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ROGER WILLIAMS UNIVERSITY

SCHOOL OF EDUCATION

AN EXAMINATION OF STRATEGIES FOR REINTEGRATION OF K-12 STUDENTS INTO
PUBLIC SCHOOL POST-HOSPITALIZATION

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SPRING 2023

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Abstract

The reintegration process has been a challenging topic in schools, and most schools do not have policies to accommodate students' needs. Therefore, educators should develop policies to achieve a better outcome for reintegration. The aim of this paper is to investigate how the process of reintegration affects school-aged youths with chronic illness and mental health challenges who are experiencing academic difficulties. The implications are significant, including the amount of schoolwork required to pass the year after reintegration, the need for school nurses to be in contact with hospitals that students attended, and the importance of administrative involvement in the reintegration process.

Keywords

Reintegration, policy, mental health, school counseling, mental illness, hospitalization, suicide

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Chapter 1: Introduction

One hundred sixty-one youth reported considerable concerns about anticipated social situations at school, academic standing, feeling overwhelmed with school, and great difficulty with managing their emotions. Challenges at school may be related to their mental health, the crisis leading to admission, and/or their school re-entry after psychiatric hospitalization (Preyde et al. 2017). School psychologists are mainly the ones to handle the reintegration process with families. Schools across the country have said that they either have a protocol in place in the district and school or none for reintegrating a child back into school. It can be tough on the family and those who help them in the process, such as school counselors, social workers, outside therapists, hospital recommendations, and even students.

Schools that do not have protocols set in place should look at those that do and get advice on policies to implement in their own institution. School psychologists have said there are accommodations set in place so that a student does not feel overwhelmed (Marraccini et al. 2019). The available accommodations for these students have historically consisted of a universal pass for visiting school counselors or other professionals, a pass for arriving or leaving school later than usual, extended assignment deadlines, reduced assignments or workloads, work forgiveness for missed assignments, and modifications to class participation requirements (2019, p. 622). In general, school psychologists are there to make the process more reasonable for the student and the parent.

Statement of the Problem

Students have a difficult time transitioning from the hospital back into school. Some might feel anxiety about schoolwork, and others might be socially awkward and not want to talk to others. The reintegration process can be difficult on its own, but it is even more so if there are

no policies in place to help students return to school. Researchers have found that schools might have policies in place and others might not (Marraccini et al. 2019). Collaboration between schools and hospitals have the potential to make families feel heard.

Most of the literature on the subject pertains to the process of reintegration of students. However, new policies in schools and how to improve current policies are not mentioned. One reason for this disparity is that there is a need for further research on how schools can improve policies to facilitate the successful reintegration of students and support their academic and personal growth. My research aims to examine the effectiveness of policies that are meant to help students make this transition of reintegration. Typically, children who have been hospitalized for any reason are permitted to return to school upon receiving approval from the hospital. However, as this transition can potentially cause anxiety, it is advisable for schools to take steps to make the reintegration process as seamless as possible, thus helping them to readjust to their academic environment with ease. Given the challenges that schools face in facilitating successful reintegration, numerous studies have examined this issue (Marraccini et al. 2019; Savina et al. 2014; Tougas et al. 2022). However, some questions remain unanswered, and this work aims to address those gaps by helping children feel more at ease in new environments.

Significance of the Research

It is important to ensure that all relevant parties, such as school administrators, counselors, psychologists, and families, are informed about the potential effects of a hospitalization on students, as well as the policies and procedures in place to provide support upon their return to school. This shared knowledge is essential to ensure that students are equipped with the necessary accommodations and resources to achieve academic and emotional success following their hospitalization. This research will show that schools need to update their

policies to help students achieve a better education. This research can help students who have been in the hospital as well as those who have been affected from COVID, and it can help districts determine what they must add to their protocols. School counseling can be majorly affected by these policies, and counselors can get helpful information from adding new policies to the school using them with students. Policies and procedures may be in schools, but the problem is that most schools do not have enough information or in person help to support the policies.

Research Problem and Research Question

The goal of this research is to see students succeed with the new and developed policies in school after reintegration. This knowledge will benefit students who are reintegrating, families, and school personnel, such as school counselors, psychologists, and administrators.

This paper aims to answer the following research question:

- What impact does reintegration have on youth with chronic and mental illness struggling school students?

Theoretical Framework

One theoretical framework used to create a complete lens to support reintegration into schools and polices support to help students make the transition is the Theory of Stress and Coping. Richard Lazarus and Susan Folkman were the main theorists who created the theory of stress and coping. Lazarus originally wrote a book called *Psychological Stress and Coping*, which came out in 1966. According to Spaderna and Hellwig (2005), Lazarus defined stress as the relationship between a person and their environment that is taxing or exceeding resilience of coping. This was the foundation of Lazarus and Folkman's theory of stress and coping. They created a framework to aid individuals in managing stressful situations through objective

appraisal and coping mechanisms. This then leads to the further development of stress appraisal, which includes primary appraisal, secondary appraisal, and reappraisal concepts. Primary appraisal involves the analysis of whether an event is personally relevant, and can either be positive or stressful (Walinga, 2014). Secondary appraisal stress occurs when the demands are perceived as either exceeding or taxing the resources and coping responses become activated (Walinga, 2014). The reappraisal concept is ongoing and involves continually reappraising both the nature of the stressor and the resources available for responding to the stressor (Walinga, 2014).

Folkman who built upon the theory later in 2010 went on to say that “coping is a critical point of entry for protecting mental and physical health from the harmful effects of stress.” (As cited in Frydenberg) goes on to explain that her theory with Lazarus has been able to stand on itself but that the theory is not free of limitations and problems. For example, the study of stereotype threat by Berjot and Gillet (2011) tried to test the transactional model of stress but failed to adequately confirm the transaction model due to it being a social and personal identity, not a global identity. These researchers Berjot and Gillet (2011) found that stereotype threat increased emotion-focused strategies and decreased problem-focused strategies for North African students on a diagnostic task, but the transactional stress model didn't fully explain their performance decline. The model is the same as the theory in that it shows that the theory can be used on a global scale but a personal scale and get finalized results.

The COPE (Coping Orientation to Problems Experienced) inventory was created to have a dimensional inventory of the different types of coping styles (Carver et al. 1989). While conducting different studies to assess the examination of dispositional and situational coping styles, Carver, Scheier, and Weintraub (1989) used Lazarus and Folkman's procedure to conduct

the study on how people dealt with stressful situations in their lives. They found that dispositional and situational strategies might have been stronger if the subjects had responded to the same stressful episode and the same transaction stage. They knew this could have happened because they saw that Lazarus and his colleagues found that coping strategies vary depending on the stress level of the situation. Overall, Lazarus and Folkman's theory and framework model helped other researchers develop their own studies and theories.



Figure 1. (The Transactional Theory of Stress and Coping) (Walinga, 2014,

<https://ecampusontario.pressbooks.pub/intropsych2cdn/chapter/15-2-stress-and-coping/>)

The research by Preyde and his colleagues (2017) focused on the transition from hospital to school and explored the students' perspective on the process. They found that hospitalization and school disruption are major stressors for young people with psychiatric illness and their caregivers. Lazarus and Folkman's stress and coping theory (1984) suggests that how young people evaluate their situation, coping abilities, and available resources can impact their perception of stress. This theory offers different perspectives for examining young people's experiences, including personal, relational, and environmental lenses Preyde et al., 2017. The aim of Preyde and his colleagues' study was to determine the extent to which pediatric and adolescent psychiatric patients reported learning difficulties because of their clinical symptoms and to examine these patients' perspectives about their impending transition from a psychiatric hospital to a community school and their needs for support. With the use of Lazarus and

Folkman's theory, they were able to help patients with their coping abilities apply to the stressful situations of moving from the hospital back to school. Another researcher Moos (1992) found: “In contrast, stress and coping theory places more emphasis on the environmental precursors of mood and behavior and conceptualizes appraisal and coping responses as somewhat situation-specific ways of managing stressful circumstances” (p. 537). This is relevant to students who are in hospitals since they are coming from an environment that can change their mood and behavior due to the nature of the situation and resulting stress.

When looking at this theory I thought it would be compatible with my research question. When thinking of adolescents and children having to reintegrate back to school from the hospital after facing a hard disease and a battle with themselves, they feel a strong amount of stress weighing on them when returning to school. Potentially having to also experience schools not having the correct policy to help reintegrate them into classes and even the social dynamic of the school and staff can be stressful for anyone and even more so for those who have had to deal with hospitalization. Lazarus and Folkman's stress and coping theory shows how people can respond to stressful situations and can use coping strategies to help with the stress they may be feeling.

From the perspective of someone who wants to be a guidance counselor, a student who must deal with the transition should have the help of counselors and staff with the help of policies in place of the school. Even if the policies are not the correct ways of dealing with reintegration guidance counselors should be able to have a better understanding of how the reintegration process should go and get in contact with the family so the transition can be smooth. Anyone having to reintegrate or transition back into school should have help from the

school, and if they are not receiving that help that just means the school is not up to date on the policies set in place for students and teachers.

Personally, I have dealt with the same issue of having to deal with the stress of being in and out of the hospital and then having to go to school as if nothing has happened, and even if I did not tell specific people, I was able to tell teachers what was going on and they were able to help me, but some people do not get that type of help and suffer having to deal with their emotions alone. Friends can also be a helping hand in the process, but students can suffer from a lack of social interaction, and it can be hard for them to get the confidence to tell friends about what is going on personally.

Positionality Statement

When I was in elementary school, I had experienced something that led to one of my family members in the hospital. While that was happening, I had to be the bigger person and grow up and put on a brave face to the rest of my family so that they did not have to worry about me. I moved from my house to my aunt's house and another school. While the transition was difficult, it didn't seem like any of the teachers knew what had been going on with my life, so because of my educational struggles, I felt like an outcast in the new school. It seems like schools do not always know the reason for a student arriving at their school in the middle of the year or what to do with them. I can still recall moments in my childhood that do not seem familiar in a child's education.

In college, I have not experienced this type of transition but in a way that is also wrong. During winter break I had to go to the hospital for many doctor appointments and while that was happening my mental health was suffering simultaneously. During all these hospital trips they found fluid in my brain and that led to many other appointments and meeting new doctors to go

over what to do and decide if it had to be now or later. Thankfully I am on medication and do not have to do anything now, but the worry of having to do something later still lurks in my mind and I am still having side effects of everything that has happened as well as the medication I am taking. It is like when I was in elementary school and didn't know how to handle these emotions and had to be the bigger person for those in my family. Even as a child, I was the one who always had to be the adult.

Even though I am an adult now, it still seems like I must be strong all the time. It is not anyone's fault, but it is my mind playing tricks on me saying that I need to put on a strong facade for the family so that they believe I am okay. I did that mostly so that they wouldn't bother me with their questions of repeatedly asking if I was okay.

Realistically thinking, kids in these situations where they had been in the hospital for a period could also be putting on a brave face so that their parents do not have to see the pain they are in, which could cause them to not do as well in school if they did go back. The facade can affect how they are handling the new school environment, and if the school is not noticing that this student is suffering from coming back to school that could also land the child back in the hospital due to not having the strength to tell someone what was happening to them. I think my age is something that differs from kids who experience this when they are younger usually in middle school or high school and so they might have the support of their school. If not, it is depending on whether they have policies in place so that students can reenter the school and not have to be re-hospitalized. Having policies in place can help kids cope with going back to their old life and prevent the school setting from becoming a major stressor and detriment to the children's mental health.

Definitions of Key Terminology:

Behavior Assessment System for Children (BASC) - “is a multidimensional, norm-referenced rating scale to assess the behaviors of children and adolescents from the perspective of teachers, parents, and students. The student version, the BASC Self-Report of Personality (SRP) was used in the current study. The SRP was designed to assess the ‘personality and self-perceptions of children’” (Reynolds & Kamphaus, 1998, p. 55).

Child and Adolescent Social Support Scale (CASSS) - “is a 60-item rating scale measuring students’ (Grades 3 to 12) perceived social support. It measures four types of perceived support (e.g., emotional, informational, appraisal, and instrumental) from five different sources (e.g., parents, teachers, classmates, close friends, and school)” (Malecki et al., 2000).

Correlational - examines the relationships between two or more variables.

Policy - a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

Psychiatric Hospitalization - is a highly centralized level of care created to meet the needs of people who exhibit mental and behavioral symptoms that put them at risk of hurting themselves or others or that otherwise prevent them from taking care of themselves.

Reintegration - When children or adolescents enter the school after taking a medical absence from school.

Social Skill Rating System (SSRS) - “is a norm-referenced, multirater rating scale intended to assess social behavior problems. There are three versions: parent, teacher, and student. There is a different form for elementary (Grades K to 6) and secondary (Grades 7 to 12) students. The SSRS-T assesses students’ social skills, problem behaviors, and academic competence” (SSRS; Gresham & Elliott, 1990).

Suicide Crisis - a situation in which a person is attempting to kill themselves or is seriously contemplating or planning to do so.

Suicide prevention - is a group of actions designed to lower suicide risk.

Conclusion

This research paper is going to show the policies that currently work within schools as well as those that need to be updated or newly created. These policies are going to help students who are reintegrating and getting back into school. This will benefit students along with families so they have an easier transition with the student. Also, they can feel “safe” in knowing that their child is going to have a list of people helping them transition back into school with a viable protocol. This will also benefit school counselors who are going to help students the most with reintegration and are going to be dealing with the protocol rules firsthand and really know how to handle them instead of them feeling as though they cannot help students because the school did not have an official policy. School psychologists are related to counselors but usually help students on an emotional level with the policy if they are having a difficult time reintegrating. Lastly, the administration would also be largely affected and would benefit because they must have something to go from so they can help the family adjust to the reintegration and what they would need to know such as what is going on in school while the student is being helped by counselors, teachers, and students. They also will benefit from knowing because if something were to happen the administration would have to know how to handle the situation and communicate with the family about the next steps in the process.

The theory I used in my theoretical framework is The Theory of Stress and Coping (Spaderna & Hellwig, 2015). Lazarus and Folkman defined stress as the relationship between a

person and their environment that is taxing or exceeding resilience of coping. The theory of stress and coping can help deal with the stressful situations they have going on in their lives such as the reintegration process as well as having to help those in the process of reintegration. Other researchers have used the theory for their own research and have come to different conclusions based on the research they were doing. Lazarus and Folkman's theory has a procedure that goes along with it, and their procedure has helped people in their research to evaluate the findings. The reason I selected this theory is because schools can even use this theory to help students who might be in a stressful situation. It can help the reintegration process due to the procedure that they have in the theory. It can also be a tool for school counselors who might be helping students that are going through the reintegration process and dealing with a higher number of stresses.

Chapter two will provide a Literature Review. It is going to explain the reintegration process through three themes which are Caregivers Perspectives, Emotional, and Logistical. They are all going to show the reintegration process though different lenses.

Chapter 2: Literature Review

The transition from the hospital back to school can be challenging for students, as some may experience anxiety related to schoolwork while others may struggle with social awkwardness and reluctance to interact with their peers. While students reintegrating back into school might have trouble with their peers or feel awkward, there might not be policies in their school to help them transition from the hospital back to school. School counselors, teachers, and other school personnel are those who help students reintegrate back into school and if they do not have policies to reference while helping them transition, it can be hard to connect with students. These concerns regarding reintegration are the reason for this paper and it looks into the policies that schools offer.

This literature review will cover caregivers' perspectives on reintegration, emotional reintegration, and the logical approach to reintegration. The first will provide a caregiver's perspective on what students go through during the reintegration process. The second will provide the more emotional side to reintegration such as youths' experiences and what they think of the reintegration process. The third will provide a more logical perspective on reintegration such as therapists' and school counselors' views on reintegration. These themes will give an overall perspective on reintegration and the people who it affects the most. Chapter three will offer implications for this research and provide recommendations to strengthen programs and policies supporting the reintegration of hospitalized adolescents into schools.

Balancing Caregiving and School Reintegration: Insights from Caregivers on their Perspectives and Experiences

This section covers two topics: first the perspective, recommendations, and feelings of caregivers; second, nurses' feelings and insight towards reintegration.

Caregivers' Perspectives and Experiences

Blizzard, Weiss, Wideman, and Stephan (2016) carried out a mixed methods research study consisting of a total of 44 participants who were selected from two different hospitals that catered to child and adolescent psychiatric inpatient services. All the participants were caregivers who had enrolled in the School Transition Program (STP). The main objective of the STP was to increase the resources available to the youth and their caregivers during the transition and ultimately reduce unnecessary readmission to inpatient psychiatric care. The caregivers were interviewed at baseline within two weeks of agreeing to participate in the study. Some of the caregivers provided additional information about their children's need for improved access and changes to school services. They expressed the need for personalized attention and academic support in these services. Many caregivers felt that their efforts alone were not bringing about change and that they were not being heard. They also believed that the school did not share the same goals for their children. As a result, they sought help from an external individual who was physically present in the school and could ensure that the school listened to their concerns.

Vanderburg, Tow, Marraccini, Pittleman, and Cruz (2022) conducted a qualitative study where the ability of the adolescents' activities determined the recruitment of caregivers, who underwent detailed interviews. Nineteen caregivers participated in the study in total. The difficulties a school can face in facilitating reintegration were explored by the caregivers. They recommended a school counselor assist with the transition, that schools and hospitals communicate about accommodating patients to complete schoolwork, and that a meeting be held to plan and share information for easier re-entry. Caregivers also suggested that a policy be developed that waives absences due to psychiatric hospitalization and that schools focus on suicide prevention to raise awareness and educate students. For families to properly assist their

children's recoveries, recommendations based on the experiences of caregivers are needed. To enable a better reintegration process for caregivers and adolescents, this study offers caregiver-informed guidelines.

Leite, Rodrigues, De Andrade Alvarenga, Polita, Rodrigues, Bolis, Meherali, and Nascimento (2022) conducted a qualitative study to understand the process of school reintegration of children and adolescents with chronic illness from the mothers' perspective. Eleven interviews were conducted: ten with mothers and one with a grandmother, who played the maternal role. Explored aspects in interviews: chronic disease diagnosis and care, disease impact on daily life, school routine, leaving school due to treatment, and school reintegration. The interviews were audio-recorded and transcribed verbatim for confidentiality. Results indicate school reintegration is cyclical, dynamic, and subjective with ongoing maternal vigilance. The cyclical nature of the school reintegration process is due to recurrent transitions between school and hospital, its dynamism is attributed to clinical changes and treatment affecting attendance, and subjectivity emphasizes the unique experiences of each mother-child pair. This study's findings emphasized that addressing the needs of children requires consideration of other professionals to provide comprehensive care.

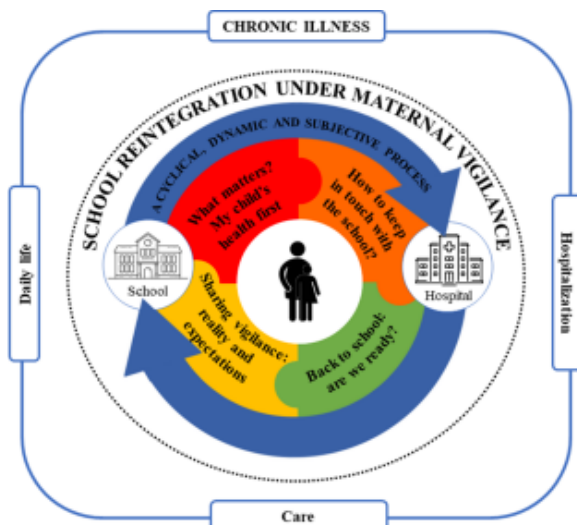


Figure 2. Theme and subthemes on school reintegration of children and adolescents with chronic illness (Leite et al., 2022, 185)

Nurses' Perspective and Insights

Libman, Sherrod, and Weyant (2017) conducted a quasi-experimental study to develop and implement an education program designed for pediatric nurses to better address the social reintegration and school reentry issues of childhood cancer survivors and their families. Thirty-three registered nurses participated in the study. The presentation covered necessary interventions for successful school reentry, along with general resources and laws relevant to this student population. The schedule included twelve education programs, each lasting forty-five minutes, over two weeks. The nurses said they had a significant improvement in knowledge and comfort level when discussing social reintegration and school reentry issues with children and families. These results indicate a need for guidelines to educate pediatric nurses on these topics, which could lead to better reintegration outcomes for children with cancer.

Moore, Kaffenberger, Goldberg, Oh, and Hudspeth (2009) conducted a study to investigate the perceptions of nurses, school personnel, and parents regarding the reentry of children with cancer into school, as well as to determine whether the activities and services provided supported the process of school reentry. The study variables were measured using questionnaires, which assessed the perception of nursing activities and services, school personnel activities and services, children's cognitive ability, academic performance, and attendance. The results indicated that a workshop for children and teachers, improved communication, and a liaison to coordinate services were needed, as suggested by nurses, school personnel, and parents. The study's findings have several implications for healthcare professionals and school personnel who are responsible for facilitating the school reentry process. One such implication is

the need for a school liaison position to coordinate services between the school and healthcare providers, which could address communication difficulties and ensure that children and their parents receive adequate support and services.

Embracing Emotions: Navigating the Journey of Emotional Reintegration into School

Ogilvie et al. (2019) conducted a qualitative study with 161 youth patients in hospitals, investigating how school-related factors relate to psychological difficulties. School-avoidant behavior and academic difficulties were consistently associated with the clinical features of these patients and were significantly linked to the severity of mental health problems among youth accessing in-patient psychiatric care. The study found that 70.1% of participants had no prior admissions to a Child and Adolescent In-Patient Unit, and almost half of those with prior admissions had only been admitted once. Patients reported very severe psychological difficulties, particularly emotional problems. The study used standardized measures of school engagement, academic difficulty, school avoidance, and psychological difficulties, as well as collected demographic information.

Clemens, Welfare, and Williams (2011) conducted a qualitative study to identify factors that affect the successful reintegration of students into school after being discharged from psychiatric hospitalization. The study involved interviews with 14 mental health professionals who discussed school-related factors that positively or negatively affected the reintegration process. The mental health professionals worked in various settings such as inpatient (n = 4), outpatient (n = 4), and school (n = 6) settings. Four categories emerged: coordination, understanding/support, reentry interventions/follow-through, and step-down programs/reentry options. The study identified five crucial domains: school-based, student, familial, mental health

care, and systemic factors. Participants recommended communication among stakeholders, individualized reentry plans, support, and continuity of care for successful reintegration.

Simon and Savina (2007) conducted a qualitative study that showed the transition practices of 49 inpatient therapists working with children in psychiatric settings. Most participants were trained in social work, clinical psychology, or counseling. Anxiety was the most frequently cited problem experienced by children after discharge, followed by behavioral issues like manipulation, rule-breaking, and aggression. This study provides a baseline for current transition practices among hospital-based therapists. Improving transition practices can be achieved through graduate training and professional development opportunities. To improve inpatient transitions, therapists should assess child needs, educate parents on the importance of a smooth transition, establish a school contact person, invite them to the discharge meeting, and provide transition process materials.

Preyde, Parekh, Warne, Heintzman (2017) conducted a mixed methods study in of 161 adolescents between the ages of 8 and 18. Also, these individuals qualified since they were admitted to the child and adolescent in-patient psychiatric unit while receiving medical attention. To determine the extent to which child and adolescent psychiatric patients report learning difficulties caused by clinical symptoms, this study reviewed patients' perspectives on their transfer from a psychiatric hospital to a public school as well as their need for help. Because of this study and their engagement, participants' voices were meant to be heard. The results point to the need for more attending to resources to aid transition planning, linking the hospital and school environments, and offering continuous social and mental health assistance.

Marraccini and Pittleman (2022) conducted a qualitative study in which participants qualified if they were between the ages of thirteen and eighteen years old, returning to school after hospital discharge, and capable of reading, speaking, and understanding enough English to complete the study. By focusing on adolescent voices for bettering school reintegration procedures, this study is assisting in the development of standards for school reintegration after hospitalization for a crisis connected to suicide. This study seeks to examine hospitalization-related school re-entry experiences and investigate perceived strategies for enhancing school re-entry by concentrating on adolescent views. The findings point to the necessity of enhancing social support for youths' re-entry experiences. Results point to the significance of emotional support including strong school relationships and a secure psychosocial learning environment. Adolescents also offered suggestions for how to enhance reintegration, including services and support like checking in, a phased return, and assistance with job completion. Adult relationships, such as communication, connections, and student engagement strategies, were also advised. Lastly, there should be additional resources and a school-wide effort.

Malecki and Demaray (2003) conducted a quantitative study that involved 263 students in grades 5 through 8 from five different schools: four from Illinois and one from New York. Using CASSS, the Social Skills Rating System (SSRS), and the Behavior Assessment System for Children (BASC), the researchers gathered information from the subjects. Support from social networks was examined among family members, friends, and teachers. This study examined the associations between various socially supportive behaviors and a range of individual and educational outcomes for early adolescents. Adolescent males and girls perceive parental and academic support at roughly the same levels: girls seem to value peer and class support more. Parents frequently reported providing both emotional and informative assistance, teachers

frequently provided informational support, and classmates and close friends frequently provided both emotional and instrumental support. Several categories of supporting behaviors appear to be associated with specific outcomes, and students perceive various forms of support from various sources.

Preyde, Parekh, and Heintzman (2017) conducted a qualitative study of patients receiving acute mental care in the hospital; patients were recruited and would be contacted after discharge to get an idea of how they felt about school reintegration. The post-release survey was completed by 62 of the 121 children who consented to be contacted after discharge. About half of the patients said that returning to school was very tough for them. One objective was to examine clinical and educational characteristics connected to adolescents who reported difficulty reintegrating into school. The clinical factors included self-reported mental health issues, psychiatrist-reported acuity, and improvement related to unfavorable school re-entry experiences. The school factors were school engagement, academic difficulty, and school refusal. Youth reported managing social situations, academic pressures, and emotions as substantial problems. These patients may benefit from greater assistance with managing their emotional problems and coping and social skills training before and during school reintegration.

Rebuilding the Foundations: A Strategic Approach to Logical Reintegration into School

Tougas, Rassy, Frenette-Bergeron, and Marcil (2019) conducted a literature review. This review's objective was to pinpoint the issues and requirements surrounding students' return to school following psychiatric hospitalization. Additionally, the researchers seek to develop an effective program framework for adolescents' return to school following psychiatric hospitalization. Most of the studies that were included were of a descriptive, observational, or

correlational nature. Therefore, it is impossible to say whether the target population's school adaptation was significantly impacted by the indicated problems and needs.

Marraccini and Brier (2017) conducted a meta-analytic study, which investigated the literature on the association between school connectedness and suicidal thoughts and behaviors in various populations, including high-risk and sexual minority youth, using a random effects model. School connectedness was defined as students' belief that adults in the school community cared about their learning and well-being as individuals. The study analyzed eighteen samples with almost 200,000 participants and found that students who felt connected to their schools were significantly less likely to report suicidal thoughts or attempts. The study aimed to gather all empirical studies on the relationship between school connectedness and suicidal ideation or attempts, conducted in any geographical location and at any time. The results confirmed the primary hypothesis that higher levels of school connectedness were associated with reduced reports of suicidal thoughts and behaviors among general, high-risk, and LGBTQ minority adolescents.

Canter and Roberts (2012) conducted a quantitative investigation to explore the current understanding of school reentry. They aimed to determine whether school reintegration programs are effective in boosting knowledge of illness-specific issues and reducing anxiety, apprehension, and other negative emotions in teachers and healthy peers when an unwell or injured child returns to school. Following an extensive search process, twelve out of 1,617 studies were deemed appropriate for inclusion in this study. The researchers utilized Cohen's d which measures of the difference between two groups to calculate all effect sizes, and the study focused on two primary outcomes: increasing illness- or injury-specific knowledge among teachers or healthy peers and enhancing positive attitudes toward an unwell or injured child. The

results indicated that the effect sizes were larger for increasing knowledge than for enhancing positive attitudes (i.e., the mean effect size for knowledge: was 0.84–0.88; the mean effect size for positive attitude change: was 0.68), and the effect sizes were also larger for teachers than for healthy peers in both analyses.

Stewart, Klassen, and Hamza (2016) conducted a study to investigate the connection between early mental illness and school disruption among a clinically referred sample of school-aged children and youth. The study involved 912 participants (68.3% male) aged between four to eighteen years old who accessed inpatient and outpatient community and hospital-based mental health services. The participants were referred for mental health services due to various reasons including a threat to self, a threat to others, specific psychiatric symptoms, and involvement with the justice system. ADHD was the most common diagnosis among the participants (49.9%), followed by anxiety disorder (32.1%), disruptive behavior disorder (25.8%), and mood disorder (13.2%). The study used the interRAI Child and Youth Mental Health (ChYMH) assessment, which is a comprehensive assessment of individual needs and strengths, across many child and youth mental health facilities in the Province of Ontario, Canada. Early mental health illness may lead to increased school disruption, which can negatively affect academic achievement and lead to drop out. To prevent potential long-term academic costs stemming from early classroom disruption, it is important to develop school-based planning and action plans for children with early or emerging mental health concerns.

Tougas, Houle, Leduc, Frenette-bergeron, and Marcil (2022) conducted a mixed methods study in which researchers examined expert recommendations in both the scientific and clinical literature. Fifty-three documents satisfied the requirements for inclusion. The identification and synthesis of expert advice from the scientific and clinical literature for successful school

reintegration of adolescents after psychiatric hospitalization employed unpublished and published papers. The primary goal of the study is to compile the greatest expert advice for practitioners working in education and mental health. Some recommendations included addressing school reintegration as soon as possible, assessing needs while hospitalized, providing academic and psychosocial support, ensuring leadership in the reentry process, assessing the needs of the adolescent, developing a school reintegration plan, intervening alongside the social environment and family, and, finally, completing the reintegration plan. The concerns raised in this study's findings demonstrate how multisystemic demands must be considered because returning to school after mental hospitalization is complex. For stakeholders to benefit from the resources required to provide their children with the greatest care, it is crucial to consider changes to public policy and practice in the educational and mental health sectors.

Marraccini, Lee, and Chin (2019) conducted a qualitative study to determine whether schools have a reintegration plan or procedure in place. One hundred and thirty-three school psychologists participated in this study. A formal (written) school reintegration protocol was identified by 16% of respondents, an informal protocol by 45%, and no protocol or procedure by the remaining 38%. The main goal was to determine the frequency of standardized school reintegration protocols and procedures in middle and high schools across the nation, as well as the elements of these protocols. The connection suggests that schools should support adolescents who are discharged from the hospital by having a strategy or procedure in place. This could help these adolescents receive better treatment. The findings imply that even a non-formal procedure can provide better assistance for students when they leave mental hospitals. Other recommendations for schools included getting in touch with the hospital, having a meeting with the family before the student returned, and creating a unique re-entry strategy for each student.

Savina, Simon, and Lester (2014) conducted a literature review and did not have participants in the study they used other studies to gather their information. In addition to focusing on both individual and environmental elements that may either contribute to a child's well-being or, conversely, cause emotional and behavioral disorders, this study considers the various social systems in which children are embedded. Two themes permeated the whole study: ecologically based recommendations for facilitating seamless school reintegration and personal and environmental impediments related to school reintegration following psychiatric hospitalization. Ecological factors may affect reintegration including youth experiences with hospitalization, having mental health issues, and school reentry; parents' experience and viewpoints on kids' hospitalization and mental illness; reactions from youths' teachers and peers in school; and interdisciplinary collaboration. The key to minimizing inpatient recidivism rates and enhancing a child's future academic and behavioral success may be successful reintegration.

Marraccini, Pittleman, Toole, and Griffard (2022) conducted a mixed methods study to create guidelines for school re-entry for teenagers who had been hospitalized for a suicide-related crisis. The study incorporated feedback from multiple stakeholders, including 133 school professionals who participated in a larger study, as well as 64 individuals who were interviewed. The interviewees consisted of adolescents (n=19), parents (n=19), school professionals (n=19), and hospital professionals (n=7). The school reintegration questionnaire was given to school professionals to explore their perceptions about school re-entry procedures after psychiatric hospitalization. The interviews were conducted in person, virtually, or by phone, based on the preference of the participants. The interviewees stressed the importance of communication during the re-entry process between school professionals and families, other school professionals, community providers, and hospitals. In planning for hospital discharge, hospitals

need to consider the adolescent's school-related needs. This involves determining whether the family wishes to share information about the hospitalization with the school, whether an IEP or 504 plan is needed, and the types of school interventions and adjustments that might be beneficial.

Summary

Most of all students aged between 13-18 years old have usually seen a therapist for several reasons and some might be because they were in a hospital getting care for self-harm or due to the fact that they had to be in the hospital such as cancer. The literature shows that with the help of school counselors, therapists, liaisons, etc. students can receive help with the reintegration process. Sometimes it is not always easy and even professionals need help that is due to the lack of policies.

School protocols and collaborations among school counselors, nurses, and school districts are factors with a positive correlation with students' reintegration success rates. The collaborative efforts among these individuals result in viable school policies that improve the reintegration experience of students.

Review of the literature justifies the need for districts to examine current protocol. Chapter three will provide guidance for districts who need help reshaping their current protocol or looking to create a new effective protocol based on best practice, as defined by research. The chapter is intended to provide guidance based on best practices identified through a literature review and may include specific advice for school counselors on implementing new protocols effectively.

Chapter 3: Implications for Practice

Revisiting Problem of Practice

This paper seeks to answer the question what impact school reintegration has on youth with chronic and mental illness returning from hospitalization. In doing so, the researcher hopes to shed light on reintegration to improve policies in schools. As mentioned in chapter 1, much research has been done on the policies in schools and how they are not as effective as some policies relating to reintegration. The theoretical framework focused on the stress and coping theory and its potential application to assist students in managing stress. It explored how the theory can guide students to cope with stressful situations and utilize effective coping mechanisms to alleviate stress. The significance of this research is that schools need to update their policies to help students achieve a better post hospitalization.

Current research in the field results in three key strands. The first strand focuses on a student was the emotional reintegration into school and how it affected students emotionally such as anxiety and mental health. The second strand focus on nurses and how they help students adjust to the change of reintegration whether that be a parent/guardian and even a school or hospital nurse. The third strand focuses on was the administration in which schools can improve their policies in the school system. This chapter will focus on providing recommendations to strengthen programs and policies supporting the reintegration of hospitalized adolescents into schools.

Implications of Research

How students affect policies

The theoretical framework that was used in this thesis was the stress and coping theory by Lazarus and Folkman. This connects to the implication since students could use this theory

while in school. The theory basically shows how to manage stressful situations by coping and this could help students when they work with counselors and how they can help students manage their stress. Using different coping strategies that could be taught with the help of school counselors', students could benefit from it due to the stress they might be facing. These coping strategies used to help with stress can also benefit students in the classroom, so they feel more comfortable while doing work. Students can work on their coping skills at school with a counselor or at home so that when they are in a stressful situation it can help to have those coping strategies at hand.

Some ways that schools could implement this is by creating some new policies such as allowing students to pass in work late, not having to go the full day, work from home some days or have a hybrid class so they can slowly get back into school. One way to expand upon these policies are when thinking of allowing students to pass in work late. This could be universal for all teachers and that the students' teachers all agree that they are allowed to do less work due to the stress that students are facing. Another thing is that if students who had cancer or a severe illness or disease might not be able to function for the whole school day. If it fits into everyone's schedule, the student would be allowed to leave school early. This could even connect to allowing students to do part of their schooling from home. By working remote if they were allowed to leave school, then they could possibly be allowed to finish that school day on Zoom or they could go certain days on Zoom to give the student a break. This type of policy would have to be personalized for each family so that it can fit into everyone's schedules and the parents could be at home when the child is at home so that they are not alone. These are just some of the policies that schools should install into their school, and these can overall help

students reintegrate to school. This can also help them not feel rushed while coming back to school, so they do not feel overwhelmed.

Some considerations that need to be taken into consideration is how long can students use these newfound policies. Some questions to consider are: Will these policies even be allowed in schools? How would these new policies affect teachers, staff, students, and the overall school? Will this be able to be accomplished due to schedules with the school and the parents? How long will it take students to adjust to coming back to school? How will the school manage students coming back to school? Are there any complications that could be made while using these policies? How will counselors be considered in these new policies? How much time will be dedicated to each policy? Will each student have a certain number of times they will be able to use these policies, or will they be indefinite so that students can feel safe? These are just some of the questions that need to be taken into consideration while making these new policies.

Students can feel very stressed, and anxiety ridden when coming back to school normally and that is heightened when they must come back to school after being in the hospital. They would feel accustomed to being in the setting of a hospital and following those rules while also being stressed since they often do not know what will happen to them in the hospital. So, once they reintegrate back into school, it could be difficult for them to get used to a school environment. One policy that can be implemented in schools is to let children who have been reintegrated be lenient with homework so that they do not feel as stressed. One reason is they might be behind their peers academically, or they are not prepared to have so much schoolwork put on them. Allowing students less homework can help students relax so they are not as stressed. Another reason that this is a concern is that students do not only face stress and anxiety, but they can also face depression and that can be shown by not being able to socialize with their

peers or connect with their teachers. Counselors can help students who are reintegrating feel more at peace.

Nurses and the policies that schools can consider

Hospital nurses can work with school nurses to aid students in need of medical attention or provide a helping hand when schoolwork becomes overwhelming. In case students require medical assistance, they should be permitted to reach out to the nurses they previously worked with at the hospital for medical support. This could include anything from headaches, pains, and sleep-related issues. Students who have previously been in a mental institution or dealt with eating disorders should also have access to the nurses they worked with if they experience difficulties in school related to mental health issues or anything else that could potentially impede their progress. For example, if a student is overwhelmed and unable to cope with the school environment and anxiety, they should be permitted to contact a nurse to receive guidance on how to feel more relaxed at school.

In the event of a critical situation where a student is feeling overwhelmed and making no progress, hospital nurses should be allowed to visit the school in person or contact the students over the phone to aid in any way possible. Just having someone to talk to, even if it is just over the phone, can make a significant difference in a student's ability to make it through the school day. Additionally, it would be helpful to contact the student's family if they reach out to a nurse during the school day. This would ensure that the family is aware that their child is experiencing difficulties in school and that it may be a challenging time for them at home as well. Nurses should be permitted to contact counselors if they have any questions that relate to the student. If students are experiencing social and emotional difficulties with their peers, teachers, or counselors, they should be allowed to contact the nurses they have already worked with to

receive support. Overall, nurses can play an essential role in helping students overcome health and emotional challenges that may impede their progress at school, and therefore, access to their assistance should be readily available.

Schools can use this policy as a foundation to build upon and improve their methods. Additionally, the administration could initiate discussions with hospitals to explore new procedures that can benefit students, ultimately leading to a better learning experience for them. For hospitals and schools to have a better grasp of how their former patients are doing and whether they need to be readmitted to the hospital, nurses should be able to contact school nurses. Another reason for it is that students who can seek assistance from their counselors and nurses may do better in school over time. This can also help students make an improvement in their friendships and interpersonal interactions, which will make them feel more at ease. Generally, nurses can help kids receive a better education after leaving the hospital by introducing them to new policies that are implemented in schools.

When considering the implications of this, one must contemplate how nurses will manage to visit schools amidst their own demanding schedules, and whether students will have immediate access to them. In addition to this, are there any other policies that need to be reviewed while devising this new policy? How will hospitals communicate with schools given their own busy schedules? What happens if nurses are unable to visit schools or contact students due to time constraints? How will schools accommodate the schedules of both hospitals and students? Administrators must also consider their own school schedules and how they can aid a single student in need among many others. These are just a few of the questions that schools and even hospitals need to consider asking before they make these new policies in schools.

Policy Recommendations for Administrators

The involvement of administrators is crucial for the validation of these policies and their effective implementation in facilitating the reintegration of students into the school system. Additionally, administrators play a key role in assisting the staff in adapting to the return of students to the school environment. These are some of the ways on how to implement administrators into getting new policies. How to include counselors into the mix of policies? How can counselors pose a service that students can use when they having trouble in school? How do they need to take into consideration about how things are handled concerning students who are reintegrating? Allowing parents to be considered when the school is going over the plan for the student to reintegrate back into school. What types of help does the student need? Do they need to have contact with the hospital? How often do they need to see the counselors? Can teachers deal with a student who is coming back to school? What to do if students are having trouble focusing on class and need to leave class since they cannot focus? The administration must think about all these questions to make procedures that need to be followed when a student is reintegrating back into school. Where was the child grade-wise before leaving school and coming back into school? What if they need to stay back a year due to not learning the material? If they are not caught up on just one subject, do they need to take extra or different classes than their peers? These are some of the suggestions that administrators and school districts need to think about when implementing these policies.

To develop new policies, administrators must collaborate with the superintendent, the department of education, and even the school district. To have the policy confirmed, they must go through numerous processes. Hence, if administrators wish to make a new policy, they will need to investigate it and verify it with the department of education, as well as present a legal argument every time. Another reason why this is significant is that if these alterations to policy

are being raised by administrators, parents, and even students, then why are not more people considering them and implementing them as a rule in school systems to increase student safety? Additionally, as they ought to be dealt with previously, these questions should not even be raised. After leaving the hospital, students should not experience preventable problems at school. Ultimately, it is important that these regulations be implemented in schools and that all students receive the support they require.

The considerations that need to be made while focusing on this implication are how will these policies affect families? How long is the process to make new policies and how does it take effect in schools? How much of a role does the administration have to play when thinking or making a policy? Are they considered important people to be notified when a new policy is being made? How will these policies affect students learning? Will they be able to have lenient class schedules or is that something that cannot be provided with a new policy? How do the policies affect the school as a whole and what preventative measures need to take place? How do counselors fit in the picture when administrators are considered? Are students' peers affected by these new policies and if so, how can they help the student who is reintegrating? These are some major questions that need to be addressed and considered.

The reason this is concern or area of focus is since administrators have big roles to play when it comes to reintegration. They must oversee everything that goes on within the school and so when it comes to policies, they need to make sure they are working correctly for the family they are serving. Some families could say that they are having trouble with the reintegration process and so they might need to step in with the help of the school counselors to make sure that the student is getting the best care they need. They need to make sure the teachers are ready for the incoming students as well as reintegration students and any other that are of interest to the

teacher and staff. This might even include counselors and the nurse's office. The reason for that is because if there is an issue with either of those areas the administration needs to figure out the best plan of action. Implementing these new policies will be a process and if administrators have a better idea of how to handle everything by looking over the policy than it can benefit everyone.

Future Research

Some recommendations for future research are to have more policies that include students and how much schoolwork is needed to pass the year after reintegration. Another suggestion is that school nurses should be in contact with the hospitals that students went to so that they can have communication for anything that is necessary for everyday school life or an emergency. One other recommendation is to explore more about how the administration plays a part in how the reintegration process is fulfilled. One area that future researchers should examine is how students' friends are affected by reintegration and if they could have any input on how to help students while they are reintegrating. Researchers could continue to examine how nurses can be used effectively when students go back to school and how they can serve a purpose in helping students reintegrate.

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