Through Their Eyes: An Evaluation of a School Based Mental Health Program

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**Overview of the Bridges Program**

During the spring of 2005 a group of educators and mental health professionals from an affluent, suburban high school district north of Chicago met to discuss how to assist an emerging and troubled group of adolescent students exhibiting clinical anxiety and depression. Clinical anxiety and/or depression were manifested in substance abuse, suicidal ideation, eating disorders and school refusal. The emerging population consisted of adolescents who were returning to public high school subsequent to a psychiatric hospitalization and/or prolonged absence. The population of adolescents was historically laden with bright, high achieving students – frequently student leaders in academics, government, athletics, theater and the arts. To compound the problem, these students were “regular education” or mainstream students – ineligible for the array of services provided for identified special education services within this district.

The 2005 Committee identified existing services that could be accessed by students returning from a psychiatric hospitalization or prolonged absence. They were minimal at best – including time limited assistance from a school social worker and liaison support and communication between nurses in the health care office with outside physicians and therapists, and traditional nursing services available to all segments of the school population. The social work department, sometimes with representation from the special education department, facilitated the reentrance of students to public school from psychiatric hospitalizations. In addition to time limited counseling services provided by social work, students who had been hospitalized were occasionally provided tutoring services to assist with make-up work. Students returning from significant and sustained periods of absenteeism due to school refusal were afforded even fewer services. Reentry to school was provided by the assistance of a school advisory program, an advocacy program for all students, and the Dean’s office often in concert with truancy officers. These were the sole structures in existence at this suburban school for adolescents in need of reintegration services.

Returning students often expressed feelings of being overwhelmed by academic expectations upon reentry. Absent a formal advocacy system, students were left to negotiate their return with individual staff members, often with very different expectations. Students, reportedly, were reluctant to explain their initial departure from school and lacked those skills required to ensure a satisfactory and reasonably paced reentry. As a result, returning students floundered between academic expectations and the social/emotional issues related to the reentry process. Student grades and absenteeism rates were indicators of difficulty with the reintegration process. Interviews with social workers reflected the struggles students were experiencing and the absence of a coordinated effort to enlist services to assist these students. Out of the need to provide assistance to adolescents with the reintegration process, the Bridges program was born. The Bridges brochure (2007) describes the program as follows, “Bridges is an intensive regular education program designed to provide individualized education and social emotional support in a time-limited manner.”

The primary goal of Bridges is to provide transitional services for students reentering public school subsequent to a psychiatric hospitalization or prolonged absence that will magnify opportunities for successful reintegration. At the time of this evaluation, the program had been in existence for five years and there was a presumed historical value attributed to the program. Limited data collection included a singular survey of staff and informal comments collected from students previously enrolled in Bridges. These provided some indicators of program worth to the school community. However, the value of the Bridges program had not been explored from the perspective of its stakeholders- students enrolled in Bridges, their families, and the faculty of the Bridges program and the greater school community.

**Stakeholder Participants**

The primary stakeholders in this program include the following: the students served through the program, their parents, Bridges faculty and, separately, faculty members in the greater school community. The focus of this evaluation was to better understand the quality of the program from the perspectives of the four stakeholder groups. The student group represented the most intimately involved stakeholder group, followed by parents of Bridges students, Bridges faculty and the most distal group being members of the greater school faculty

The student group included students enrolled in Bridges and graduates of Bridges. Together, they provided a unique perspective of Bridges as they were the recipients of mental health, academic and transition services. As previously described, this group represents adolescents returning to public high school subsequent to a prolonged absence or psychiatric hospitalization. As a collective group they exhibit clinical anxiety and/ or depression as manifested in substance abuse, suicidal ideation, eating disorders and school refusal. Additionally they tend to be regular education students, not identified for special education services, who are leaders in the school community- through academics, government, athletics, theater and the arts.

The second group of stakeholders consisted of parents of students currently enrolled in Bridges and parents of students who have exited the program. Their perspective of the quality of the program was explored through interview and questionnaire. Parent perspective is considered vital to understanding Bridges. Parents have a unique perspective as to how the process impacted their adolescent and what supports proved valuable in the reintegration process. They offered substantive recommendations that may better integrate parents in the reentry process. Their perspective may also assist future parents of Bridges students in understanding the program and assisting in the reintegration process.

The third stakeholder group included the primary service providers; the Bridges teachers, social worker, instructional assistant and, to a lesser degree, the oversight administrator. The fourth and final stakeholder group was represented by the general faculty population. This grouping may have been the most diverse in that they represented varying levels of engagement in the program. Some members shared students with Bridges faculty and, therefore, were more personally invested in the program.

**Utilizing a Case Study approach for the Science to Service Process**

There is a preponderance of studies on school based mental health (SBMH) programs employing the science to service process to create information loops between research and clinical practices. These studies have relied heavily on experimental and quasi- experimental designs and examine the pre and post-test measures of predetermined outcomes for determining program success (Rones and Hoagwood, 2000). While the these studies do contribute to the knowledge and understanding of SBMH programs, the question remains, are experimental and quasi-experimental designs the only means for determining the success of SBMH programs and providing useful information to practitioners in clinical settings (i.e. meeting the purpose of science to service processes)? The use of other evaluation approaches and designs might also prove useful not only in determining outcomes, but also in providing valuable information for clinicians.

R.E. Stake indicated in 1994 that programs developed for a specific population within the specific context of a school environment are most effective in meeting the needs of that particular community. The Bridges program is a specific program designed for a very specific population – adolescents returning to a public high school subsequent to a psychiatric hospitalization or prolonged absence. Stake’s Responsive Evaluation employs an intrinsic case study approach that relies on the specific expertise of practitioners in the local setting. This approach assumes those personally invested in the program, the service providers and participants in the program, have significantly more knowledge than the evaluator and posses knowledge about the programs successes.

Reasoning on Stake’s views that local program experts can provide substantive knowledge of the program’s value and outcomes, the decision was made to utilize a qualitative approach to fulfill the information loop within the science to service process. This evaluation took an intrinsic case study approach with humanistic psychology as a theoretical framework in order to provide an alternative to quantitative methods of facilitating the science to service process for SBMH programs.

The merits and outcomes of the program were explored from the perspectives of stakeholders rather than through a comparison of outcomes to other programs or through pre and post test perspectives. By doing so this evaluation explored the outcomes and value of the Bridges program from perspectives of multiple stakeholders groups. This evaluation represents the beliefs, values and cultural plurality of its stakeholders as gleaned from personal interviews and observations. Interviews provided an in depth understanding of an individual’s experience and perceptions not attainable through quantitative analysis. Observation in the natural setting allowed emergent themes to evolve rather than assuming the existence or value of preexisting assertions. Utilizing this approach not only contributed to the knowledge of the local stakeholders, but also substantiated that the science to service process can be achieved through qualitative methods.

**Evaluative Questions**

Evaluative questions were developed in concert with concerned stakeholders and serve as the foundation for reporting evaluation results.

1. How do stakeholders perceive the impact of the Bridges program in facilitating the reentry of students into a specific public high school in a northern suburb of Chicago?
2. In what ways does the Bridges program support successful reintegration of students to a public school subsequent to a prolonged absence or psychiatric hospitalization?
3. What are the stakeholders’ perceptions of the Bridges program as a means to assisting students with mental health care concerns?

**Stakeholder Outcomes**

Through this evaluation it became apparent that Bridges staff are responsive to stakeholder needs. The program is designed to attend to the presenting needs and perceptions of stakeholders-primarily students and their parents. The main needs expressed by students were academic anxiety and academic load. Parents expressed needs that included a need for student safety, stabilization of family, and relinquishing parental responsibility. For each identified need there is a specific programmatic response. Stakeholder outcomes are defined by the programmatic responses.

*Making the Work Load Manageable*

Students referred to Bridges present with complex profiles and often require extensive

psychological, emotional, academic and social needs. Students expressed anxiety and feeling overwhelmed with the process of reentry and the perceived academic expectations. “I felt lost and overwhelmed and didn’t know how I’d make up all the work I’d missed.” Bridges faculty alleviated some of that anxiety through thoughtful reintroduction to school and academic assignments. Student interviews identified a primary outcome of participation in Bridges is to make the academic workload manageable. One student’s comment clearly illustrates this outcome; “The Bridges teachers negotiated the workload for me. They talked with each of my teachers and negotiated a manageable workload. They helped me make up work. It would have been impossible otherwise.”

The grades students received while in Bridges reflect the impact of Bridges as a stabilizing factor and individualized approach to academic achievement. Careful planning and negotiation by Bridges staff allowed students to function academically commensurate with pre Bridges performance. The following table represents the grade point averages of interviewed students; pre, during and post Bridges. This table also indicates modification to student’s workload while in the Bridges program. An IP grade, or individual progress grade, indicates the grade has been modified to assess a student based on pre-established, individualized goals.

|  |  |  |  |
| --- | --- | --- | --- |
| **Interviewed Students** | **GPA pre Bridges** | **GPA during Bridges** | **GPA post Bridges** |
| Student one | 4.93 | 4.22  2 IP grades given | 4.95  Increase in AP classes |
| Student two | 2.75 | 3.23  No schedule change | 2.5 |
| Student three | 3.67 | 3.84  Incomplete & extension given  No IP or schedule change | 3.92 |
| Student four | 2.75 | 3.22  Incomplete & extension given | 3.0 |
| Student five | 2.25 | 1.42  Dropped a class | 2.17 |
| Student six | 5.08 | 4.5  No modification to schedule or classes. | 4.42 |
| Student seven | 3.75 | 3.75  Two IP grades assigned | Remained in Bridges through the end of the school year. |
| Student eight | 3.58 | 3.56  Dropped a class | 3.78 |
| Student nine | 2.66 | 2.5  Dropped 2 classes | Remained in Bridges through the end of the school year. |
| Student ten | 3.73 | 3.73 | 3.73 |

*Creating a Safe Environment*

Students frequently cite Bridges as a safe place to get caught up with work, readjust to being in school again and develop a daily routine. Students consistently reported a respectful and supportive environment and a pervasive feeling of comfort during what they describe as an extremely stressful time in their lives. “They [Bridges staff] gave me emotional and academic support and quiet time to make up missed work. I felt really safe.” Students have assigned value to the program for the following reasons: alleviation of stress/anxiety, advocacy by Bridges faculty with other faculty regarding academic expectations, and providing a safe environment as an initial step in the reentry process.

Parents also presented similar concerns for their child’s safety and how the program responded to their needs. Parents frequently cite Bridges as a safe and supportive environment that allows students to acclimate to being back in the actual facility while establishing school routines. As described by one parent, her daughter’s reentry was successful because of the supportive environment provided by everyone in the program including both the Bridges staff and the peers in the program. She described how the program was individualized for her daughter’s unique reentry. “There was no cookie cutter approach. There was no formula or template. Everyone was there for her and she knew it and felt it.” Another parent indicated that even after her daughter returned to all of her classes she could still go to Bridges during free periods for “the safe haven.”

*Assume Responsibility*

While parents did share some needs with their child, they also expressed more individualistic concerns. Parents expressed the very real need to alleviate themselves of some of the day-to-day planning and the actual execution of the reintegration process. They often expressed the real need to “hand over” some of the stress and problems to the Bridges staff. Parents attribute value to the Bridges program in several ways. They acknowledge the importance of Bridges as an initial step in reintegration to this public high school. Their perceptions are that Bridges greatly assists in the process of reentry to school through interventions, and accommodations made by staff on behalf of their adolescents. Results from the evaluation indicated that parents experienced a sense of increased safety and reduced anxiety as they turned over control of the reentry process for their son or daughter to Bridges staff.

Bridges faculty indicate an understanding of the obstacles that students and parents face during the reintegration process and acknowledge the environment and actions of the faculty (i.e. providing a safe place with safe people, developing a individualized treatment plan for the student, and advocating for the student to the broader school community) as the primary and most positive contributions of Bridges.

**Outcomes as Identified by Bridges Faculty**

Bridges staff place importance on gently pushing students back into the school routine. Using clinical judgment and gauging student progression with academics and emotional stability, the staff initiate a gradual return to the greater school community. “The clearest barometer for me of successful reintegration is when a student has the ability to attend school consistently, absent huge anxiety.” Each of the four faculty interviewed agree that Bridges reaches into all departments in the school community and beyond. They believe that support for the program has grown over the years as faculty has become more aware of the programming as a transition option for students requiring reentry services. This is significant as the success of the program is dependent on an awareness and understanding of the function of Bridges by all stakeholders.“Our services are so integrated into the community that we have become part of the fabric and culture of the school.” The school’s recent inclusion of the Bridges program into the broader and more comprehensive intervention processes, Response to Intervention (RtI), indicates both an organizational awareness and understanding of the program’s value and the program’s potential for serving a larger population.

*Perceived Positive Outcomes for Students*

Responses to individual questions on surveys support the assumed understanding that Bridges has had a positive impact on the school population. A high percentage of the faculty respondents indicated they view Bridges as a positive addition to services for students with an equal percentage indicating the program should continue. Positive perspectives of Bridges indicate it is essential to allow the program to initiate, continue and bring the process to successful closure through completed reintegration with the support of classroom teachers. Absent this, full reintegration could be compromised.

**Peer Support, Tolerance and Friendship is an Outcome for Students**

Bridges students indicate that part of their successful reintegration can be attributed to other students in the program. One student described peers in Bridges as being “friendly and warm when welcoming new members to the program.” Another student shared her experience with me during an interview. I paraphrase her reflections. At first I didn’t want to be part of the program and felt like I was just being pushed into it. But once I was there, “I got a lot of support from the group [peers]. There were others in the same situation as me. We all had a common goal; to get back into school successfully.” The translation for me is that despite feeling somewhat coerced into becoming part of Bridges, she felt supported by others in the program with whom she could relate.

Students describe their experience as an opportunity to make new friends who were working toward the same goal of successful reintegration to high school. One student elaborated on the many kinds of issues others were struggling with including a recent pregnancy, a life threatening illness, drug addiction and extreme depression and anxiety that had paralyzed a student from attending school. These interactions with students appear to have positively affected the growth of friendships amongst students who might never have met in such a large school. As reported by Bridges students, the interaction with peers in the program also appears to have, inadvertently, promoted tolerance and respect for differences.

**Emotional Support is Key to Success**

Students identified program personnel’s emotional support as a critical program response. Students did not distinguish between instructional or therapeutic personnel, but identified all staff as contributing to their overall mental health care. In some cases the certified staff, social worker and teachers worked collaboratively with community therapists or made referrals to therapists and agencies as the need arose.

The Bridges staff reports that the social/ emotional support was originally intended to be intense and immediate. It was assumed that group therapy would be clinically appropriate for students enrolled in Bridges. As the population expanded to include students with more varied needs, one faculty member recalls that, “Group therapy no longer seemed appropriate to address individual, outstanding needs so we discontinued it.” According to a Bridges faculty member, “The staff started to see students who were overwhelmed with numerous therapies and interventions including psychiatrists for medications, psychologists for family therapy, and social workers for individual and small group therapy. Some students presented as fairly intact and did not requiring specific emotional support other than reliance on the positive environment of the program.”

All students have an intake meeting prior to enrollment in Bridges. The team determines what level of support is initially required to address mental health issues. This is continuously reviewed as the student progresses through the program. The ability to draw upon additional resources and make individual determination of needs appears to provide the foundation for flexible programming that parents and students cite as critical to a successful transition. According to a Bridges faculty member, “Students are staffed into Bridges at the reentry meeting and at that time we decide if a student requires more intense therapy from an existing social worker or if the student requires one [social worker] and needs to be appropriately assigned. With many students we have frequent communication with the hospitals they’ve come from and outside therapists to coordinate our services and efforts.”

A Bridges faculty member described current therapy as follows. “Now we monitor and take stock of individual student needs and provide individual counseling through myself and the rest of the social work department. Since many of the students already have an established relationship with a counselor we encourage that to continue.”

**Logic Model**

Qualitative research places emphasis on interpretation as a focal characteristic of case study analysis. The logic model represents my interpretation and understanding of the complex interrelationships of primary stakeholders in the Bridges program. Consistent with responsive evaluation the needs of the students and their parents direct the program response by Bridges faculty. The process of reintegration to this public school is prompted by the reentry meeting. At that time, student and parent need is assessed by Bridges faculty. Typically student needs require an immediate response that can alleviate anxiety in a nurturing, safe environment. Parents’ initial needs typically center on finding a process or program that can assist their adolescent while relieving them of some of their own anxiety and responsibility. Both stakeholder groups have a need for reengagement with the school community in some capacity. Students don’t often acknowledge this as a primary need at that time, but it has to be addressed and woven into any reentrance plan. The program response is determined by individual needs and results in a customized plan for students.

While parents remain part of the process, their role often shifts from direct involvement in the planning process to that of monitoring the progression of their adolescent. The student is at the center of the treatment plan. Bridges faculty, having assessed presenting, individual needs, tailor a response that results in academic and emotional support in a supportive community [Bridges]. This entails coordination of internal services and frequently with community mental health care providers. Academically, the staff initiates contact with the greater school faculty and assume the role of advocate and communicator. Specific steps to alleviate academic needs are addressed at this time. The intent of these interventions is to provide a successful reintegration to the Bridges program.

Once that process has been achieved the evaluation for readiness into the greater school community is initiated. Criteria for readiness include academic readiness, being caught up in subject areas, and consistent attendance absent huge anxiety. At this juncture in the process there is a specific need for reintegration by all stakeholders; students, parents and school. It is at this time that some students tend to balk at the process having gained success and comfort in the safe, supportive environment. However, successful reintegration in this program requires complete reentry to the greater school community. As previously referenced, this may not be the student’s original schedule but always should reflect a customized plan that allows and encourages a student to find their own path in the larger community. The student is gradually reintroduced to the greater school community while Bridges faculty monitor and adjust the process as needed. Those with chronic health needs demand a great deal of sensitive and responsive evaluation of the process. The intended outcome of Bridges is to provide the student with supports that will allow him or her to be in attendance and be emotionally secure and available to learn. When the intended outcome of Bridges is achieved, the needs of all stakeholder groups have been met.

Reentry

Parents

Needs

Student

Needs

* Relief from emotional and academic anxiety
* Safe Environment
* Full Reentry into school
* Student’s safe to return to school
* Process for student reentry
* Relinquish responsibilities

Program Response

* Determine required level of support (academic/emotional)
* Develop individual student reentry plans
* Assume responsibility for reentry
* Provide safe environment

Emotional Support

* In house therapy with social workers
* Coordination with outside providers
* Staff/faculty support
* Peer support

Academic Support

* Manage workload (adjust academic schedule and grades)
* Advocate for students to faculty (negotiate in students behalf)
* To do lists
* Tutoring in center

Process Support

* Monitor student progress make adjustments
* Communicate with parents about progress
* Communicate to wider school community

Proximal outcomes

* Reduced emotional and academic anxiety for students
* Reduced anxiety for parents
* Gradual reentry into academics and broader school community
* Overreliance on program (negative outcome)

Distal Outcomes

* Complete reentry into academics and school community
* Return to previous academic standing

This logic model was developed with the intent to better understand the process by which total reintegration to public school is achieved. It has since become a tool to explain to students, parents, staff and the community the Bridges program in its entirety.

**Success of Bridges is Confirmed**

According to R.E. Stake (2004), “Program evaluation is usually a clear departure from building scientific theory. The question of science may be, “Do programs of this kind succeed?” But the question of evaluation is, “Is this particular program succeeding?” (p. 91). This study validates the “presumed success” of the Bridges program from the perspectives of the most intimately involved group of students to the distal stakeholder group of faculty. Stakeholders individually and collectively voice satisfaction with the program. From the perspective of stakeholders responding in this study, Bridges is successful in its mission to assist transitioning students back to public school. Students and their parents praise the efforts of Bridges faculty and repeatedly refer to the program as a life saver.

Adolescents grouped together through similar experiences and goals gain insight and tolerance. As was repeatedly shared with me, students in Bridges were exposed to problems they didn’t know existed at this school. They also met students with whom they never would have been grouped with either academically and socially. The result was in some cases new friendships. Almost all of the Bridges students found a way either verbally, in writing or through nuances I observed to express this as a positive outcome of Bridges. Awareness of others’ problems often assisted individuals with placing their own concerns in a different and more favorable light. Knowing others were struggling with similar issues seemed to bring comfort to many. Peer support within the program was an unexpected outcome- not specifically part of the program design.

Students praised the staff with comments such as, “They’re awesome in everything they say and do. I never could have made it back into school without them.” That typifies the generally response of students who had been or were in Bridges at the time of this study. There was a clear message of gratitude for the staff that had provided them with the transitioning services that allowed for successful outcomes. Of the ten interviewed students, all either successfully reintegrated to the greater school community or graduated from high school.

Parents are extremely aware of the positive effects of Bridges programming for their adolescent and often cite the expertise of Bridges staff. One parent reflected on her experience.

“We experienced genuine care and concern. The tutoring, advocacy and counseling aspects of the program worked in tandem to provide a very successful transition for our daughter. The program allowed her to get up to date on assignments and not have to deal with stresses of the classrooms for a while. It’s a great program and much needed in an intense and competitive public school.”

Parents and students almost unanimously indicate Bridges has been a huge success from their personal experience. Consistently both stakeholder groups cite the caring, supportive staff, their level of expertise in the reintegration process, their academic versatility and the therapeutic components of the program as excellent. Further, parents and students alike, cite the individualized approach to treatment as critical to an adolescent’s success in the program.

With almost unanimous consensus the greater school faculty acknowledges the positive impact of Bridges in the reintegration of students to this public school. There were no discernable differences between faculty members who had a student previously in Bridges versus those who did not. This may be attributable to the population that elected to complete the questionnaire; the vast majority of whom had personal experience with the program through “shared” students. They defined the purpose of the program as much more narrow in scope than the actual services provided. Tutorial and transitioning services were almost uniformly cited as services in Bridges; mental health services and support for students through advocacy and case management were less so. This may be reflective of personal experience with a student in Bridges or may simply reflect their academic orientation. Regardless, the faculty would benefit from understanding the array of services provided in house and coordination of services with outside therapists, hospitals and agencies. The program plays a more expansive role than what is currently understood. Despite some differing perspectives, individuals and all four stakeholder groups collectively present a clear assertion. Bridges is a success for the individuals it serves.

**Bridges Can Be Addictive**

Unlike quantitative approaches in the science to service process that historically relied on predetermined measured outcomes, qualitative approaches employ a technique of progressive focusing which can result in unanticipated understandings. A pattern of concern for over reliance on Bridges and Bridges staff emerged almost immediately during the data collection stage. A science teacher expressed the following; “It [Bridges] sometimes seems to be more of an enabling process.” It continued to emerge as a focus in all stakeholder groups through interview, observation and questionnaire. There is agreement, though on varying levels, by all stakeholder groups that Bridges has the potential to be addictive for the students it serves. Bridges staff recognized in the early stages of the program that once students have been in the program and have developed a comfort level with Bridges and the services they’re receiving, they may be reticent to leave all that behind. “We’re careful not to foster dependence as this could do more damage than good. “We gently push them back into school routines and classes.” Even more telling were the comments of a student. “Although we all knew we were there [Bridges] to help us get back into school successfully I really miss it and I know others do as well. It can be highly addictive.” Students, for the most part, reference the many positives of the program and staff that encourage them to feel safe and invested in Bridges. The concern for students is that when praising the program they also indicate, mostly inadvertently, that the best attributes of the program may ultimately inhibit complete reintegration.

**Humanistic Psychology Program Attributes**

Abraham Maslow’s (1970) best known contribution to humanistic psychology is his Needs Pyramid. The fundamental premise of his hierarchy is that humans are born with basic needs. The lowest stratum in the hierarchy is our most base needs; those required for survival like food, drink, oxygen and sleep. Maslow indicated once the base needs have been met, it is then possible to focus on the next stratum which is the need for safety and security. Unless a person’s goal of a safe environment is actualized, the individual is stifled in any attempt to consider higher order needs. It assumes an individual will seek to understand one’s own existence and, ultimately, role in social responsibility. It assumes that the quest for understanding will result in personal growth and satisfaction. Humanistic psychology is founded on four core beliefs.

1. The present is the most significant aspect of individuals.
2. To be mentally healthy, individuals must take responsibility for their actions, regardless if those actions are positive or negative.
3. Each person, simply by being, is inherently worthy.
4. The ultimate goal of life is to attain personal growth and understanding.

These core beliefs are reflected in specific characteristics of the Bridges program. Humanistic psychology views the present as the most significant aspect of an individual’s life. What happened in the past is simply the past. It is the present state that allows an individual to achieve personal growth and understanding through constant self improvement. The Bridges staff came to the conclusion that regardless of what had happened in the past, all students reintegrating required assistance with the process. That need for assistance with reentry spread across all populations regardless of the reason for absence. Therefore, the critical component of any customized plan is to initially address the current, outstanding need of reintegration. The process of self-improvement and understanding cannot be actualized until the immediate needs of the present are properly attended to. Regardless of the history that brings a student to the program, the initial need for all students is reengagement in some capacity with the school community.

Therapy in Bridges parallels many of the postulates of humanistic psychology. Because all individuals are valued they receive unconditional positive regard from staff. That is innately woven into the program. Like client-centered therapy, the individual has the capacity to develop emotionally and with greater understanding through introspection. Through therapy the individual can realize his actions and develop strategies to respond in a healthy and responsible manner to challenges. Humanistic psychology also acknowledges that for an individual to be mentally healthy, one must take personal responsibility for their actions, be it positive or negative. While the Bridges staff is using clinical judgment to ascertain the appropriateness of reentry into the greater school community, some students may be saying I’m simply not ready to assume responsibility for myself and my actions. To me this is reminiscent of those students who desire to stay in the program because they have attained a comfort level and success within the supportive community. It also is reflective of the possible addictive quality of the program for students that Bridges faculty discourage.

Humanistic psychologists stress the importance of social change and development of institutions that sustain human growth and organizational efficacy. The stakeholder groups in this study clearly value Bridges as an institution that is capable of supporting individual determination and social change. The challenge of Bridges is to extend understandings of the program and minimize misconceptions to all stakeholder groups. The impact of the program can never be fully actualized until there is a pervasive understanding of Bridges in all stakeholder groups. Some measures to address this issue have been instituted on the Bridges website. The referral process and roles of referring staff are a recent addition. However redundant it may seem to Bridges faculty, the information they currently provide is not reaching many of the intended recipients.

**Completing the Knowledge Loop in the Science to Service Processes**

The essential feature of the science to service processes is the loop between knowledge generated during research and the application of that knowledge to clinical practice. The knowledge generated for this evaluation leads to recommendations regarding three essential elements of SBMH program planning.

1. Since the presenting problems extend beyond the presenting client, programs must make provisions for identifying the needs of both the student and the parents and respond to those needs first and simultaneously. Immediate and satisfactory response to identified needs is critical for engagement of students and their parents in the initial stages of reentry. Absent that, engagement in the process is not possible.
2. Reflective of the Humanistic Psychology component of personal accountability, programs must directly involve students in the recovery and reintegration process. The conscious decision to empower students in their own progression from initial reintegration into the school and community to dismissal from the Bridges program is cited by stakeholders as essential to the student’s successful evolution. Therefore SBMH programs must ensure that students play a central role in the decision-making, development and implementation of their related to their own treatment.
3. Frequently referenced by multiple stakeholders, is the need for a supportive environment with safe people. In order for students and their parents to initiate the reintegration process, there must first be a dedicated provision for a supportive environment that alleviates multiple sources of anxiety and impediments to reentry. In addition the nature of program’s mental health services that create the supportive environment may evolve as the program grows, and services new populations.

Despite the focus on a singular program for its unique and complex qualities, there is a possibility for valuable generalization to other communities. Recently the Bridges program has become enmeshed with more comprehensive intervention processes, Response to Intervention (RtI), and has been recognized and accepted as a valuable school based intervention. This integration of Bridges into the broader RtI process substantiates the value of Bridges as a model for other schools with similar populations and as an integral component of a more comprehensive district initiative.

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