

Psychotherapy Guidebook

A photograph of a red apple with a small stem, resting on a stack of several books. The books have various colored spines, including black, white, blue, and green. The background is a dark, textured wall.

SCHOOL-BASED PSYCHOTHERAPY

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School-Based Psychotherapy

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From *The Psychotherapy Guidebook* edited by Richie Herink and Paul R. Herink

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Table of Contents

[DEFINITION](#)

[HISTORY](#)

[TECHNIQUE](#)

[APPLICATIONS](#)

School-Based Psychotherapy

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DEFINITION

School-Based Psychotherapy is treatment delivered to teen-agers by mental health professionals in the school. Individual, group, and family therapy are all available in the school setting. Mental health staff have access to firsthand observations of their clients in a variety of settings, and can work not only to modify the client's maladaptive behavior but also provide consultation to teachers in an effort to make them part of a therapeutic team.

HISTORY

The in-school mental health program was initiated by our agency (Community Research Applications, Inc.) in 1968, in one junior and one senior high school in low-income areas of New York City. Originally designed as a screening program in which student problems would be diagnosed and referred, it became apparent that appropriate referral sources were unavailable or unacceptable to our client population. This client population, with many youngsters showing poor impulse control, low self-esteem, aggressiveness, or marked withdrawal, was in need of clinical services.

Because they would not accept referrals to mental health agencies, the treatment unit was developed in the school.

TECHNIQUE

A whole range of therapeutic techniques is involved. Students are referred by teachers, but may come on their own. They know the staff, have seen them around the school and are willing to seek help on their own. The diagnostic process involves talking with the student, observing him in a range of different classroom situations, and talking with teachers and parents, as may be appropriate. Following this, the student may be seen either with his parents for a few focused family therapy sessions, or in a group, and/or individually. Group sessions are focused primarily on reading, as many of these children read four to five years behind grade level, a factor that contributes to their low self-esteem and disruptive classroom behavior. Each therapeutic reading group has six children who work each day with a mental health professional. The reading groups have proved to be especially effective in working with impulse disorders. These reading groups also engage in considerable game playing. Board games for four or more children, monitored by the therapist, represent a particularly useful technique for learning ego-adaptive skills. Behavior therapy with frequent brief contacts during the day for positive reinforcement have also proved to be especially effective in working with impulse disorders.

The referral process is different from the traditional clinic setting because clients already know the staff and do not feel that they are being asked to speak with a stranger. The diagnostic process is different from the traditional clinic setting because the staff has the opportunity to make extensive firsthand observations. The therapeutic process is different from traditional psychotherapy because much reliance is placed on helping with reading as a technique to foster ego-adaptive capabilities and group process. The accessibility of clients also makes it possible to do behavior therapy to provide consistent reinforcement.

APPLICATIONS

The model is useful in any situation in which children show maladaptive school and interpersonal behavior but are unlikely to accept a referral to a mental health facility. Based on experience, our agency personnel believe that mental health professionals who want to be helpful to children from low-income families should get out of the clinics and into the schools.