways... Real success for us is to be able to discharge the student back to their home district to a service that's less intensive or less restrictive than the one that Copper River Academy... It's like little successes hopefully that contributes to the big success of transitioning back to your school to a less restrictive environment.” He also added that a successful transition for students includes being “able to function in accordance with the behavioral and academic expectations back at their home school.”

Academic Success

To ensure academic success after transitioning from a clinical day setting, Ramone stated that Copper River Academy does “ongoing progress monitoring. And then of course, IEP benchmarks. And then we track things with achievement testing, also you got to succeed academically in various ways.” The hope is that Copper River Academy will “get them to learn to ask for help, because some of them will get frustrated and that's what leads to their anger. ‘I don't understand this,’ and then they go right into shutdown. We try to encourage them here to raise their hand, it's okay. Not everybody's going to be at the same level.” Rather than focusing on specific academic milestones, R1 shared that Susitna Ridgeway’s academic “measures of success are what you achieve on a daily basis... If you're getting cooperation, if they're participating, they're interacting, they're opening up... Okay, that's a level of success.”

The academic skills provided for the students and their families includes building confidence enough to ask for help from teachers. W.J. shared, “We get them to learn to ask for help, because some of them will get frustrated and that is what leads to their anger... and then they go right into shutdown.” She further explained that morning groups help the kids to build

academic confidence by “checking in with them and not going right into academics” because their mental state is what determines how their academic day will turn out. Academic success at Copper River Academy is determined by “meeting their mental health and academic goals.”

Another tool for academic success is “ongoing progress monitoring... IEP benchmarks, and then we track things with achievement testing,” according to Ramone, because “you got to succeed academically in various ways.” To ensure progress is made, Copper River Academy teaches the students “better academic skills, better study school skills, better organizational skills.” They offer classes that engage the students because “a lot of them are coming to us with histories of chronic absenteeism. So, we want to find something that’s going to attract them to want to be there.” R1 shared that, unfortunately, at students’ home schools, “these are the methods that for which they’ve been working on or been doing, and that is something that needs to continue to be encouraged.” However, Ramone lamented, “Schools are big places that can be impersonal... Who’s going to take the time to sit with the kid and understand them and to design and support an appropriate plan?”

Behavioral Success

Behavioral success at Copper River Academy was defined as “reducing their, the behaviors that brought them here to begin with... more behaviors of aggression... there's no way they're going to mark them all down to zero... if they could get it down to a couple here and there, as opposed to everyday,” W.J. stated. Ramone also stated that at Copper River Academy, the plan is to help students get “a better handle on their behaviors, maybe understand their triggers a little bit better and have developed some coping mechanisms.” R1 similarly stated, “They say that they're ready, but their behaviors are not agreeing, being successfully transitioned back means not [displaying behaviors that result in] coming back to Susitna Ridgeway.” At

Susitna Ridgeway, “students have the supportive staff, and they work with behavioral counseling. There are a number of networks involved here, and in the program seeking help and support” to attempt to permanently reduce negative behaviors in the traditional inclusive academic setting.

One tool provided to the students is learning to use the coping skills they are taught while in the clinical day setting while also knowing that they cannot rely on the one-on-one they are used to. “We remind the students... you’re going to be in a regular school. Now this [extra help] isn’t going to be here, you’re not going to have the luxury of certain things you had here... So, you got to learn how to handle your issues and be able to use the proper strategies that we’ve been teaching,” said R1. “Having the ability to cope on their own, you know, I think that’s the biggest challenge.” Ramone agreed that to successfully transition back to traditional settings, students have to have “a better handle on their behaviors, maybe understand their triggers a little bit better and have developed some coping mechanisms.”

Copper River Academy uses “cognitive behavioral protocols for treatment... we tend to go with empirically based programs [because] I feel our responsibility is to mobilize the science.” Ramone continued that the Academy uses “a whole bunch” of resources such as “Ripple Effect, which is a computer-based program and it’s an online SEL program.” They also have a therapeutic activities coordinator. Ramone explained, “And his whole job is... to choose activities that are going to challenge the kids... to bring out some inner strength that they have.” Similarly, at Susitna Ridgeway, R1 said they offer “psych eds, which gets into the various strategies and so forth, as well as social skills.”

Concerns

Interviewees from both research sites expressed concerns about students' successfully transitioning back for a few reasons. Ramone shared that "transitioning back honestly, is a concern of mine." Also at Copper River Academy, W.J. reported that she doesn't "think [the necessary skills] always will transfer over." At Susitna Ridgeway, R1 agreed that when students know they are about to transition back, their behaviors "tend to increase... it's not an easy thing that we're able to [ensure the behaviors last through the transition]."

One factor of concern when transitioning back is the transfer of skills. R1 discussed that when returning to a traditional inclusive school, there are fewer resources available to the students. "Now this isn't going to be here, you're not going to have the luxury of certain things that you had here... You can't just sit there in the middle of class and say, 'Well, I need to take a break.'" Susitna Ridgeway tries to work with home schools to help the students use "methods for which they've been working on or been doing, and that is something that needs to be continued." Copper River Academy struggles with the same concerns. "I don't think there's enough staff back at their home school sometimes. The support isn't the same," said W.J. She also added, "The therapeutic and academic skills that should transfer back to the public school, they don't always transfer because there's just not enough staff at their home school [and] the classroom sizes are too big." Ramone echoed this concern stating the "lack of support" results in negative student behaviors reemerging.

Another concern is student participation in using the skills they are taught in a clinical day program. R1 pointed out several times that Susitna Ridgeway has "given the foundation for which to build their house, the rest is up to them how they're going to do it... we have given them the tools for which to work with, it's up to them how they want to construct it. So, the

choice remains theirs.” He added, “They clearly don’t look as though they are going to be able to handle it. Now sometimes it’s sink or swim.” Ramone at Copper River Academy agreed stating, “[We] hope that they’re going to have similar success once they go back. But it’s equal to the amount of effort that is put in.”

Conclusion

Through the coding and thematic development process, three main themes were identified through interviews with clinical day program staff. These main themes included: *meeting students’ hierarchy of needs, individualization, and outcomes*. The first need identified was love and belonging, which is the most important to ensuring students are successful in the clinical day programs. Esteem was the next need identified as necessary for students to complete the programs. The one-on-one structure of the programs as well as morning meetings, group therapy, and high-interest class offerings that engage the students are used to meet students’ needs of love and belonging and esteem. Individualization of the programs helps students to remain engaged, more consistently attend school, and gain small successes throughout their time in the programs. Lastly, academic, behavioral, and social outcomes are most important for students transitioning back to traditional school settings and ensuring they continue to succeed. The following chapter summarizes the findings and how they relate to the overall study.

CHAPTER 5: DISCUSSION

Discussion

This study was grounded in the idea that students with significant mental health concerns have basic needs within Maslow's hierarchy of needs which cannot be met in the traditional school setting, therefore, they require reassignment to an educational and mental health clinical day program. Maslow's hierarchy of needs highlights theories about the characteristics of mental and psychological health (See Appendix C for Maslow's Hierarchy of Needs). The purpose of this study was to determine how a successful transition to a traditional school is defined and what clinical day program components are present that help students transition back to their home schools with the skills necessary to be successful. This study began by discussing the need for more individualized and intensive programs to address the academic, behavioral, and social needs of students with mental health diagnoses. A detailed review of literature was then provided on the current statistics of mental health in adolescence, the impact of mental health on public school education, ways in which schools are currently attempting to meet the needs of children with mental health diagnoses, the history of clinical day programs, and how clinical day programs could be a solution to the difficulties faced by traditional public schools. Next, a description of the methodology used for the study was explained, followed by the data analysis and findings of the research. This chapter includes implications of the findings, future recommendations, and a conclusion is offered on the entire process and findings.

Implications of Findings

The purpose of this research was to determine how a successful transition is defined and what components of academic and therapeutic clinical day programs ensure success for students with mental health diagnoses as they transition back to conventional educational settings.

Through the review of scholarly literature and the analysis and study of data collected in interviews, implications for how this research could benefit school districts includes gaining more resources for public schools, developing and opening more clinical day programs, and restructuring of current clinical day programs to further ensure successful transitions.

Public schools would greatly benefit from having more mental health resources on campus before resigning to sending students to an alternative location. Schools with more fully implemented comprehensive school counseling programs reported students earning higher grades, students being better prepared for the future, and a more favorable overall school climate (Brown & Trusty, 2005). These gains would require schools to have more school counselors to lower counselor to student ratios, higher levels of trained mental health experts on campus, additional staff to provide one-on-one support, and further training for teachers working with students with mental health diagnoses (Rock, 2022). It would also include providing more thorough training and professional development to ensure teachers feel comfortable working with students who have mental health concerns since they are educated in general education classrooms. Teachers should be offered training to recognize mental health concerns or to address the associated needs to close the achievement and opportunity gap (Agnafors et al., 2020; Marsh & Mathur, 2020; MHTTC, 2020; Reinke et al., 2011). Providing a comprehensive school counseling program, as defined by ASCA, ensures that the foundations of care offered in a clinical day treatment program are first being presented in traditional school settings.

This study supports the importance of helping students meet their own needs within Maslow's hierarchy of needs. When people are guaranteed love and belonging, such as within a school community, they can then muster the courage and confidence to contribute reasonably to society (Aruma & Enwuvesi, 2017). However, there is a lack of resources within public schools

to ensure students' needs are being met and the skills necessary to meet their own needs are being provided. Counselor training tends to focus on interpersonal conflict, intrapersonal conflict, and symptomology, including deficit behaviors, excessive behaviors, and deviant behaviors, versus need-fulfillment (Harper et al., 2003). School counselors should be cognizant that many times problems that are simply based on unfulfilled needs may be overlooked (Harper et al., 2003). Therefore, focusing a comprehensive school counseling program on meeting students' hierarchy of needs is key for helping students with significant mental health concerns succeed in the academic setting. When it is not an option for school counselors due to high caseloads and other duties, school districts would benefit from developing and implementing clinical day treatment programs that can better fulfill meeting students' needs within the hierarchy of needs.

More diverse clinical day programs are needed to support students with mental health concerns that interfere with academic success. School districts considering alternative placements for students can find research to bolster the claim that clinical day programs offer a less intense outpatient service to support sustained changes for students with significant emotional and behavioral difficulties (Clark & Jerrott, 2011). Clinical day programs use evidence-based strategies that provide treatment for multiple domains when schools are unable to provide the necessary interventions and supports (Clark & Jerrott, 2011; Leffler & Frazier, 2022; Mitchell et al., 2019). Families experience less disruption and better skills to help with family dynamics since clinical day programs include families in the process, which traditional schools are unable to do (Clark & Jerrott, 2011; Leffler & Frazier, 2022). To relieve some of the burdens on public schools, clinical day programs are viable options despite the cost involved.

Clinical day programs, while costly, are beneficial to students because they are individualized to their specific needs. Ramone pointed out in his interview, “Our kids are expensive kids... but if we don’t intervene now, they’re going to be expensive as adults.” There are benefits of spending money to offer more individualized courses that attract students to attend school on a more regular basis while also preparing them for the future. Providing preparation for real-world settings assists in students’ ability to maintain treatment outcomes over years (Clark & Jerrott, 2011). Though funding clinical day programs is costly in terms of running the program with trained staff, offering various individualized classes, and obtaining outside community resources, it is more cost effective than residential treatment options and are an investment in the success of the programs and their outcomes (Leffler & Frazer, 2022).

For school districts that already have clinical day programs in place, this study can offer ideas for restructuring to ensure more sustainable outcomes. Constant evaluation and revision of programming is necessary for programs to meet the changing needs of various institutions, communities, and populations (Leffler & Frazier, 2022). It would be helpful to review the current programs’ definitions of successful transition and look at this study’s results to determine if student needs are being met effectively. Ideas presented by the interviewees can offer a brief guide in restructuring the current program using methods and daily routines that are mentioned as successful for building students’ sense of love and belonging and esteem. Some of the ideas offered in the interviews include morning meetings before academics, smaller class sizes, diverse staff to help students feel a sense of belonging, adaptive PE teachers offering classes that appeal to individual students, vocational classes that can be used for future success, and therapeutic activities coordinators.

Recommendations

Recommendations for Future Actions

Mental health has become a rising concern among teachers and other school staff resulting in the need for more resources for students with mental health diagnoses. One area to begin the process of assisting students with significant mental health needs is through the introduction of more comprehensive school counseling programs. Though comprehensive school counseling programs are not always enough to combat the growing need for individualized attention for students with mental health diagnoses, they can act as a bridge between the traditional inclusive public school and an alternative setting clinical day program. School counseling programs should collect and analyze data to determine who is in need of services and what services are feasible to offer in a traditional school setting. It is vital for comprehensive school counseling programs to build meaningful relationships, build on the cultural wealth of students, and provide an array of mental health services including individual, small group, and large group counseling sessions. These steps could partially alleviate the growing need for outside and alternative setting programs.

School districts should also investigate the advantages offered by clinical day treatment programs to determine if one is needed and if its implementation would be viable. Clinical day programs offer students more individualized and more intensive academic and mental health supports which are not feasible in the traditional setting. Introducing a clinical day program would result in the necessity for teachers that are specially trained in working with students who have a higher level of need and are able to accommodate their IEP and behavioral goals with fidelity. There would be a need for specially trained staff such as psychologists, professional

counselors, medication management teams, clinical social workers, and transition teams that act as a liaison for the traditional schools as students transition back.

Recommendations for Further Study

The results of this study revealed the need for more research in the future on clinical day programs and their effectiveness. The purpose of this section is to offer recommendations for future research.

1. Further studies to include feedback from students and parents/guardians.

Though useful information was provided by the interviewed staff members, the study could be more impactful if it included information from the students and their parents/guardians to gain their perspective on successful transition and components they found necessary for transition to be successful. It became clear that what staff determined a successful transition may differ from those involved as students and families of students. To gain more diverse participants, it could be beneficial for the researcher to go to the sites in person to recruit interviewees. Meeting in person could lessen the concern of sharing personal experiences as they would know who they were sharing the information with on a more personal level. Incentives to participate would also help to gain a broader group of interviewees. Information gathered from students and parents/guardians may lead to restructuring the programs to further meet the individual needs of the students.

2. Expand the study to other states and regions of the country.

The current study was only done in one geographic location which could potentially lead to data consisting of trends specific for the area. It would be beneficial to expand the study to a wider range of comparable programs across the country to determine if successful transitions are defined similarly and if the same themes are present. Studying clinical day programs in the

midwestern and western portions of the country could possibly increase the three themes found among the eastern locations.

3. Expand the study to include traditional school settings which have students returning from clinical day programs.

Another recommendation is to include traditional school settings that utilize the clinical day programs to determine what contributes to a successful reintegration. Including students, parents/guardians, and staff would be highly beneficial to determine what components of the clinical day programs, and in their own schools, help students maintain success once transitioned back to a more inclusive traditional setting. This could lead to further restructuring of clinical day programs and acquiring more resources within public schools to ensure consistent success.

Conclusion

Mental health is an integral component of health and well-being that helps to shape the world around us. Mental health issues are on the rise among adolescents, and teachers are some of the first people experiencing the effects (Rock, 2022). Approximately 20% of youth have had a mental health concern significant enough to warrant therapeutic services, which in turn has an impact on their overall educational success (Mitchell et al., 2019; Yu et al., 2022). With an increase in mental health issues such as depression and anxiety, student mental health should be a priority to ensure they receive the greatest benefit from their education and to help prevent chronic absenteeism, discipline concerns, and the potential for involvement in the juvenile justice system (Ball et al., 2016; Gray et al., 2017; Mitchell et al., 2019; Ohrt et al., 2020; Rock, 2022).

Teachers, peers, and family members feel the negative impact of unaddressed mental health concerns in adolescents. Teachers feel unprepared to support the needs of students with mental health concerns and report classroom disruptions that affect the education of other

students (Reinke et al., 2011; Stoll & McLeod, 2020). Few teacher training programs and professional developments offer training focused on adolescent mental health. With frequent disruptions, the rest of the class does not receive the educational experience they are entitled to in the public school system (Agnafors et al., 2020). The focus on discipline then diminishes the efficacy of teachers' lessons and capabilities to provide quality instruction (Stoll & McLeod, 2020). Family dynamics are also disrupted by the complex challenges involved with having a family member with mental health concerns (Baena et al., 2021; Preyda et al., 2015).

Many times, families are unable to seek out resources appropriate for their children who need mental health treatment due to financial constraints or access to the proper supports. The public schools are then expected to help, but they are often understaffed with qualified personnel, and comprehensive school counseling programs are still not enough to provide effective treatment approaches (Mitchell et al., 2019). With ratios of students to counselors as high as 250:1, it is impossible for school counselors to positively impact all students, especially those requiring more on-on-one attention (ASCA, 2020).

Clinical day programs are therefore an option for students needing more intensive therapeutic support with equitable academic success. The programs are helpful for students whose mental health concerns lead to poorer academic outcomes over time and lack the ability to fulfill their needs within Maslow's hierarchy of needs (Deaton et al., 2020). The focus is on building healthy day-to-day functioning to ensure all around success upon reintegration into the traditional inclusive school setting (Bland, 2013; Clark & Jerrott, 2012; Mitchell et al., 2019; White et al., 2017). The therapeutic portion of the school day focuses on teaching the skills necessary to progress through Maslow's hierarchy of needs while the educational portion of the

day focuses practicing and refining those skills in an academic setting for future application (Mitchell et al., 2019).

Research on clinical day programs supports this study in that the short-term care provided in clinical day programs leads to long-term benefits for the students (Clark & Jerrott, 2011; Leffler & Frazier, 2022). Adolescents enrolled in clinical day programs continue to show gains in meeting their needs of love and belonging and esteem with the skills necessary to obtain the same results in their traditional school setting. Traditional public schools should have a plan with the clinical day programs to assist students in using their gained skills to continue to make growth and achieve their academic and social goals. Therefore, it is vital to students with mental health concerns to have the option of an alternative setting such as a clinical day program that is individualized to their comprehensive mental wellbeing and academic needs.

Three themes were present in the study: *meeting students' hierarchy of needs*, *individualization*, and *outcomes*. These themes support the need for programs that focus on helping students meet their own needs while in a classroom through individualized programming that ensures successful outcomes in various real-world settings. This study answered the first research question and clarified that a successful transition is defined as one that sees the students moving back into a traditional school with fewer incidents of negative behavioral problems, higher success in using self-regulation skills, and completing academics through graduation. Next, answering the second research question, the ideas of love and belonging and esteem were most important for students to gain the confidence and skills necessary to function according to what is considered acceptable behavior in a traditional classroom setting. Individualization of the academic and therapeutic components of the clinical day programs ensured students were learning the necessary skills and were able to use them independently. Finally, once students felt

they were loved, belonged to the school community, gained self-esteem, and were able to use their learned skills with minimal adult support, they could potentially achieve positive outcomes at their home schools. This study supports the research that clinical day programs can offer the steps needed for students with mental health concerns to be successful in a short-term program and transfer the acquired skills back to the traditional school setting, offering long-term benefits.

REFERENCES

- ADDitude. (2015). *IEP vs. 504: What's the difference?* ADDitude Magazine.
- Agnafors, S., Barmark, M., & Sydsjo, G. (2020). Mental health and academic performance: A study on selection and causation effects from childhood to early adulthood. *Social Psychiatry Epidemiology* 56, 857-866. <https://doi.org/10.1007/s00127-020-01934-5>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- American School Counselor Association. (2020). *The School Counselor and Student Mental Health*. <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Student-Mental-Health>
- American Psychological Association. (n.d.). *APA Dictionary of Psychology*. Retrieved October 14, 2023, from <https://dictionary.apa.org>
- Aruma, E. O. & Enwuvesi Hanachor, M. (2017, December). Abraham Maslow's hierarchy of needs and assessment of needs in community development. *International Journal of Development and Economic Sustainability*, 5(7), 15-77.
- ASCA. (2022). ASCA ethical standards for counselors. Retrieved on September 16, 2022, at [https://www.schoolcounselor.org/About-School-Counseling/Ethical-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-\(1\)](https://www.schoolcounselor.org/About-School-Counseling/Ethical-Responsibilities/ASCA-Ethical-Standards-for-School-Counselors-(1)).
- Baena, S., Jimenez, L., Lorence, B., & Hidalgo, M. V. (2021). Family functioning in families of adolescents with mental health disorders: The role of parenting alliance. *Children*, 8, 1-9. <https://doi.org/10.3390/children8030222>

- Bains, R. M., & Diallo, A. F. (2016). Mental health services in school-based health centers: Systematic review. *The Journal of School Nursing, 32*(1), 8-19.
<https://doi.org/10.1177/1059840515590607>
- Ball, A., Iachini, A. L., Bohenkamp, J. H., Togno, N. M., Brow, E. L., Hoffman, J. A., & George, M. W. (2016). School mental health content in state in-service K-12 teaching standards in the United States. *Teacher and Teacher Education, 60*, 312-320.
<http://dx.doi.org/10.1016/j.tate.2016.08.020>
- Biolcati, R., Palareti, L., & Mameli, C. (2018). What Adolescents Seeking Help Teach us About a School-Based Counseling Service. *Child and Adolescent Social Work Journal, 35*(1), 45–56. <https://doi.org/10.1007/s10560-017-0503-7>
- Bland, A. (2013, April) Toward a new definition of psychological health: Appreciating Maslow’s conceptual vision. *Association for Humanistic Psychology Perspective, 6*-11.
<https://doi.org/10.1177/0022167817739732>
- Bland, A. M., & DeRobertis, E. M. (2020). Maslow’s unacknowledged contributions to developmental psychology. *Journal of Humanistic Psychology, 60*(6), 934-958.
<https://doi.org/10.1177/0022167817739732>
- Bowers, H., Manion, I., Papdopoulos, D., & Gauvreau, E. (2013). Stigma in school-based mental health: Perceptions of young people and service providers. *Child and Adolescent Mental Health, 18*(3), 165-170. <https://doi.org/10.1111/j.1475-3588.2012.00673.x>
- Brennan, E. M., Rosenzweig, J. M., Ogilvie, A. M., Wuest, L., & Shindo, A. A. (2007). Mental health disorders: Achieving work-family fit, flexibility, and role quality. *Families in Society: The Journal of Contemporary Social Services, 88*(1), 115-123.
<https://doi.org/10.1016/1044-3894.3598>

- Brown, D. & Trusty, J. (2005, October). School counselors, comprehensive school counseling programs, and academic achievement: Are school counselors promising more than they can deliver? *Professional School Counseling*, 9(1).
<https://doi.org/10.1177/2156759X0500900105>
- Center for Behavioral Health Statistics and Quality. (2016). *2014 National Survey on Drug Use and Health: DSM-5 Changes: Implications for Child Serious Emotional Disturbance* (unpublished internal documentation). Substance Abuse and Mental Health Services Administration, Rockville, MD.
- Centers for Disease Control and Prevention. (2023, July 26). Children's Mental Health: Behavior. Retrieved from <https://www.cdc.gov/childrensmentalhealth/behavior.html>
- Child Mind Institute. (2015). *Children's mental health report*. Retrieved from <https://childmind.org/2015-childrens-mental-health-report/>
- Chisolm, K., Patterson, P., Greenfield, S., Turner, E., & Birchwood, M. (2018). Adolescent construction of mental illness: implication for engagement and treatment. *Early Intervention in Psychiatry*, 12, 626-636. <https://doi.org/10.1111/eip.12347>
- Clark, S. E. & Jerrott, S. (2012, August). Effectiveness of day treatment for disruptive behaviour disorders: What is the long-term clinical outcome for children? *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 21(3), 204-212.
- Costello, E. & Maughan, B. (2014). Annual research review: Optimal outcomes of child and adolescent mental illness. *Journal of Child Psychology and Psychiatry*, 56(3), 324-341.
<https://doi.org/10.1111/jcpp.12371>
- Creswell, J. W. & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.

Coastal Carolina University. (2023). *Research compliance*.

<https://www.coastal.edu/osprs/compliance/>

Deaton, J. D., Ohrt, J. H., Linich, K., Wymer, B., Toomey, M., Lewis, O., Guest, J. D., &

Newton, T. (2022, January 11). Teachers' experiences with K-12 students' mental health.

Psychology in the Schools, 59, 932-949. <https://doi.org/10.1002/pits.22658>

Desrochers, J. (2015). The best mental health programs start with all students. *The Phi Delta*

Kappan, 96(4), 34-39.

Farmer, D. (2020). Teacher attrition: The impacts of stress. *The Delta Kappa Gamma Bulletin:*

International Journal for Professional Educators, 87(1), 41-50.

Graham, A., Phelps, R., Maddison, C., & Fitzgerald, R. (2011, June 24). Supporting children's

mental health in schools: Teacher views. *Teachers and Teaching: Theory and Practice*,

17(4), 479-496. <https://doi.org/10.1080/13540602.2011.580525>

Gray, C., Wilcox, G., & Nordstokke, D. (2017). Teacher mental health, school climate, inclusive

education and student learning: A review. *Canadian Psychology*, 58(3), 203-210.

<http://dx.doi.org/10.1037/cap0000117>

Gruman, D., Marston, T., & Koon, H. (2013). Bringing mental health needs into focus through

school counseling program transformation. *Professional School Counseling*, 16(5), 333-

341. <https://doi-org.login.library.coastal.edu:8443/10.1177/2156759X1201600506>

Harper, F. D., Harper, J. A., & Stills, A. B. (2003, March). Counseling children in crisis based on

Maslow's hierarchy of basic needs. *International Journal for the Advancement of*

Counselling, 25(1), 11-25. <https://doi.org/10.1023/A:1024972027124>

Individuals with Disabilities Education Act. (2004). *About IDEA*. U.S. Department of Education.

<https://sites.ed.gov/idea/about-idea/>

- Jerrott, S., Clark, S. E., & Fearon, I. (2010). Day treatment for disruptive behaviour disorders: Can a short-term program be effective? *Journal of Canadian Adolescent Psychiatry, 19*(2), 88-93.
- Johnson, C. Eva, A. L., Johnson, L., & Walker, B. (2011). Don't turn away: Empowering teachers to support students' mental health. *The Clearing House, 84*(1), 9-14.
<https://doi.org/10.1080/00098655.2010.484441>
- Karatas, K. & Kaya, I. (2015). An investigation of the perceptions of school administrators towards the roles and duties of school counselors. *Eurasian Journal of Educational Research, 61*, 181-198. <https://doi.org/10.14689/ejer.2015.61.10>
- Lawrence, D., Dawson, V., Houghton, S., Goodsell, B., & Sawyer, M. G. (2019). Impact of mental disorders on attendance at school. *Australian Journal of Education, 63*(1), 5-21.
<http://doi.org/10.1177/0004944118823576>
- Leffler, J. M., Clarke, S., & Peris, T. (2020a). Strategies to navigate day-treatment services and follow-up plans: A guide for families and providers. In Leffler J. M. & Frazier, E. A. (Eds.), *Handbook of evidence-based day treatment programs for children and adolescents* (pp. 461-474). Springer. <https://doi.org/10.1007/978-3-031-14567-4>
- Leffler, J. M. & Frazier, E. A. (2022). Introduction and overview of day treatment programs. In Leffler J. M. & Frazier, E. A. (Eds.), *Handbook of evidence-based day treatment programs for children and adolescents* (pp. 3-14). Springer. <https://doi.org/10.1007/978-3-031-14567-4>
- Leffler, J. M., Schwartz, E., & Hayden, B. (2020b). Program development and administration in day treatment settings. In Leffler J. M. & Frazier, E. A. (Eds.), *Handbook of evidence-*

based day treatment programs for children and adolescents (pp. 31-54). Springer.

<https://doi.org/10.1007/978-3-031-14567-4>

Lemberger-Truelove, M. E., Ceballos, P. L., Molina, C. E., & Carbonneau, K. J. (2021). Growth in middle school students' curiosity, executive functioning, and academic achievement: Results from a theory-informed SEL and MBI school counseling intervention.

Professional School Counseling, 24(1b), 1-8.

<http://doi.org/10.1177/2156759X211007654>

Lindow, J. C., Hughes, J. L., South, C., Minhajuddin, A., Gutierrez, L., Bannister, E., Trivedi, M. H., & Byerly, M. J. (2020). The youth aware of mental health intervention: Impact on help seeking, mental health knowledge, and stigma in U.S. adolescents. *Journal of Adolescent Health, 67*, 101-107. <https://doi.org/10.1016/j.jadohealth.2020.01.006>

Marsh, R. J. (2016). Identifying students with mental health issues: A guide for classroom teachers. *Intervention in School and Clinic, 51*(5), 318-322.

<http://doi.org/10.1177/1053451215606706>

Marsh, R. & Mathur, S. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School and Clinic, 56*(2), 67-73.

<https://doi.org/10.1177/1053451220914896>

Maslow, A. H. & Frager, R. (1987). *Motivation and personality* (3rd ed.). New York, NY: Harper & Row Publishers.

Meiklejohn, J., Phillips, C., Freedman, M. L., Griffin, M. L., Biegel, G., Roach, A., Frank, J., Burke, C., Pinger, L., Soloway, G., Isberg, R., Sibinga, E., Grossman, L., & Saltzman, A. (2012, March 14). Integrating mindfulness training into K-12 education: Fostering

resilience of teachers and students. *Mindfulness*, 3, 291-307.

<https://doi.org/10.1007/s12671-012-0094-5>

Mental Health Technology Transfer Center Network. (2020). *Supporting student mental health:*

Resources to prepare educators. MHTTC Network. www.mhttcnetwork.org

Mertens, D. M. (2020). *Research and evaluation in education and psychology: Integrating*

diversity with quantitative, qualitative, and mixed methods (5th ed.). Sage Publishing.

Merriam, S. B. (1998). *Qualitative research and case study applications in education*. Jossey-

Bass Publishers.

Miles, M.B., Huberman, A.M., & Saldaña, J. (2020). *Qualitative data analysis: A methods*

sourcebook (4th Ed.). SAGE Publishing.

Mitchell, B. S., Kern, L., & Conroy, M. A. (2019). Supporting students with emotional or

behavioral disorders: State of the field. *Behavioral Disorders*, 44(2), 70-84.

<https://doi.org/10.1177/0198742918816518>

Mulfinger, N., Rusch, N., Bayha, P., Muller, S., Boge, I., Sakar, V., & Krumm, S. (2019).

Secrecy versus disclosure of mental illness among adolescents: I. the perspective of adolescents with mental illness. *Journal of Mental Health*, 28(3), 296-303.

<https://doi.org/10.1080/09638237.2018.1487535>

Ohrt, J. H., Deaton, J. D., Linich, K., Guest, J. D., Wymer, B., & Sandonato, B. (2020, March 3).

Teacher training in K-12 student mental health: A systematic review. *Psychology in the*

Schools, 57(5), 833-846. <https://doi.org/10.1177/001440290407100104>

Osagiede, O., Costa, S., Spaulding, A., Rose, J., Allen, K. E., Rose, M., & Apatu, E. (2018,

October). Teachers' perceptions of student mental health: The role of school-based

- mental health services delivery model. *Children & Schools*, 40(4), 240-248.
<https://doi.org/10.1093/cs/cdy020>
- Owens-King, A. P. (2019). Secondary traumatic stress ad self-care inextricably linked. *Journal of Human Behavior in the School Environment*, 29(1), 37-47.
<https://doi.org/10.1080/10911359.2018.1472703>
- Preyde, M., VanDonge, C., Carter, J., Lazure-Valconi, K., White, S., Ashbourne, G., Penney, R., Frensch, K., & Cameron, G. (2015). Parents of youth in intensive mental health treatment: Associations between emotional and behavioral disorders and parental sense of competence. *Child and Adolescent Social Work Journal*, 32, 317-327.
<https://doi.org/10.1007/s10560-014-0375-z>
- Reid, R., Gonzalez, J. E., Nordness, P. D., Trout, A., & Epstein, M. H. (2004). A meta-analysis of the academic status of students with emotional/behavioral disturbance. *The Journal of Special Education*, 38(3), 130-143. <https://doi.org/10.1177/00224669040380030101>
- Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goel, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, 26(1), 1-13. <https://doi.org/10.1037/a0022714>
- Rock, W. (2022, December 1-2). *The school counselor's role in student mental health* [Conference presentation]. Student Mental Health ASCA @ Home, United States.
- Shi, Q. & Brown, M. H. (2020). School counselors' impact on school-level academic outcomes: Caseload and use of time. *Professional School Counseling*, 23(1 part 3), 1-8.
<https://doi.org/10.1177/2156759X20904489>
- Southern Coalition for Social Justice. (2018). *The state of discipline in NC schools*.
<https://southerncoalition.org/state-discipline-nc-schools/>

- Stake, R. E. (2010). *Qualitative Research: Studying How Things Work*. The Guilford Press.
- Stoll, M. & McLeod, J. (2020). Guidance teachers' and support staff's experience of working with pupils with mental health difficulties in two secondary schools: an IPA study. *British Journal of Guidance and Counselling*, 48(6), 815-825.
<https://doi.org/10.1080/03069885.2020.1785391>
- Team BrightChamps. (2023, August 3). Exploring the evolution and impact of traditional schools: A comprehensive overview. *BrightCHAMPS*.
<https://brightchamps.com/blog/traditional-schooling/>
- Trout, A. L., Nordness, P. D., Pierce, C. D., & Epstein, M. H. (2003). Research on the academic status of children with emotional and behavioral disorders: A review of literature from 1961 to 2000. *Journal of Emotional and Behavioral Disorders*, 11(4), 198-210.
<https://doi.org/10.1177/10634266030110040201>
- Whiston, S. & Quinby, R. (2009). Review of school counseling outcome research. *Psychology in the Schools*, 46(3), 267-272. <https://doi.org/10.1002/pits.20372>
- White, H., LaFleur, J., Houle, K., Hyry-Dermith, P., & Blake, S. (2017). Evaluation of a school-based transition program designed to facilitate school reentry following a mental health crisis or psychiatric hospitalization. *Psychology In the Schools*, 54, 868-882.
<https://doi.org/10.1002/pits22036>
- Williams, J., Steen, S., Albert, T., Dely, B., Jacobs, B., Nagel, C., & Irick, A. (2016). Academically resilient, low-income students' perspectives of how school counselors can meet their academic needs. *Professional School Counseling*, 19(1), 155–165. <https://doi.org/10.5330/1096-2409-19.1.155>

World Health Organization. (2022a, June 17). *Concepts in mental health*.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

World Health Organization. (2022b, November 17). *Mental health of adolescents*.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Yin, R. K. (2018). *Case study research and applications: Design and methods*. SAGE Publications.

Yu, T., Xu, J., Jiang, Y., Hua, H., Zhou, Y., & Guo, X. (2022). School educational models and child mental health among K-12 students: A scoping review. *Child and Adolescent Psychiatry and Mental Health, 16*(32). <https://doi.org/10.1186/s13034-022-00469-8>

APPENDICES

Appendix A: Participant Email

Hello! My name is Erica Parker, and I am a doctoral candidate at Coastal Carolina University. This email is being sent to you through [Copper River Academy/Susitna Ridgeway] in support of my final research for my doctoral program. It is intended to find participants to gather information on your experience with [Copper River Academy/Susitna Ridgeway]. The research involves an interview and a post-interview survey.

Participants desired for this research include current or former students, guardians of students, and staff that has worked in the clinical day treatment program. I am hoping for a diverse group of individuals of all genders, all ages, and backgrounds. By agreeing to participate in this research study, it is not expected that you would benefit directly. This research, however, may help gain a better understanding of effective day treatment options for others with mental health diagnoses.

We will first schedule an online interview through Zoom or Teams at a time that is convenient for you. The anticipated length of the interview is 30-60 minutes, but it may be longer depending on how much information you plan to share regarding what a successful transition looks like from [Copper River Academy/Susitna Ridgeway] back to [your/your child's/your students'] home school.

The last phase of your involvement is a post-interview survey to gather basic demographic information on the participants. The survey should take approximately 10-15 minutes to complete. This information will be used in my research without including any

identifying information. You will be asked to provide a pseudonym of your choice to use in place of your actual name.

If you are interested in participating in this study, please respond to my email address, which is provided below. You will receive an email in return to sign up for a date and time for the online interview, and you will have an opportunity to ask any questions you may have before participating. Participation is voluntary and there will be no repercussions if you do not choose to participate. If you have any questions or concerns about this research, please contact me by email at edharris@coastal.edu or my committee chair, Dr. Anthony Setari, at asetari@coastal.edu.

Thank you for your time and consideration.

Erica D. Parker

Appendix B: Interview Guide

[ERICA] Good [morning, afternoon, evening], and welcome to our [Zoom/Google Meet] meeting. Thank you for taking the time to meet with me. The goal of this interview is to gain a deeper understanding of how student needs, according to Maslow's Hierarchy of Needs, are met and how students are taught to meet their own needs within the [Copper River Academy/Susitna Ridgeway] clinical day program. Responses are anonymous, so only trends, rather than specific responses, will be discussed. Overall, the purpose of the study is to understand what parts of the clinical day program, [Copper River Academy/Susitna Ridgeway], lead to a successful transition back to the traditional school setting.

My name is Erica Parker, and I'm a PhD student at Coastal Carolina University. I currently work as a middle school counselor and have a background in teaching middle school Language Arts. As a school counselor, I look forward to hearing what you feel is important to include in a clinical day program to ensure the transition back to the traditional setting is smooth and successful. This will help me to advocate for comparable programs based on the successes you share.

You have been invited to participate in this interview based on volunteering to speak with me after receiving information about my study through [Copper River Academy/Susitna Ridgeway] clinical day program.

There are no right or wrong responses. Your unique perspective is valuable, and what you share with me will help me to build a fuller understanding of the topic.

I will be audio recording this session. I will display on the screen a copy of the audio/video consent form I sent you. I will go through the form with you, and then I will ask for your verbal consent to be recorded. The audio of this recording will be transcribed without your

name or any identifiable information. I am recording because I don't want to miss out on everything you share with me today.

[Display consent form; ask for verbal consent]

You should now see a notice from [Zoom/Google Meet] stating that recording is in progress. Please acknowledge that you are aware I am now recording.

Opening Question

I have already introduced myself, and now will you please introduce yourself and what you would like me to know about you as a person and about your relationship with the [Colonial Academy/Sarah A. Reed] clinical day program?

Questions

My questions will be based on Maslow's Hierarchy of Needs, and I will periodically refer back to these needs. The basic levels of needs include, beginning with the most basic:

- Physiological, such as food, water, warmth, and rest,
- Safety, as in security of resources, employment, health,
- Love and Belonging, including feeling like you belong in the program and have a sense of connection,
- Esteem, as in feeling respected, recognized, and a sense of positive self-esteem, and
- Self-Actualization, which would be the ability to achieve your full potential.

For this part of the interview, I will keep the diagram of needs and their definitions on the screen for reference.

1. How do you define success within the [Colonial Academy/Sarah A. Reed] clinical day program? This could include grades, behavior, attendance, or any other factor you feel demonstrates success.

2. How do you define successful transition from the [Colonial Academy/Sarah A. Reed] clinical day program back to a traditional setting? This could include improved grades, decreased negative behaviors, improved attendance, or any other factor you feel demonstrates success in terms of transitioning back to a traditional setting.

3. What benefits does/did the clinical day program provide you/your child/your students as it pertains to their hierarchy needs? As a reminder, those needs are physiological, safety, love and belonging, esteem, and self-actualization.

4. What would you like to see in the future with this program to better help students meet their hierarchy of needs?

5. What academic and therapeutic skills do you think will transfer/have transferred from this program into the traditional public school setting?

6. Do you think you/your child/your students will experience similar success in meeting their hierarchy of needs in a traditional school setting after participating in this program?

7. What concerns do you still have with you/your child/your students transitioning back into a traditional school setting as it pertains to their ability to meet their hierarchy of needs?

8. What academic and therapeutic tools has this program given you/your child/your students to succeed in meeting their own hierarchy of needs as they transition back into a traditional school setting?

Ending Questions

1. Of all the points we have discussed during this interview, which point is the most important to you and why?

2. During this discussion, I heard the following: [summary of discussion]. Is this summary accurate?

3. As we come to a conclusion to our discussion, are there any topics or points I did not cover that you want me to know or understand?

Thank You

Thank you for taking the time to speak with me. I appreciate you sharing your valuable perspective. Once I have completed all interviews, I will prepare a report for my final dissertation and share my findings with my dissertation committee. The goal is for the findings to support the development of future clinical day programs and to strengthen programs which are already in place. This concludes the interview. Thank you again.

Appendix C: Maslow's Hierarchy of Needs

1. Physiological: food, water, oxygen, warmth, shelter, rest, and clothing
2. Safety: security of resources, employment, and health; protection; stability; and freedom from fear and constant anxiety
3. Love and Belonging: a feeling of belonging and a sense of connection; love from a community such as family, religious group, work group, social club, or friend group
4. Esteem: respect, recognition, and self-esteem; acceptance from others based on accomplishments, status, or appearance
5. Self-Actualization: achieving one's full potential; the need to develop one's hidden potential and unique talent

Appendix D: Post Interview Survey

1. What is your name?
2. What pseudonym would you like used in place of your actual name for reporting purposes?
3. Which clinical day program do you/did you/your child attend/work in?
4. What is your relation to the student(s) interviewed? (self, parent/guardian, teacher, etc.)
5. What is your age?
6. What is your race?
7. What is your gender?
8. What grade are you/is your child/is your student currently in?
9. What is your/your child's/your student's diagnosis?
10. Do you/your child/your students receive special education services?