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Abstract

Currently, 22% of American children are found to have a diagnosable mental illness that critically affects their social or emotional development. Of those diagnosed, only 7.4% receive treatment services (Child Mind Institute, 2015). In 2003, it was estimated that 43-56% of students with mental health needs dropped out of school (Landrum, Tankersley, & Kauffmen, 2003). This study was conducted with the goal of improving outcomes for children with mental health and significant behavior problems. This study examined the perspectives of a multidisciplinary team composed of individuals with a variety of specialties such as teachers, administrators, social workers, and therapists. Three themes emerged through analysis of the participant's responses: a) the importance of behavior management to meet student's needs, b) environmental management as an essential component of program design, and c) high frequency communication as a valuable tool for collaboration. The insight gained from these interviews was used to construct recommendations for teachers and administrators who are responsible for educating this challenging population.

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It Takes a Village: Perspectives from a Multidisciplinary Team to Address the Needs

of Students in School-Based Mental Health Programs

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Dedication

I dedicate this dissertation to my husband, Kory who has supported me every step of the way. I love you and I am lucky to have found my soulmate. To the strong women in my life, my Aunts, Wendy and Linda. To my teacher Mrs. Cavanagh who has opened doors that I did not ever think were possible.

I also dedicate this dissertation to the leaders I admire, Mr. Weaver, Ms. Vacca, and Mrs. Brillante, who have shown me how academic leadership can change the lives of children.

To my committee chair, Dr. VanDerLinden, who asked critical questions along the way, and shared her knowledge generously. To my committee member, Dr. DiFlorio for his patience and guidance and encouragement throughout this process. Lastly, to my fellow members of "Team Grit:" Sharron, Lucy, Derrick, and Steven thank you for your friendship.

Thank you for your love and support. I am a better person because of all that you have given me. I only hope that I can have the impact on others' lives that you had on me.

Biographical Sketch

Mrs. Hopkins attended The College of Saint Rose from 1997 to 2002 and graduated magna cum laude with a Bachelors of Arts in elementary and special education. She holds Teacher Certifications in Special Education (Birth to adult) and an Elementary Certification (Pre-K to 6). She earned a Master's degree from Le Moyne College in 2003 in Elementary Education and enjoyed teaching at a variety of elementary and early childhood levels. Mrs. Hopkins began teaching at Jowiono School under the direction of Ellen Barnes, who gave an excellent foundational example of strong teamwork. Mrs. Hopkins received her Certificate of Advanced Studies in Educational Administration from Le Moyne and began her career as a school administrator in 2014. Mrs. Hopkins began her doctoral studies in the Ed.D. Program in Executive Leadership at St. John Fisher College in May of 2018. Mrs. Hopkins' research was in the area of school-age mental health under the guidance of Dr. Kim VanDerLinden. She received her Ed.D. degree in 2020.

Abstract

Currently, 22% of American children are found to have a diagnosable mental illness that critically affects their social or emotional development. Of those diagnosed, only 7.4% receive treatment services (Child Mind Institute, 2015). In 2003, it was estimated that 43-56% of students with mental health needs dropped out of school (Landrum, Tankersley, & Kauffmen, 2003). This study was conducted with the goal of improving outcomes for children with mental health and significant behavior problems. This study examined the perspectives of a multidisciplinary team composed of individuals with a variety of specialties such as teachers, administrators, social workers, and therapists.

Three themes emerged through analysis of the participant's responses: a) the importance of behavior management to meet student's needs, b) environmental management as an essential component of program design, and c) high frequency communication as a valuable tool for collaboration. The insight gained from these interviews was used to construct recommendations for teachers and administrators who are responsible for educating this challenging population.

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Chapter 1: Introduction

Introduction

The demand for mental health services among school-aged children is increasing in schools within the United States. Twenty-two percent of American children were found to have a diagnosable mental illness that critically affected their social or emotional development. Of those diagnosed, only 7.4% receive treatment services (Child Mind Institute, 2015). This shortfall has placed an increased burden on schools to fill the role of mental health service providers. Educational leaders are tasked with designing programming to deliver both standard academic content as well as intervention programs for mental health needs. To deliver educational and therapeutic services, schools often rely on multidisciplinary teams.

A multidisciplinary team is a group of educators from a variety of backgrounds that could include a general education teacher, special education teacher, child and youth development support specialist, therapist, or behavior specialist. Multidisciplinary teams may also include nurse practitioners or other medical or psychological professionals. These teams are tasked with reviewing data from students with complex needs, for example evaluating a special education student's individualized education program (IEP). Multidisciplinary teams are sometimes referred to as *child study teams* or *student support teams*, among other terms. The professional collaboration of a multidisciplinary team helps ensure that its work with students is comprehensive and that the evaluation or

selected course of action is not unduly influenced by one perspective. Multidisciplinary teams have several jobs. First, the team collects and reviews multiple types of data related to the students' abilities including medical history; educational performance; formal assessments, such as intelligence tests or tests of visual or aural acuity; and informal assessments, such as samples of classroom work and observations of social behavior. This data allows the team to define a baseline of performance that will guide development of an IEP and determine the effectiveness of subsequent education and programming ("IRIS: The Multidisciplinary Team," n.d.).

In a multidisciplinary team, some stakeholders, such as teachers, administrators, and state education regulators, have defined expectations and key performance metrics to measure the effectiveness of their efforts. The effectiveness of traditional academic efforts is frequently tied to metrics such as standardized test performance and graduation rates. There is a lack of evidence in the form of published research on other stakeholders' needs and expectations of student outcomes. These outcomes may take the form of traditional measured academic goals but can also include targets related to pro-social coping skills, focus, attention, task management and self-regulation that affect students in and outside of the school setting. A more comprehensive set of success metrics would include a blend of both academic and social and emotional learning (SEL) objectives.

The stakeholders for the population of students with emotional and behavioral disorders (EBD) and mental health issues include parents, students, social workers, and other professionals who interact with new or non-traditional models of school-based mental health care, for example in-class push-in services provided by behavioral

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specialists and clinical care workers. Little published research exists to suggest that the input of these groups has been adequately considered when creating the success metrics for school-based mental health services. As such, any programming decisions educational leaders make may not be based on a complete consideration of all factors. The absence of this consideration may leave administrators overlooking more effective treatments or activities in favor of less effective practices simply because they have been more rigorously defined within the educational system.   For example, traditional achievement metrics, such as spelling test scores, that are established by institutions such as the New York State Department of Education, are more prevalent than quantifying a teacher's or team's effectiveness to improve time on task and other self-regulation skills. While the tracking of time on task may be of little to no value to general population students, the proper inclusion of stakeholders, such as parents, may reveal that for a student with an attention impairment, the improvement of that student's ability to focus may have wider ranging benefits on their long term achievement both inside and outside the classroom. In this example, the communication of a stakeholder's need — a desire for improved attention and focus, as expressed by a parent — led to practices in the classroom that measure and improve time on task.

Problem Statement

The mental health field is facing many challenges, one of which is the history of poor academic and social outcomes for children with mental health needs.   According to the Centers for Disease Control and Prevention (2018), one in seven U.S. children aged 2 to 8 years have been diagnosed with a mental, behavioral or developmental disorder. According to the CDC, "Early diagnosis and appropriate services for children and their

families can make a difference in the lives of children with mental disorders" (Centers for Disease Control, 2020, para. 6). The Child Mind Institute's 2016 mental health report states that 80% of chronic mental disorders begin in childhood. They emphasize the need to identify and offer therapeutic services as early as possible to improve the child's chances of thriving.

Children with mental health issues and EBD demonstrate higher rates of school absence and suspension and lower rates of graduation than any other subgroup of students. The rate at which students with EBD drop out of school has been estimated at 43-56%. This is roughly double the dropout rate for students with other disabilities (Landrum, et al., 2003).   In the decade that followed, the situation did not improve for these students. Children and youth with EBD still have the highest dropout rate of any identified group with disabilities. In the school year 2014-2015, 35% of students with EBD dropped out of school versus 18% of students with any other disability. General education students dropped out of school at a rate of 6% (Mitchell, Kern, & Conroy, 2019).

In elementary schools, students who are struggling with mental health issues and EBD are often grouped together in classrooms and in programming without regard to specific diagnosis. Children with mental health needs may have the following symptoms: mood changes, intense feelings, changes in behavior, difficulty concentrating, unexplained weight changes, displaying physical harm to self or others and substance abuse. Children with EBD are known to exhibit unpredictable and difficult-to-manage behaviors. According to a study by Simpson, Reese and Peterson (2011) although they manifest in a variety of ways, these behaviors have shared characteristics that affect

fundamental areas of functioning, including social skill fluency, adhering to basic rules of conduct, and acquiring and performing age-appropriate academic skills (Simpson et al., 2011). These traits negatively affect performance in all areas such as behavior, social skills, and academic achievement (Walker, 2004).

In addition to the complications experienced by students with EBD, the rate of identified mental illness among children is rising. In 2010, Twenge et al. found evidence of an increase in the occurrence of psychopathology among youths between the years of 1938 and 2007. They subsequently asserted that the demand for mental health services in the United States will continue to rise (Twenge et al., 2010). One out of six American children was found to have a diagnosable mental illness which critically affects their social or emotional development (Health Care, Family, and Community Factors, 2016). According Cha et al. (2018) between the years 2008 and 2017, adolescents and young adults had the sharpest increase in suicide deaths. They found that suicidal ideation rapidly increased during 12 to 17 years of age. They examined environmental psychological and biological factors that might contribute to this. Among the reported factors were childhood maltreatment and bullying. Noteworthy was the frequency and reported impact of cyberbullying which was shown to have comparable or greater effects than traditional forms of bullying. Furthermore, the Cyberbullying Research Center studied victimization and found that 22.5 % of comments posted online were meant to be hurtful (Patchin, Pennington, Otto, & Hinduja, 2019). The Child Mind Institute similarly indicated both a significant rate of diagnosis for mental illness in 2001 as well as a rate of treatment well below the rate of diagnosis.

More research is needed to grow the knowledge and practices of those who serve students with mental health issues. The literature review will show that some improvements in academic outcomes have been found, but there are interventions and services that require more study to understand the mechanisms of their success. Some school-based mental health settings have begun to employ multidisciplinary teams. Research is needed to better inform school administrators on the perspectives of all stakeholders in these settings. These perspectives can offer administrators a more comprehensive understanding from which to evaluate the effectiveness of school-based mental health programs.

Theoretical Rationale

The ecological systems theory, which was developed by Urie Brofenbrenner, is a broad framework that can be used to better understand the multiple number of factors that affect care outcomes for students with mental health needs and EBD. This theory offers a framework through which psychologists can examine individuals' relationships within communities and the wider society (Fisher & Lerner, 2005).

Ecological systems theory divides an individual's environment into five different levels. The first level, which Bronfenbrenner called the microsystem, is the most influential and has the closest relationship to the person. It is the level where direct contact occurs. A child's microsystems will include any immediate relationships or organizations he or she interacts with, such as family and school environments. Any negative experiences in this microsystem are likely to have a greater impact on a student's development than in other systems.

The second level is called the mesosystem. The mesosystem describes how the different parts of a child's microsystem work together for the sake of the child. For example, if a child's caregivers engage in activities at the child's school, such as attending open houses and other school events, then this mesosystem activity will help have a positive impact on academic outcomes. As such, schools must give careful consideration to the ways in which they communicate with families so as to encourage a cooperative atmosphere in the child's mesosystem.

There are additional layers to this theory (exosystem, macrosystem, chronosystem), each of which applies a unique influence in indirect ways to the outcome of a child's education. These can include factors such as the employment of a parent, which is considered part of the macrosystem, as well as access to healthcare, which would be considered a part of the macrosystem. The chronosystem is concerned with large scale social changes over time, and their corresponding influence on a child, such as a change in society's attitudes towards issues of mental health.

Rather than focusing on how a single event or influence matches up with a layer, the ecological systems theory provides researchers with a framework to understand and justify the concept that a much wider set of factors influence the academic, social and emotional outcomes for students, than what was traditionally accepted. Research using the ecological systems theory as its context seeks to understand the influences on a child's development which although they may be indirect, are nonetheless important.

Statement of Purpose

This study investigates the perspectives of a multidisciplinary team that serves students with mental health needs in grades K-3 in a school-based educational program.

Children with mental health and EBD have a history of poor educational outcomes. The inclusion of goals and perspectives from all stakeholders is largely absent from planning decisions and evaluations of program effectiveness. The purpose of the study is to understand the perspectives of stakeholders working in an elementary mental health program and to understand team members' perceptions of effective programming for students with significant behavioral and mental health needs.

Research Questions

The research study will answer the following questions:

1. What are the perceived needs of students with mental health issues, as identified by multidisciplinary team members in the roles of social workers, therapists, teachers, and administrators?

2. From the perspective of the team members, what are the essential components of programs that serve students with significant behavioral needs and mental health issues?

3. From the perspectives of the team members, what collaborative practices are most effective?

Significance of the Study

Given that the purpose of education is to provide students with the skills and knowledge necessary to become productive citizens (Clune & Van Pelt, 1985), the demands of programming for students with EBD require additional focus and support in areas traditionally outside the realm of consideration for school administrators. This study will help support educational leadership in the development and maintenance of programs for students with EBD and other mental health needs and ultimately contribute

to improved educational outcomes for this population. Presently, little research has been conducted on the perspectives of administrators, teachers, and therapeutic professionals in the context of multidisciplinary teams where members are assembled from multiple organizations. The information gathered will provide administrators with information to help them build more effective multidisciplinary teams to work with this population of students.

The data and analysis collected from this study offer a variety of benefits to program administrators who work with multidisciplinary teams. The first is access to the perspectives of team members of a multidisciplinary team on how school-based mental health programs can meet the needs of students who require mental health services. In addition, this study will expand the educational leadership's understanding of what multidisciplinary teams require in terms of resources and support to effectively meet the needs of students with EBD. Program administrators can also develop holistic interventions to improve the outcomes of students with significant behavioral and mental health needs. With this knowledge, educational leaders can more confidently design effective programming that incorporates the objectives and needs of all stakeholders and team members of a multidisciplinary team.

Definitions of Terms

The following are terms addressed in this study:

Emotional Behavioral Disorder (EBD): an umbrella term to categorize several diagnoses (such as anxiety, bipolar, oppositional-defiant disorder, etc.). These disorders are often used interchangeably with emotional disturbance and emotionally challenged (Loveless, 2020).

Emotional Disturbance (ED): A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a student's academic achievement: an inability to learn that cannot be explained by intellectual, sensory or other health factors; inability to build, establish and sustain satisfactory interpersonal relationships with peers and teachers; improper types of behavior or feelings under normal situations, general mood of unhappiness or depression; tendency to establish physical symptoms or fears associated with school personnel or school related issues (U.S. Department of Education, 2018).

Multidisciplinary teams: Composed of staff who vary in their educational and professional experiences bring together diverse perspectives, expertise and skills, driven by an increased demand for innovative and increasingly complex services that require different levels of expertise (Kutash et al., 2014).

Chapter Summary

This study will contribute to the current body of research on the needs of students in school-based mental health programs through the examination of the perspectives of multidisciplinary teams. These teams are composed of stakeholders including parents, student social workers, teachers, and other professionals who interact with the students. Research has stated that educational programming for students with mental health needs is difficult because they have unpredictable and difficult-to-manage behaviors, which have a significant impact on student outcomes (Simpson et al., 2011). Learning more about the perspectives of team members will improve program design and maintenance, resulting in improved program quality for the students. Chapter 2 will provide a review of relevant literature and Chapter 3 will provide an overview of the methodology.

Following the results, which will be described in Chapter 4, Chapter 5 will discuss how the findings of this study align with various components of the ecological systems theory described earlier as well as the implications of these findings, and recommendations for teachers, administrators, and leadership seeking to design school-based mental health programs.

<center>**Chapter 2: Review of the Literature**</center>

Introduction and Purpose

The literature review will include a discussion of the challenges of emotional behavioral disorders, the impact of trauma, the role of schools in mental health screening, the success of schools in providing mental health services, and the importance of collaboration and program design. Finally, the literature review will include a discussion on the lack of research conducted on stakeholder perspectives.

A review of the existing literature in the field of education reveals several key themes. The first is the overall relevance of trauma as a major contributing factor to childhood mental illness, the magnitude of which shapes the types of treatments commonly employed. The second emergent theme is the growing recognition of the value of mental health screening in school contexts. Correspondingly, the literature also highlights the increased role of mental health treatment in school settings. An additional theme is evidence of successful improvements to program design and collaboration resulting from greater engagement with stakeholders.

The Challenges of Emotional and Behavioral Disorders and Increase in Need

In 2009, Essex conducted a longitudinal study of the patterns of mental health symptoms in elementary school students. The results of this study showed that since 2006 there has been a 40% increase in identification of symptoms of mental illness for this population (Essex, 2009). According to Moran (2015), approximately one in five

children has been diagnosed with mental, emotional, or behavioral disorders. In many cases, the root cause of these conditions is trauma.

The mention of trauma-informed care is highly prevalent in a survey of literature related to student mental health services. Professionals in the field of education have been focused on the relationship between trauma and mental illness in school-aged children. A survey of existing research demonstrates an effort to understand this relationship more than any other known contributing factor (Weare & Nind, 2011). This is due in large part to a demonstrated relationship between trauma and adverse behaviors.

Cummings, Addante, Swindell, and Meadan wrote in 2017 that about one in four children experiences a traumatic event before their third birthday. Sixty percent (60%) of adults who reported that they had experienced childhood trauma described it as abuse or other difficult family circumstances. Hoover et al. (2018) found that schools and agencies have improved their ability to identify the needs of students who experience trauma. Subsequently, the increased volume of students who have been identified as having trauma-related needs will lead to increased attention on trauma interventions in schools. Untreated trauma during childhood has been shown to increase the occurrence of development of new fears, separation anxiety, sleep disturbance, as well as significant long-term mental health issues (Gonzalez, 2016). Students with mental health issues are a particularly difficult population to work with (Wagner, Kutash, Duchnowski, & Epstein, 2005).

Students with emotional and behavior disorders often display the following behaviors: bullying other students, talking during lectures, or requiring the teacher to interrupt lessons to discipline or redirect them. According to Simpson et al. (2011),

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although they manifest in a variety of ways, these behaviors have shared characteristics that affect fundamental areas of functioning, including social skill fluency, adhering to basic rules of conduct, and acquiring and performing age-appropriate academic skills (Simpson et al., 2011). These traits negatively affect performance in all areas including behavior, social skills, and academic achievement (Walker, Clancy, Tsai, & Cheney, 2013). The demand for resources to address the needs of students with EBD has already had a significant impact on the school learning environment. Disruptive students can lower the test scores and academic achievement of an entire classroom. (Wagner et al., 2005). Teachers who have disruptive students in their classrooms may have to spend additional time on behavioral management, reducing the time they spend teaching (Goran & Gage, 2011).

Children with mental health issues and EBD demonstrate higher rates of absence and suspension and lower rates of graduation than any other subgroup of students. Goran and Gage (2011) found that a significant relationship exists between EBD and history of suspensions. Deeper analysis compared language measures, disability, and students with a history of suspension. Researchers found that there was a significantly greater impact on suspensions for children classified with EBD. In 2003, it was estimated that 43-56% of students with EBD eventually drop out of school, a rate double that of students with all other disabilities (Landrum et al., 2003).

Current Mental Health Educational Landscape

In 2010, Wyman et al. studied school-based interventions and found that interventions that teach self-control and how to reduce expression of emotions helps to reduce problems including depression and disruptive behavior. Proper interventions lead

to fewer disciplinary referrals and suspensions. Having fewer referrals and suspensions improves the chances for positive educational outcomes (Wyman et al., 2010). Wyman et al. also found that children who received services had a decline in the frequency of discipline incident reports.

Mental health issues can have a broad range of effects on a student's behavior. For some students, the effects are so significant that they are unable to maintain enrollment in a general or special education setting within a school and are required to attend a program with greater individualized support and safety structures. Many times, however, students with this significant level of need are placed on home instruction. This practice is significantly more prevalent in rural areas (Vacca, 2019).

The Opportunity for School-Based Care

Schools are in a unique position to identify children with potential mental health needs. In recent years, the number mental health screenings conducted in school settings has grown. Hargrave and Arthur (2015) noted that, in 2010, the Patient Protection and Affordable Care Act, known informally as Obamacare, included a recommendation that children and adolescents be screened for mental health issues at each well-child visit. Beers et al. (2017) found that insufficient mental health professionals were available to perform the screenings. The study suggested that future research is needed to determine ways to improve access to mental health care and patient outcomes. In the Beers study, two rounds of quantitative non-experimental sampling were conducted. Beers et al. measured whether an appropriate screening tool was used when a mental health screening was conducted, the scores of the screenings, and the count of the associated billing codes reported (as an indication for the number of total screenings).   Furthermore, Beers et al.

in their conclusion indicated that further research is needed to interview and understand stakeholders' views on feasibility and sustainability of mental health services for children. They also suggested that the integration of screening for trauma and mental health issues in schools would be beneficial.

Aitken, Martinussen, and Tannock (2017) researched in-school screenings, due to a lack of existing literature on the implementation of screening practices. Their findings examined the incremental validity of parent and teacher rating of impairment as a predictor of a rating of impairment by a different teacher the following year. This was a quantitative study that took place over 2 years. The method of capturing this data was a Strengths and Difficulties Questionnaire (SDQ) administered to parents and teachers of students who did not have a diagnosed mental illness. The researchers conducted a regression analysis with two mental health impairments as the dependent variables. The variables were identified during teacher-rated screenings and parent-rated screenings. Both parent and teacher ratings on the SDQ that indicated impairment showed effect significance on the likelihood of subsequent year indication of impairment. The key difference between the two groups of respondents was that over time the teacher screening was a better tool for making significant predictions of impairment in subsequent years. The findings suggest that a combination of teacher-rated symptoms and parent-rated impairments will provide the most useful information. Aitken et al. demonstrated the value of teacher ratings, which is a feature not traditionally associated with physician-conducted mental health screening (Aitken et al., 2017).

Additional evidence has shown that in-school screenings may also lead to a greater rate of follow-up activity than physician-conducted screenings. Shemesh et al.

(2015) conducted a study of 3,143 families in a quantitative comparative study. The authors found a statistically significant gap between those receiving a diagnosis in screening and those receiving mental health support. Eighty-six percent of families completed the screening with a physician. Of the children identified by the screening as having a need for mental health services, only 11% scheduled an appointment with a mental health care provider. The researchers stated that screenings done by a physician did not lead to enhanced mental health follow-up. The authors acknowledged that financial barriers may have been a limiting factor for families who may not have been able to afford the cost or time of follow up activities (Shemesh et al., 2016).

Due to the impact of mental health on academic outcomes, schools have a vested interest in ensuring students receive the services they may require. In 2011, Guzman et al. studied whether mental health problems identified through screening tools predicted achievement on test scores for 11,185 students. The study demonstrated that being identified with a mental health issue on the first-grade screener tool predicted significantly the performance on routinely given standardized achievement tests. A chi square test was used to evaluate differences in percentages for gender and socioeconomic levels across the two groups. The groups were a convenience sample of first graders. Groupings were reviewed in 2002 and then again in 2005. The data indicated that if a student was identified with mental health needs in the 2002 first-grade screener, significantly poorer mental health and academic outcomes could be predicted in the 2005 results.

The Effectiveness of School-Based Care

School-based mental health programs have been implemented to meet the needs of this growing population of students. In 2009, Reddy, Newman, De Thomas, and Chan conducted a meta-analysis that included 29 studies on the effectiveness of school-based prevention and intervention programs for children and adolescents with emotional disturbance. The dependent variables were conceptualized into 17 different areas. In all of the examined studies, programs reported significant positive results of the effect of therapy on the prevention of behaviors that result in removal from general academic classroom settings. The areas of activity engagement, general academic skill, and social skills at school saw the most significant benefits from the application of therapy. In 2014, Van Boekel et al. studied the effect of participating in school sports has on academics and social functioning. Their findings showed that engagement in extracurricular activities lowered levels of depression and helped to build positive relationships. They obtained this information through the Minnesota student survey (VanBoekel et al., 2014). However, the authors acknowledged that many studies without a positive significant result do not get published. In addition, many of the studies did not have an identified control group for proper experimental comparison. This meta-analysis supports the idea that school-based mental health programs can lead to improved outcomes for this growing population of students (Reddy et al., 2009).

In 2018, Barnett, Yackley, and Licht published a study on the implementation of an evidence-based trauma intervention in schools. This study was a 2-year collaborative effort led by 20 clinicians from five different school-based mental health providers serving a total of 350 children from a variety of backgrounds. Each child was given

several assessments, including the Child PTSD Symptom Scale (CPSS). The purpose of these assessments was to measure PTSD symptoms and functional impairment in order to provide an overall trauma symptom score. Another evaluation used was the Ohio Scale, which measured functioning, such as arguing with others and other disruptive behaviors. The results showed two statistically significant elements. The first finding is a relationship between higher indications of PTSD and greater measured detrimental impairment of functioning per the Ohio Scale. The second was the positive impact of treatment as measured by a reduction in severity in both indexes.

Goran and Gage (2011) examined the relationship between language, behavior, and academic performance. They encountered mixed results in their study, which they attributed to limitations of small sample size, a restriction of one district, and a demographic limited to a single ethnicity, in this case African American youths. However, the study did find that providing language interventions for students with EBD in addition to social and behavioral interventions had the best outcomes. These findings of the research determined that the interventions did not affect the rate of suspensions, which was the primary variable being studied.

In 2013, Kang-Yi, Mandell, and Hadley examined the impact of school-based programs with therapeutic staff support on school absences, which were not found to be statistically affected; the rate of school suspensions, which showed a statistically marginal reduction; and the rate of grade promotion, which was found to be positively affected to a statistically significant degree. In the program, less suspension led to increased graduation rates. The study concluded that school-based therapeutic programming does support a student's general academic growth.

Duchnowski and Kutash (2011) conducted a study with the aim of identifying the characteristics of schools serving students with emotional disturbance that contribute to positive treatment and educational outcomes. High-performing schools were defined as those with students with EBD who spend more time in general education classrooms, have higher achievement scores, and have increased utilization of mental health services. A direct correlation between shared practices in higher performing schools was not readily apparent in their results. Through interviews with school personnel, however, the researchers found that higher-performing schools had greater levels of school reform activity and their staff collaborated more frequently with community agencies when serving students with EBD. In addition, higher-performing schools offered staff professional development opportunities, utilized evidence-based practices when working with challenging behaviors, and used more pro-social discipline strategies throughout the school. Duchnowiski and Kutash (2011) found, based on the data revealed in the interviews, that the supporting agencies also provided parental support. As a result, the study reported that students with EBD in a high-performing school spent significantly more time engaged in learning within the classroom (Duchnowiski & Kutash, 2011).

The effectiveness of school-based programs was also confirmed in other nations. A study in Chile by Murphy et al.

(2015) examined preventative workshops for students who have, or are at risk of developing, mental health problems. This study was conducted with 37,397 first graders. Within the analyses, two variables were examined: regular attendance and regular use of mental health services in the local health care system. The findings showed that mental health was a significant predictor of future academic performance and that students

whose mental health status improved made greater academic progress (Murphy et al., 2015). Their findings also suggested that school-based preventive interventions could positively influence student emotional growth, as measured by student self-reporting as well as teacher and parent ratings utilizing the Emotional Literacy Assessment Instrument (Murphy et al., 2015).

In 2010, Humphrey et al. conducted a study examining the New Beginning program, a social-emotional intervention program for students in the primary grades. This social and emotional program was designed to help students in the United Kingdom who are having mental health difficulties. The intervention group was composed of 159 students and the comparison group was composed of 94 students. This study did not find a significant difference between the intervention and comparison groups, however the study results do highlight the importance of parent involvement, the importance of implementing programs with fidelity, and the continued need for programming to offer individualized support to students with mental health difficulties (Humphrey et al., 2010).

A recurring theme in the studies in this section is that the interventions studied do not always have an effect in the area that was anticipated. An empirical demonstration of the most effective school-based therapeutic programs has not yet been established. Kang-Yi et al. (2013) examined the impact of school-based mental health programs on student outcomes. They found that despite the positive effect of school-based mental health programs on some outcomes, across the variety of programs sampled there was no clear indicator of which program aspects were key to their success.

The Role of Parents as Stakeholders

Several studies have identified an increase in the number of students who require mental health services. Limited research has been conducted on success metrics for school-based mental health services (Tobon, Reid, & Brown, 2015), and a review of the literature indicates a need for stakeholders who are working with students to identify a broader group of success metrics for the purpose of program improvement.

As schools continue to examine ways to support students who have mental health needs so that they may achieve improved performance outcomes, the limitations of those efforts uncover the roles that parents have as stakeholders. A 2017 study recommended parental engagement in pre-IEP planning sessions, IEP meetings, providing parental handouts on supportive processes, and instructional training videos for parent use (Goldman & Burke, 2017).

According to Goldman and Burke (2017), there are six types of parent involvement that are recommended: collaboration to establish a supportive home environment, effective communication between home and school, volunteering in the classroom and at school functions, learning at home using homework, strong partnership in school decisions, and collaboration with the community to build connections between the school and parents.

The influence that the relationship between the parents, educators, and therapist has on the child is encapsulated by Bronfenbrenner's mesosystem. The mesosystem describes how the different parts of a child's microsystem work together for the sake of the child. For example, if a child's caregivers take an active role in that child's school, such as going to parent-teacher conferences, then this mesosystem activity will have a

positive impact on academic outcomes. As such, schools must consider the ways in which they communicate with families so as to encourage a cooperative atmosphere in the child's mesosystem.

Parental involvement is identified by the frequency of engagement in school activities and meetings, and the willingness to be responsive and supportive of school goals.   Implementing a program with fidelity means consistency in implementing service strategies with students, and collaboration is practiced with all team members to ensure that consistency is maintained (Puddy, Roberts, Vernberg, & Hambrick, 2012).

Tobon et al. (2015) examined ways to better understand continuity of care for children with mental health issues among public health agencies and other participating sectors. Through this qualitative descriptive study, researchers interviewed 15 parents whose children were receiving mental health services, 10 mental health providers, and one psychologist. The transcripts were entered into NVivo and one researcher developed a coding scheme. The results revealed three themes that respondents felt were essential: relationship building, readily available information regarding treatment, and managed continuity of care. Management continuity is when the various providers who may be working with a client are able to do so in a collaborative way with activities that are complementary to each other's services.   Assessments are timely and complete and services are started and aligned with the client's individual needs. One key theme that overlaps with the work of Humphrey et al. (2010) is in the area of management continuity: Tobon et al. (2015) identify the importance of having parental involvement in the treatment of the child.

While it is clear that integrated, comprehensive, and accessible mental health services are needed to treat students with EBD, the aim of the Puddy et al. (2012) study was to determine how in-service coordination and a child's functioning change over the course of treatment in an intensive mental health program. The sample size was 51 elementary students. The variable examined was the time period spent in a program, as identified by intake and discharge documentation. They compared that time period to daily behavioral tracking sheets over the same time period. The researchers found that as service coordination increased, scores on the Child and Adolescent Functional Assessment Scale (CAFA, an adaptive functioning measurement score of student behaviors) improved, as did the student's academic performance. In their findings, they suggest further examination to discover effective methods of service coordination, including individual and group therapy (Puddy et al., 2012).

Staff skill development can have positive long-term outcomes for students. However, there are limitations to what a teacher alone can provide. In 2010, Verlaan and Turmel conducted a quantitative study examining indirect and relational aggression in schools. The study was set up with two groups that were given a self-report questionnaire and a short evaluation questionnaire on aggression. One group received the intervention of workshops that met once a month over a period of eighteen months. At the end, each group was given the questionnaires again. The results of the study showed a small effect size of the intervention when compared to the control group (Verlaan & Turmel, 2010). Mitchel, Kern, and Conroy (2019) found that, unlike students in other disability categories who have access to a variety of therapies beyond academic, of the students in the study who were classified with an Emotional Disability, only 54%

received therapeutic supports. They suggest adopting broader definitions of disability to permit inclusion of students with EBD into integrated delivery models of service. They acknowledge the specific need for coordination between state-level educational entities, local districts, community service-providing agencies, and families (Mitchel et al., 2019).

In 2000, Nabors, Reynolds, and Weist conducted a qualitative evaluation of a high school mental health program. Through purposeful sampling they interviewed five parents and 15 teachers. They also held focus groups. The findings of the study fall into four categories: educational, funding, political, and service-delivery issues. However, all categories and interviews reported that the critical shortage of staff was negatively affecting students. High-intensity treatment was not available due to the lack of sufficient services to meet the high demand. Nabors et al. within their study outline implications for clinical practice: the need to reduce stigma related to mental health; providing information to schools and health center staff; addressing critical shortage of staff; improving family involvement in treatment; integrating the clinician in the school and community; developing plans to reach students in need of treatment; and implementing services to meet those identified needs (Nabors et al., 2000). These findings support the need for school-based mental health programs and evaluations of those programs based on criteria established by a more inclusive set of stakeholders.

The Demonstrated Effectiveness of Service Coordination

In 2012, a study was initiated of service coordination and school-based intensive mental health programs. In the study, Puddy et al. concluded that coordination of mental health services for children with serious emotional disturbance had positive outcomes for students, and that additional research in this area is needed.

In 2016, Hoffman, Bunger, Robertson, Cao, and West studied child welfare case workers' perceptions of challenges to addressing mental health problems in early childhood. The themes that emerged from the qualitative analysis indicated needs that schools are not meeting (Hoffman et al., 2016). Primarily, a service gap exists between the demand for quality and developmentally appropriate services, and the availability of those services. This suggests the need to more precisely identify active mechanisms to make the delivery of the care more efficient. According to the case workers interviewed, after the intervention, there was little change in the average numbers of days absent per month and no significant change in the use of acute mental health services. There was, however, a reduction in the mean number of days of out-of-school suspension per month. Other studies have shown that school-based mental health programs decrease negative behaviors and promote better emotional outcomes (Cross, Dickmann, Newman-Gonchar, & Fagan, 2009). The consideration of emotional outcomes is significant in the Cross et al. study because it is not a factor typically considered in the evaluation of academic programming. This is an example of the type of quality indicator that might be considered if the perspectives of all stakeholders in school-based mental health programming were collected.

The phenomenon of barriers to service — misinformation, lack of commitment to collaboration, and ineffectiveness due to lack of time and honesty in dialogue — that Moran and Bodenhorn (2015) described was conditionally reinforced in the findings of Leadbeater, Gladstone, and Sukhawthankul in 2015. Leadbeater et al. conducted a qualitative study interviewing 24 individuals from schools in Canada who worked with students with mental health needs. The authors identified nine core domains for success

in serving students with mental health needs, which can be categorized into three main areas: partnerships connecting programs and community; continued evaluation and intervention activities; and strategic planning to define ongoing and future goals and directions. When programs focus on these specific areas, school-based programs are able to maintain sustainability and have better outcomes for students. The researchers stated that teams appeared to be more equipped to address the needs of students, because no single organization or agency can resolve the issues alone. They also identified a shortage of programming and providers. They did however, acknowledge the limitations of their study, stating that their findings specifically applied to rural contexts. Regardless of the specific context, their recommendations were consistent in that they stated that mental health promotion programs need to be supported and made more accessible, integrated, and sustained in schools. The researchers identified a need to develop practical goals that allow for collaboration (Leadbeater et al., 2015).

An Absence of Data on Collaboration

Since students with mental health issues and EBD are being increasingly served in school settings, Cross et al. (2009) found that interagency collaboration has become a valuable strategy to improve educational outcomes for students in this population. In a climate of increased accountability, it is important to evaluate what is being accomplished in these programs (Marek, Brock, & Salva, 2015). Kutash et al. (2014) conducted a qualitative study in the form of semi-structured interviews with three staff members at each of the 21 programs that participated in the study. The researchers conducted a mix of both in-person and telephone interviews. The 21 participating programs were representative of programs across New York State. They found that in

order to build an educational program that is able to meet the needs of this population, multidisciplinary teams must bring together diverse professional experiences, perspectives, and expertise to implement these critical services, further stating "it is necessary to measure quality of services, including quality indicators of the team functioning" (Kutash et al., 2014, p. 66). In practice, the selection and use of program evaluation tools have proven to be difficult. Many barriers exist. Marek et al. found evidence to conclude that these barriers included: "lack of empirically validated tools, undefined or immeasurable community outcomes, the dynamics of the work, and length of time typical for interventions to affect outcomes," (Marek et al., 2015, p. 68). In 2017, three broad themes were identified as components of efficient and effective programming to serve this student population: meeting school priorities, balancing need and available resources, and the importance of involving school staff (Handley & McAllister, 2017).

According to Tobon et al. (2015), there have been limited studies to examine or measure the continuity of care for child mental health services. A primary challenge to studying this issue is the limited funds available to conduct research across the multiple sectors involved in care (Cappella, Jackson, Bilal, Hamre, & Soule, 2011). The impact of the quality of care in this continuum reaches schools, community-based mental health services, and family support services (Tobon et al. 2015).

In 2010, Schreiber, Maercher, and Renneberg conducted a qualitative study that used the ecological framework to examine the systems put in place to help students who have mental health needs. They used a combination of online surveys and open-ended questions mailed to the participants who sought help. The results of this study identified primary challenges of serving students seeking treatment after trauma. They include

shortages of resources, difficulty in accessing services, and lack of interventions to specific problems (Schreiber et al. 2010).

Moran and Bodenhorn (2015) identified many of the barriers children face when seeking services. Their research demonstrated that there was a clear shortage of mental healthcare providers. This was a qualitative phenomenological study, with a purposeful sampling of 10 elementary guidance counselors. The themes identified during this study were difficulties with time and scheduling, lack of interagency collaboration, distrust between other professionals offering services, and lack of communication.

Chapter Summary

This chapter discusses how the rate of diagnosis of childhood mental illness has increased, how students with EBD or mental illness have poor academic outcomes, the challenges of behaviors of these students, the impact of trauma on the students, and the need for in-school screening. Additional studies that indicate mental health services in schools can have a positive impact on a variety of metrics. The need for increased collaboration and unique program design is also indicated in the literature. A gap currently exists in the published research on stakeholder perspectives of school-based mental health programs.

An exploration of the current literature has determined a need for further examination of the perceptions of multidisciplinary teams in school-based mental health programs that serve students with severe mental health issues, including emotional disturbance. Studies described in this literature review often reveal common shortcomings in programming, including but not limited to low engagement, deficits in

teacher training, and a lack of specifically identified mechanisms that lead to the success of certain programs.

In a quantitative, non-experimental study of schools with students having EBD, in instances where mental health services were delivered in school settings and efforts were made to be more inclusive with stakeholders, there was evidence of greater engagement from all included parties (Duchnowski & Kutash, 2011). In addition, there are several qualitative questions that must be examined to ensure that the measured and tracked outcomes are aligned with the needs of all program stakeholders. Stakeholder engagement could lead to positive feedback loops, greater consistency and reinforcement of behavior expectations at home and school, and increased trust on the part of parents and guardians for teachers and other professionals in school (Duchnowski & Kutash, 2011).

This chapter provides a review of the significant literature and current research relating to the difficulties associated with educating and providing services to students with EBD. In addition, it explores issues related to trauma, behavior, and mental health screening. The research design methodology, framework, participants, data collection, and analysis processes employed in this study will be described in Chapter 3.

Chapter 3: Research Design Methodology

Introduction

An increase in the demand for mental health services among school-aged children has been observed by several studies in the field of education and child psychology. Twenty-two percent of American children were found to have a diagnosable mental illness that critically affects their social or emotional development (Mental Health of Children, 2017). Of those diagnosed, only 7.4% receive treatment services (Child Mind Institute, 2015). This shortfall has placed an increased burden on schools to fill the role of mental health service providers. Educational leaders are tasked with designing programming to deliver standard academic content as well as intervention programs to meet students' mental health needs.

To address the mental health needs of children, the formation of cooperative partnerships is critical. These partnerships draw on a broad range of resources and expertise provided by the organizations and their members of multidisciplinary teams (Provan, Veazie, & Staten, 2005). In a multidisciplinary team, some stakeholders, such as teachers, administrators, and state education regulators, have defined expectations and key performance metrics to measure the success of their efforts. Current published research lacks evidence of inquiry on other stakeholders' needs and expectations of student outcomes. These expectations may take the form of traditional measured academic goals, but they may also include behavioral and executive-functioning goals for activities outside of the school setting. A more comprehensive set of success metrics

would include a blend of both academic and social and emotional learning.

Multidisciplinary teams can be difficult to establish and very hard to sustain because, oftentimes, participants will have their own views on how the group should operate based on their perspective (Provan et al. 2005).

This study focused on Board of Cooperative Education Services (BOCES) school-based mental health programming, specifically multidisciplinary team perceptions of school-based mental health programs. The study used qualitative research methods in a semi-structured interview format in order to study team members' perceptions of school-based programs. This qualitative research approach utilized interpretative phenomenological analysis (IPA). IPA adds knowledge to the field by examining the attitudes and perspectives of participants on a phenomenon (Wertz et al., 2011). This study focused on understanding individuals' thoughts on a topic and gained an understanding of complex problems, such as serving students with mental health issues (Jeong & Othman, 2016).

An IPA approach was appropriate to this study because, according to Murray and Holmes (2014), it focuses on the personal perspectives of the interviewees. The study sought to understand these perspectives. These experiences provided context to the opinions offered regarding student services. The individuals in this study all work in school-based mental health programs, on multidisciplinary teams. The diversity of their functions on these teams created a variety of perspectives that were examined.

According to the three theoretical principles of this approach, this study focused on the values of the participants' perceptions, the experiences of each team member, and provided an analysis of the collected information (Jeong & Othman, 2016). This study

focused on identifying and understanding what teachers, administrators, and therapeutic staff believe are the important elements of programming for children with mental health issues. Complex problems require many sources of information to provide comprehensive solutions (Wertz et al., 2011). A review of the current literature did not uncover evidence of research on the attitudes and perspectives of multidisciplinary team members working in school-based mental health settings. This phenomenological qualitative study helped to address this research gap. This study's primary goal was to provide data on multidisciplinary teams to be used by program leadership. The data can be used by educational leaders when reviewing and designing or updating school-based mental health programs. The design and method are linked to the purpose and central questions of the research. The goal of this qualitative, phenomenological interpretative analysis investigation was to learn from the perspectives of team members of a multidisciplinary team how a school-based mental health program can meet the needs of students who require mental health services. Furthermore, this research can be used to expand the educational leadership's understanding of what the multidisciplinary team requires in terms of resources and support to effectively meet the needs of students with emotional or behavioral disorders. The resulting data and analysis will help administrators to develop holistic interventions to improve the outcomes of students with significant behavioral and mental health needs.

Research Context

The school-based programs included in the study are a component of a BOCES regional site that partners with ICAN, a nonprofit organization that serves students with mental health needs. Both BOCES and ICAN serve the same area of New York State.

BOCES describes itself as "a statewide network of cooperative educational agencies that offer shared educational programs and support services, allowing participating districts to effectively deliver instruction and maintain school operations," (Madison Oneida BOCES, n.d.). The Herkimer-Fulton-Hamilton-Otsego BOCES (HFHOBOCES) serves 10 component districts. The program serves populations in predominantly rural areas. The school-based mental health program is hosted at the BOCES facility in Herkimer, NY (Herkimer-Fulton-Hamilton-Otsego BOCES, n.d.-a).

The school-based mental health services instituted in the BOCES network were created in direct response to the closing of day treatment centers across New York (Vacca, 2019). The organization has specially designed programs to serve children with mental health needs. The partnership between BOCES and ICAN was developed in response to a BOCES needs assessment related to serving children with mental health needs. Within BOCES, the program is referred to as the Intense Management Needs (IMN) 6:1:1 program (Herkimer-Fulton-Hamilton-Otsego BOCES, n.d.-b). The program makes use of a combination of BOCES-employed teachers, aides, administrators, and therapists, as well professionals from ICAN that provide direct therapeutic support and other indirect services such as case management.

The BOCES system designed its programs around students who have the most intensive behavioral management needs. The programs implement a low student-to-teacher ratio in addition to classroom aides and therapeutic and safety staff to manage the frequently unpredictable and sometimes violent student behaviors. The program mandates that candidate students are identified as requiring intensive support during their

home district's Committee on Special Education (CSE) process. The underlying cause of these behavioral management needs is most frequently a mental health issue.

Research Participants

According to Padilla-Diaz (2015), participants in a phenomenological study are selected by purposeful sampling. Purposeful sampling was done by specific criteria that the participants all possess (Padilla-Diaz, 2015). This study used purposeful sample criteria to select team participants for the study. According to Mertens and Wilson (2018), a purposeful criteria sampling is used to select participants who have knowledge of a particular topic or had perspectives that match the area of study. According to Smith (2009), a small sample size is outlined for this type of study. In 2016, Jeong and Othman stated that a maximum of eight participants is recommended for this type of study, therefore, a range of five to eight team members was selected for this study.

This group was composed of individuals who have certain characteristics and are key to the data needed to complete this study. The nature of a multidisciplinary team allows for a greater degree of perspectives on the subject than one would typically find with a group who all share the same professional background. The participants were drawn from a BOCES school-based mental health program. All the participants in the study are members of the same classroom team: the teacher, behavioral specialist, BOCES director, ICAN school administrator, clinical care coordinator, clinical care coordinator manager, teaching assistant, and the program's psychiatric nurse practitioner. Each classroom team is a 6:1:2 (six students, one teacher, and two teaching assistants) plus a behavioral specialist. The behavioral specialist in each classroom helps to support students in regulating their behaviors. In addition, a clinical care coordinator is also on

staff to support the students during therapy sessions and during crises. Recruitment was conducted via outreach to the BOCES and ICAN organizations requesting permission to ask for volunteers. The participants each received a gift card of $10 for participating in the study. The criteria for the participants was that they work in the school-based mental health program on an interdisciplinary team, have at least 1 year of experience working on the team, and serve in the role of a social worker, teacher, behavioral specialist, administrator, chair of a committee on special education, teaching assistant, therapist, or clinical nurse practitioner.

Methods Used in Data Collection

This study focused on a multidisciplinary team in a rural BOCES school setting and interviews were conducted off-site in a community space, such as a library or coffee shop, for the convenience of the participants. The interviews, data collection, and analysis was conducted in keeping with the guidelines of St. John Fisher College's Institutional Review Board, ICAN policies, and MOBOCES policies. All participants in the study are referred to by their role rather than their names to protect the confidentiality of BOCES and the participants. The school-based mental health programs (e.g., IMN) will be referred to as the school-based mental health program, and the teachers and team members will be referred to by their position on the team in the interview notes.

The data for this study was collected through semi-structured interviews. A semi-structured interview does not follow a formalized list of questions, but rather asks more open-ended questions. This allows for a discussion to take place. The semi-structured interview questions asked of the participating team members, using an interview protocol, can be found in the supplemental materials section of Appendix A. Data from

the interviews was collected via two procedures: the interviewer notes and also used two recording devices. According to Creswell and Creswell (2018), face-to-face interviews, phone interviews, or interviews through technology are acceptable methods of conducting interviews for research.

Patton (2005) describes qualitative research as a series of open-ended interviews and written documents. The interview questions were open-ended, allowing all participants to express their feelings and perceptions about school-based mental health programs. Naturalistic inquiry in real world settings will produce a rich narrative (Patton, 2005). The questions were focused on areas found to be lacking qualitative data in the literature review in Chapter 2. For example, Beers et al. (2017) acknowledged that further research was needed to understand stakeholder views on the feasibility and sustainability of mental health services for children. To explore this idea, several questions were aimed at understanding the perceptions of stakeholders on the availability and effectiveness of the resources in their programs. The questions were designed to solicit respondents' opinions on important components of programs that support students with mental health issues. Follow-up questions compared the present practices and support structures in their environment to their described ideal state. The study was concerned with the essential perspectives of the participants on both an individual level and collectively, which Larkin and Thompson indicate is a function of the IPA method (2012). Ideography will also be employed in order to determine meaning from the participants' statements, as well as uncover themes that the participants may not be consciously aware of as they identify both the ideal delivery of services to students with EBD and the present state of services in their school environment (Pietkiewicz and

Smith, 2012). The purpose was not to levy criticism against a school but to provide a comparison of services and practices recommended versus implemented.

A brief series of background questions was asked regarding the interviewee's career training, experience, and present role in the interdisciplinary team. These questions created a context that allowed the researcher to better understand the responses and proved helpful during the identification of themes for response coding. The interview questions can be found in Appendix A. The study required an informed consent form from each participant in the study. An explanation of the purpose of the study and assurance that all interview materials will be kept confidential were provided to participants. Aliases were given to all participants to preserve confidentiality and privacy. Participants also were told that their responses were voluntary and that they did not have to respond to any questions if they were unable or unwilling to do so for any reason.

The questions were piloted with two individuals at a similar setting that was not part of the study. A teacher and a therapy professional were each interviewed using the prepared questions. Any feedback about clarity, interview length, process, or general comments about the content were used to refine the questionnaire prior to the start of formal interviews.

The study proposal was submitted to the Institutional Review Board (IRB) of St. John Fisher College in Rochester, New York, for approval. A letter was sent to the team members who were invited to participate. This letter introduced the research project and its purpose, provided a description of the interview process, and included a message that

a follow-up request for a second interview may be sent once the initial information has been collected and analyzed.

Data Analysis Procedures

The data from interviews, field notes, and transcripts was reviewed multiple times to ensure that the researcher had a comprehensive understanding (Jeong, & Othman, 2016). Smith, Flowers, and Larkin (2009) outline six steps to analyze data. Step 1 is to organize the data and re-read it. In this step, the researcher does a deep dive into the original data. Step 2 is to review the transcripts to examine use of descriptive, linguistic, and conceptual comments. This step helps to further examine the language and meanings. Step 3 is to outline emergent themes. Step 4 is to explore connections across emergent themes. This could be done by charting or mapping the themes. Step 5 is to repeat this process for each interview. The last step is to look for the patterns and connections across all data sets (Smith et al., 2009). Jeong and Otheman (2016) recommend arranging or grouping main themes and subordinate themes into a table format, with the heading of subordinate themes, extracts, researchers' comments, and contextualizing themes. To analyze the themes, in vivo codes were used as a descriptive coding method (Mertens &Wilson, 2019). Descriptive coding means closely studying the data and comparing their similarities and differences. The in vivo codes are derived from the actual language of the participant. This coding was utilized as a starting point to furnish the researcher with themes for further investigation (Saldaña, 2012). The six steps, charting of themes, and in vivo coding were utilized to analyze the data collected in this study. In addition, the information was reviewed by other doctoral candidates to ensure credibility.

This qualitative study followed an ethical research framework to support the practice of empirical inquiry (Marshall and Rossman, 2016). To ensure the credibility of this study, the researcher instituted peer debriefing to ensure agreement with labeling and triangulation of the information with multiple perspectives (Mertens and Wilson, 2018). Peer debriefing was conducted to review the information; this was done with other leaders in the educational community. Interviewing members with different roles and responsibilities within the multidisciplinary team yielded multiple perspectives and a variety of opinions (Giorgi, 1997). The dependability of the study was protected by the practice of the researcher conducting reflexive journaling and further developing the skills of self-awareness. The transferability of the study was ensured by keeping highly detailed notes and including verbatim quotes in the reporting of the data.

The researcher's formal education training as well as experience as a teacher and a school administrator in general and special education settings was leveraged during the analysis of the data and communication of its relevance to the educational field (Jeong and Othman, 2016). This includes, but is not limited to, any recommendations for further study, recommendations for program practices, and evaluation criteria for programs serving students with emotional or behavioral mental health issues within school settings.

Summary of the Methodology

This qualitative study used semi-structured interviews to gain insight into team members' perceptions of school-based mental health programming. This study included interviews of eight team members on a school-based mental health team. The team members were interviewed and the interviews transcribed. Throughout this process of

interviews, protocols and policies were monitored by the researcher, chair member, and

dissertation chair. The transcripts of the interviews were coded and then analyzed to

discover themes. These themes are formally reported in Chapter 4.

Chapter 4: Results

This qualitative research approach utilized interpretative phenomenological analysis (IPA). IPA adds knowledge to the field by examining the attitudes and perspectives of participants on a particular phenomenon (Wertz et al., 2011). The analysis of the collected data seeks to understand the complexities and challenges of delivering mental health services in a school setting to students with severe behavioral issues. The IPA approach is well-suited to understanding complex situations (Jeong & Othman, 2016).

The study was conducted with purposeful sampling. The participants in the study all work within a school-based mental health program. The eight participants engaged in semi-structured interviews using open-ended questions. Each participant engaged in a face-to-face interview with the researcher, either before or after school hours. All participants work in the same classroom. Collectively, they represent an interagency collaboration with each member of the team serving in a different role. The roles of the participants are: teacher, teaching assistant, clinical care coordinator, senior clinical care coordinator, director, director of school-based programming, nurse practitioner, and behavioral specialist. Table 4.1 provides more information on each current team member. Of note, the program has been in existence for 3 years; turnover of staff has been minimal.

Table 4.1

Description of Participants

Position	Number of Years in the Program
School Program Director (within program)	3 years
Agency School-Based Director (within program)	3 years
Senior Clinical Care Coordinator (within program)	3 years
Clinical Care Coordinator	1 year
Teacher	3 years
Teaching Assistant	3 years
Nurse Practitioner	2 years
Behavioral Specialist	3 years

Note: Program has been in existence for 3 years.

Research Questions

This chapter describes the findings of the study, which are derived from the following research questions:

1. What are the needs of students with mental health issues, as identified by multidisciplinary team members in the role of social worker, therapist, teacher, and administrator?

2. From the perspective of the team members, what are the essential components of programs that serve students with significant behavioral needs and mental health issues?

3. From the perspectives of the team members, what collaborative practices are most effective?

Data Analysis and Findings

The analysis involved reading, rereading, development of emergent themes and subordinates by identifying patterns within the transcribed data of the interviews, and field notes. A six-step process was used to reveal the main and subordinate themes:

1. Organize the data and reread.

2. Review the transcripts to examine use of descriptive, linguistic and conceptual comments.

3. Outline emergent themes.

4. Explore connections across emergent themes by charting.

5. Repeat this process for each interview.

6. Look for patterns across all data sets (Smith et al., 2009).

This section is systematized into three themes and six subordinate themes for responses to the research questions. The first theme is behavior management, with the subordinates (a) flexible wraparound support, (b) relationship building with stakeholders, and (c) ongoing assessment. The second theme is environmental management, with the subordinates (a) well-designed space, (b) right positions, and (c) the development of an attitude adaptability of team members. The last theme focuses on the importance of communication. During the reread of the data, the themes and subordinate themes were outlined. In Table 4.2, the themes and subordinate themes are linked to the research questions.

Table 4.2

Themes and Subordinate Themes for Each Research Question

Research Question	Theme	Subordinate Theme
What are the perceived needs of students with mental health issues, as identified by multidisciplinary team members in the role of social workers, therapists, teachers, and administrators?	Behavior Management	Flexible wraparound services Relationship building with stakeholders. Ongoing assessment
From the perspective of the team members, what are the essential components of programs that serve students with significant behavioral needs and mental health issues?	Environmental management	Well-designed space Right Positions Adaptability of team members
From the perspectives of the team members, what collaborative practices are most effective?	Communication	

Theme 1: behavior management. Behavior management refers to how the students' actions — primarily anti-social tendencies toward tantrums, violence, defiance, and failure to emotionally regulate— are being addressed to ensure safety and promote appropriate skill development. Behavior management is the process of identifying undesirable student behaviors, for example, distractive behaviors, outbursts, abusive language towards peers and teachers, and the strategic and tactical methods of correcting those behaviors. Behavior management also describes the assorted strategies, services,

and service providers (mentors, therapists, behavior specialists, clinical care providers) used in the course of correcting undesirable behavior and improving psychological and behavioral outcomes. This theme has three subordinate themes: flexible wraparound services, relationship building with stakeholders, and ongoing assessment.

Flexible wraparound services. Flexible wraparound services, which were also described as linking services or spin services during some interviews, is the broad term for a collection of mental and physical care supports that employ a combination of component services in a coordinated fashion to accomplish a single or set of psychological, educational, or behavioral goals. These can range from student mentors, parent coaches, and travel assistance to care providers, or even in-home rise and shine programming. Wraparound services are supports for students and families that are usually offered outside of the physical campus of the school. Service offerings are individualized based on the needs of the students and their families. In many instances, individual components of these wraparound services are difficult for families to obtain on their own. In these circumstances, ICAN often forms a key role as facilitator and allows the families to more readily negotiate complex systems of forms and referrals to ensure that they and their children can gain access to requested services. As a part of this interagency collaboration, flexible wraparound services, provided by ICAN are considered a core component of the Intense Management Needs (IMN 6:1:2) program. The clinical care coordinators provided through ICAN serve in a supporting role to the families as well as liaison with the educational team. As such, they are part of the decision making process to assess what services should be offered to a student and their family for a given period of time. Therapies and family dynamics often make for a fluid set of requirements and so

team members understand that each plan, including the determination of the elements of a particular student's wraparound services, is subject to review and revision if an assessment or team member's recommendation indicates a need for change. Many of the participants in this study felt that these flexible wraparound services are a large part of what makes this program unique and effective for the students and families. Participant 2 said, "There's so many different [needs]. . .from social to behavioral. . . looking at the kid in their environment as a whole. . .each child and their family's needs are a little bit different." Given the variety of situations, the participants felt that the inherent flexibility and range of services are key to meeting the students' needs.

There are inherent challenges that Participant 5, the agency school based director, identified:

I think most of our families come to the table already with a confrontational or adversarial approach to education. They haven't had a good, positive experience. It's typically been a negative reason that they've interfaced with [the school]. There's not a whole lot of trust there. And so I think the uniqueness of the model allows us to kind of bridge the gap.

Participant 5 described the services that "bridge the gap" as having a team-based approach and providing wraparound services for children. When asked "What does the term wraparound services mean?" the participant answered: "supports for the child in the school, in the home, and in the community." Participant 5 references the philosophy of the organization and principles of the support.

These principles lay out 10 key ideas: family voice and choice, team-based

services, and collaboration, [that are key principles in the program] the

process works with families to customize a treatment plan that utilizes a

wide array of community resources and services through a provider

network for both individualized providers and the agency. The treatment

team, including the family and school team follow this philosophy.

Participant 5, continued to share that linking all of these services is key to

addressing the student's needs. This (linking of services) is done (through the

process of) spin services and is monitored by the clinical care coordinators.

Participant 2, the senior clinical care coordinator described the versatility of this

model, "on the team. . . we discuss what we feel the child needs. . .and we go with that

programming." Participant 2 shared that each student in the program has different

wraparound services and the type of service depends on the needs of the student and

family. For example, one of the students in the program has a parent mentor. A parent

mentor helps the parent with different areas such as behavioral management, medical

appointments, and parenting skills. Another student in the program has "rise and shine"

programming. This program helps the student in the morning with a variety of tasks such

as getting up, eating, dressing, and preparing for the day. The senior clinical care

coordinator's role on the team is to support the student and the family in engaging with

the school and to support the families' use of flexible wraparound services.

Participant 3, the clinical care coordinator, also shared that the team would

discuss potential therapy or mentoring options with the parent. "[What wraparound

services] and other support services they feel the child would need. Then the clinical care

coordinators take care of [getting families set up with support services]." She goes on to say "supports are key in keeping the kid in the center of what you're doing." This further supports the idea that flexible wraparound services provide a unique and valuable way to address the challenges that children with EBD present.

Participant 4, the school program director, also shared that:

Every kid is open to all of our spin services [wraparound support]. These include mentoring, behavior manager, rise and shine, parent aid, mental health services, and we can be creative with other things too. Like some of our parents don't drive and we have the ability to provide transportation for our kids to see our psychiatric nurse practitioner.

This participant felt that there was great value to having a variety of offerings, including services that might not be directly considered therapeutic supports but are important nonetheless to the success of the student.

When Participant 4 was asked what they perceived as the needs of students with mental health issues, they responded similarly to others with the opinion that wraparound supports were essential, but described it from a more administrative perspective, as might be expected given their role: "Staying in constant communication [with other professionals serving the child] and coordination of services."

There was wide acceptance of the work done by the clinical care staff with regard to wraparound support. This was evident in tone and body language of the participants, many of whom did not play a direct part in its implementation, but were nonetheless proud of what they could offer to their students' families as a team. The participants shared that many students and their families need more support to address the needs of

the student. The direct employees of the school did not seem resentful in acknowledging the limitation of what the school alone could offer. By having an interagency collaboration with a mental health organization, the team is able to provided wraparound services for students to ensure that they are being supported. In addition, many times the school personnel needs help building supports and relationships with these students and families. A discussion of this follows in the subordinate theme of family and stakeholder relationships as well as a discussion of the ecological systems theory in Chapter 5.

Family and stakeholders relationships. Family and stakeholder relationships are defined as the ability of the school-based mental health program teams to communicate with a student's parents or guardians in a positive and effective fashion and be receptive and responsive to family input. Relationships are key to student success and the findings in this study also confirm the importance of relationships between families and stakeholders. While the definition of family can be readily identified as being a student's parents, siblings, etc., the term stakeholders allows more leeway to include any party who participates in the education or care of a child as well as those who may be affected by their behavioral or academic outcomes. Examples of these stakeholders may include, but are not limited to: classroom teachers, administrators, therapists, clinical care workers, mentors, and representatives of the child's school district. Participants in this study identified the value of these relationships to the primary theme of behavior management in two ways. The first perception was that inclusion of families as part of the team was critical to the success that the program has seen at improving educational and behavioral outcomes for students. The second shared perception was that the stakeholders, who function as program team members, must have strong relationships with each other when

working with this group of students. Participant 3 stated, "We offer something so unique. We utilize each other and the relationships that we build to support students." Participant 5 emphasized the benefit of relationship building:

> Our connections with families, being able to reengage families in the academic process has been a game changer. . .the level of [cooperation on] the team working directly with one another. . .has allowed us to move forward in a really intentional way.

Throughout the interviews, participants acknowledged the effort required to build relationships with families in order to support students. There were frequent pauses and moments of consideration before answers that concerned interaction with the student's families. This is evidence of an intentional effort to not speak negatively about the parents and families. Nearly all of the participants expressed that the families of the students do not initially come to the program with a positive perception of educational institutions, many of whom had personally endured negative experiences at school in their own childhoods. There was also frequent mention that when a child arrives in an IMN program, they have usually been removed from mainstream classrooms for severe behavior issues. Without explicitly stating such, the delicate way the topic was handled by the participants indicates an awareness that these behaviors and family histories can be a potential cause for families to disengage and the detrimental impact that such disengagement would have on effectively building home-to- school relationships.

The construction, or in some cases, repair of a home-to-school relationship was described in a child-focused way, which is to say, the needs of the students and families are prioritized. Participant 2, the clinical care coordinator, spoke on the link between

strong relationships and positive classroom experiences. They also stated that these relationships ensured a welcoming climate for teamwork.

The behavior specialist, (Participant 1) expressed that building relationships with families is a "staple of the program." It should be noted that the level of contact that the behavior specialist has with the family outside the confines of on-campus interaction is second only to the clinical care coordinator. Certainly, to these two team members, this must seem like a large component of the program because it is a large component of their job. However, the theme of relationships with students' families was not limited to these individuals.

Participant 7, the classroom teacher, also stressed its importance and outlined the primary strategy for building these relationships. The methods used ranged from standard school practices like daily communication notes for the parents to more extensive means like monthly face-to-face meetings with parents and medical reviews. One of the most important practices to the classroom teacher was simply listening to the parent's concerns and being present for them to express those concerns. The classroom teacher went on to state, "There's not a lot of judgment, everybody's very accepting and if there are difficulties I think people are able to kind of work through them. I think [open] communication has been key." In stating this, Participant 7 demonstrates an awareness of the tendency for negative attitudes to create parental disengagement and the importance of avoiding that situation.

The medical review meetings were also mentioned by participant 6, the nurse practitioner. Based on comments provided, these meetings were seen as an opportunity to build relationships within the team and with parents. She spoke with pride that "no other

place where you would find" a full complement of teachers and care staff working alongside the families to review a situation and make decisions. The nurse practitioner, as part of the routine of observing the students' response to medication and confirming those observations with the student's family, is also contributing to the relationship between the family and school. Though they may not be aware of this benefit, the practice of engaging and seeking input is a means of demonstrating a willingness to listen and valuing the observations and opinions of the family. These are potentially powerful steps which can positively impact the perception of family members who might otherwise feel intimidated or adversarial when conversing with others about their child's behavior.

The frequency of mentions of the medical review meetings and the enthusiasm with which they were included in responses from many of the participants is an indication that these meetings are a core component of the program, both as a process for managing care as well as a vital tool to build and maintain relationships between all parties. The attitude of being accepting and non-judgmental appears to be a fundamental practice to maximize the relationship-building aspect of not only these meetings, but for maintaining healthy home-to-school relationships.

Ongoing assessment. Ongoing assessment is the practice of collecting data about a given student and reviewing that data to make informed decisions about educational or therapeutic programming. This data can range from test scores to behavioral discipline reports to assessments of social emotional learning skills. The list of formal assessments employed by the program in this study includes, but is not limited to, Child and Adolescents Functional Assessment (CAFAS), medication reviews, portfolios, reading evaluations, and behavioral data. There was general consensus that conducting

assessments helped to highlight goal areas and support decisions related to which strategies would be most effective for a given student. These assessments can be either formal or informal and the frequency of assessment can range from daily to annually.

Formal assessments are generally used to measure a student's achievement relative to goals that have been explicitly defined, either academic or behavioral. Participant 3 (clinical care coordinator) reflected on their role in assessment:

Depending on the student, there are different things that [the team] is tracking every day in terms of behavior. Then also on my end doing the therapy twice a week tracking certain goals and use of coping strategies, things like that.

This participant refers to the daily practice of tracking student behaviors. These logs are reviewed and used to inform the therapeutic staff as to the students' progress towards behavioral goals. Therapists can then adjust the focus of their time with the students based on the assessed progress.

Many participants made positive comments about the process of developing and reviewing each student's Individual Education Plan (IEP). Participant 7 (special education teacher) shared their perception about how the IEPs are integrated with other assessment data during the review process.

To ensure that the team is meeting the needs of each student, [The team reviews the] data collect[ed], the communication sheets, their IEPs, progress notes, report cards, and communication with parents. [The team does a] good job of managing students' needs through this ongoing assessment process.

In addition to the formal periodic assessment that takes place, there are informal and continuous assessments being conducted. Participants generally agreed that the

mental and emotional state of a student directly impacts their ability to learn. Participant 8 shared an example of the continuous, informal assessment that takes place:

> As [for] academics, again we know which level they are at and how far they can go and what they are capable of doing. So we don't stretch it to cause them any issues with behaviors or shutting down because they can't do it. . . we adjust and modify the lesson accordingly.

Participant 8 is a teaching assistant. Providing individualized attention and assistance is a core competency in their role. As might be expected from a person delivering individualized instruction, emphasis was placed on being able to decipher the student's mental state and adjust the expectations for student goals accordingly. This is not to say that academic goals are abandoned in the face of emotional duress, but that the approach to the lesson needs to be tailored so that the teaching assistant can work more deliberately on tasks that will permit the student to reach a more calm and focused state before attempting challenging material.

Participant 6 (nurse practitioner) also conducts a less formal but still frequent observation practice as it relates to the medications a student may be taking, particularly during times when dosages or prescriptions have been changed. She also confers with the families prior to formal medical review meetings to verify that the effects she has observed in school can be confirmed by parental observations of their child's behavior. Recommendations during the medical review meetings are based on the combination of these assessments so as to be a consistent representation of the child's response to the medication both inside and outside of school.

As noted by many of the study participants, ongoing assessment leads to information that provides a foundation for student planning and the formation of behavioral strategies in the classroom. Participant 7 states "Ongoing assessment [drives the] process, including changes and adjusting. Our kind of philosophy is to give the student the right service at the right time and the right dose." They further state that assessment is critical to ensure families are getting the support that they need so that they too can be successful.

Students with mental health issues have significant needs as indicated by members of the multidisciplinary team. One such need is the ability to address behavior management to ensure safety and promote appropriate skill development. The agreed upon elements of effective behavior management include: flexible wraparound supports, relationship building, and ongoing assessment. The concept of behavior management and its associated subthemes address a key program component participants identified as critical to support students in this population.

Theme 2: Environmental Management. The term environmental management refers to how the setting in which students learn and interact influences academic and social skill development.   This encompasses all physical and social aspect of the classroom. The physical space requires expanded areas to accommodate the needs of the students who may experience a mental health crisis during the school day. The environment should also have available team members with appropriate skillsets and experience to address the variety of needs and behaviors that may arise. There was also a general awareness from each of the participants that the students are extremely sensitive to the stimuli in their environment. A lack of awareness on the part of staff members can

trigger or further exacerbate the negative and result in violent student reactions or even a mental health crisis. Therefore, careful consideration should be given to the attitudes of the individuals who provide education and therapeutic care.

The first subordinate theme is a consideration of the impact the physical environment has on the psychology of a child with mental health needs and the need for a well-designed space. Also, the complexity and intensity of these students' needs require a team with diverse and complementary skills. This skillset is beyond that of a single educational or therapeutic professional and must be delivered by a competent team in the right positions, the second subordinate theme. The specific attitudes identified with creating a positive social environment were identified in the third subordinate theme as adaptability.

Well-designed space. The term well-designed space describes the aspects of the physical structure and layout of classrooms and therapy rooms. Example aspects of consideration for these spaces include the dimensions and arrangement of the classroom, the availability of sensory rooms, and reserved physical spaces to conduct counseling services. Participants in this study indicate that a well-designed space is critical to unlocking the true potential of the student, supporting the work of the team, and contributing to the overall efficiency and effectiveness of the program. The program space should be designed to support the students and their different needs. Participant 5 reflected:

> I think the environmental design is another piece of [programming] that is absolutely crucial. Having kids in well-thought out, well-designed spaces. . . Creating safe, engaging therapeutic spaces, helping youth to take ownership over

the space that they're in, thought and design about where staff are positioned and located. Subtle environmental pieces make such a huge improvement on preventing behaviors before they even occur and I think it's often overlooked.

Likewise, Participant 8 stated many times during the interview that having a separate space to go to can help students deescalate behaviors. These spaces are not timeout rooms; they are rooms for therapy, sensory spaces, or a space to refocus. All the spaces are set up like classrooms, where learning can take place.

We have three classrooms and one we utilize that's a cool down room, which also one of us would go in with the student when they were ready to discuss what was going on, how we can help them. We use it as sort of a transition room where. . . I mean it really has been a benefit to have the rooms, because if one student's elevating and having behaviors, it doesn't affect the others in the classroom. We can remove that student or bring the others students into the other area and continue with academics.

Participant 2 states, "If they're not willing, give them their space, let them cool down, don't ever go full force at them, it just doesn't work. They won't respond to that. Once they cool down, then they're more than willing to share their issues with you." The approach described by Participant 2 requires that a program's physical layout has such spaces to accommodate a cooling down, and provide the time allotted to engage after the intensity of the crisis has subsided.

Having the right space to provide programming for this population of students was described as important by the participants. Another component of the educational environment that he faculty felt was important is the composition of staff and faculty

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supporting students in that environment. Participants shared that teams in that environment have to be composed of the right positions and skills.

Right positions. The discussion of a program's environment is not limited to the physical spaces that it occupies. The term right position refers to having appropriate roles included on the team to properly address the diverse needs of students and families. In this way, an environment is cultivated where students, educators, and therapists can all function safely and with the reassurance that a variety of supports are available from team members who have expertise relevant to the situation. In the IMN program described in this study, the availability of individuals to fill the required roles comes through interagency collaboration; one agency provides the teacher and teaching assistant and another agency provides the behavior specialist, clinic care coordinator, and nurse practitioner. The composition of the team is key component of the program. Having a team composed of members from a variety of disciplines helps to bring different perspectives to the process of supporting students. Among the respondents, the concept of right positions is the representation of two ideas; an acknowledgement that this program requires a specific composition of the team roles and skills and that each role is filled by the right person with an appropriate personality. The participants reported that when facing the chaos and difficult behaviors students with mental health needs can demonstrate, the best strategy is to have the team member best suited support these students. Participant 2, the senior clinical care coordinator reflected: "In addition to a case manager, and [students'] mentor, they would have school supports, which is a behavior manager and a clinical care coordinator. They [the students] have a lot of positive adult relationships."

Similarly, other participants recounted the importance of having a well-balanced skillset on the team. Participant 3 mentioned, "We also have a psychiatric nurse practitioner available to our students. . .which is extremely helpful give the differing needs of the students. . . She is available to bounce off ideas and [offers] clinically appropriate strategies." Participant 3 echoed that having the right people present is key to student success: "I think the most important strategy is that I'm present. I'm available to them [the students] every day, all day. So having that physical presence I think is the best intervention for them in the classroom setting."

The importance of a broad range of roles such as a clinical care coordinator or behavioral specialist in the classroom was expressed many times by different team members. Participant 1, the behavior specialist stated that "I think everybody kind of had their struggles initially as to whose role is what, but I think it's fairly seamless now. It is important to have the right people on the team who all understand and know their roles on the team." The behavior specialist then went on to say that having the right administrator on site is important as well. "[They should be]. . .available during times of crisis, during the day or at the end of the day [to support the team with challenging students]. Participant 1 places high value on clearly defined roles and supportive leadership.

Having the right combination of roles on the team to determine what services are needed for a student emerged as a theme in many of the responses offered by participants. They nearly all conveyed confidence in this answer and shared similar sentiments that without the right people supporting them, students are unable to gain access to the full dimension of support that they need to be successful.

The team described the right people as those who had a broad and complementary set of expertise. They specifically named clinical care worker, behavioral specialist, teacher and nurse practitioner as essential roles to include in the team. Lastly, they believed it necessary that all team members possessed certain personality traits which made it possible to work with this group of students. These traits have been categorized in the theme of being able to adapt to the needs of the students, which is described in the subsequent section.

Adaptability of team members. The social influences of an environment can have both positive and negative impacts on students with emotional and behavioral disorders (EBD). Team members expressed awareness of these social influences in a shared description of the personality qualities necessary to effectively work with this population. The most widely recognized quality was a need for team members to be adaptable. In the context of this study, the term adaptability should be understood as the ability to be creative in designing lessons to support students with behavioral issues. It is a willingness on the part of an individual to consider new approaches to a variety of academic and behavioral challenges and an ability to be open to perspectives not previously considered. Participants felt it should be a foundational quality of team members in the program. When asked what the essential components of programming are, Participant 1 stated:

> Open-minded and utilizing the data that we collect to address and identify any of
> the issues that [the students]. . ..open-minded to be innovative and creative on a
> daily basis as how we make a child successful.

Participant 1 is describing a mental state of readiness or adaptability, to respond to data and to the changing conditions that team members may face on a daily basis in

order to better meet the needs of the students. Participant 2 shared that when supporting

students with trauma, the staff has to "look at what is behind the scenes." When the

researcher asked for more detail on that statement, she elaborated:

> The students in this program need the adults working with them to have the right
>
> mindset, to view their explosive behavior not just as being bad, but as a mental
>
> health issue. That if they could act a different way they would. That students
>
> need help in controlling their emotions.

> The idea of a personal shift in the perspective on negative behaviors was also

shared by Participant 4, who spoke about having changed her thinking with regards to

discipline. She shared:

> I think there needs to be a shift in focus from a punitive model to working with
>
> students to a teaching model. I believe that every child puts their feet on the floor
>
> in the morning wanting to be successful and not wanting to rock our world every
>
> day, but they truly either lack the prosocial skills or their mental health . . . does
>
> not allow them to do it. So if a student had a broken leg we wouldn't be
>
> penalizing a kid for not being able to walk on their broken leg but because mental
>
> health is invisible we have no problem with being punitive with kids who are not
>
> able to appropriately behave in school.

The participants' description of change in approach which requires teaching teams

to shift away from a punitive model and toward a therapeutic model indicates that they

are personally engaged in the practice of being adaptable so that they contribute to an

environment where students can be successful. This willingness to change and its impact

on the social factors influencing the program is a key component of environmental management.

One participant reflected on this topic and offered thoughts on the importance of all team members having specific information to properly do their job. Participant 3 stated:

No matter which part of the team you're coming from, everybody has to have the same fundamental knowledge about trauma, handling children who've been traumatized and just how it is different. Being aware for your own behaviors, tone of voice, things like that. You may not even realize [that you] could be triggering things.

This participant indicates a need for staff with an awareness of not only how to handle crises when they arise, but how their own actions and attitudes may provoke the crises. It could be inferred that this kind of awareness could help staff avoid them altogether, or develop therapeutic strategies to desensitize students to these types of triggering conditions.

Participant 7 stated the need for having high quality staff in all roles and a willingness to work as a team. "It's having a focus and having a mindset for the team. I think beyond that, it's getting the rest of the team to buy into that trauma-informed approach. . . having everybody onboard, I think it makes a significant difference."

When asked what are the essential components of programs that serve students with significant behavioral needs and mental health issues, Participant 7 responded by echoing what many other participants had said that:

[Staff] also have to possess the open-mindedness for what it is that we're trying to achieve. [The] institutional mindset [that] harkens back to the old days of just being able to punish away behavior, is not going to work. We need something new, and when you start with restorative justice models. . . move to strength-based approaches. . . understanding that each one of these kids is unique and in a completely different place for learning. I think that's critical.

This statement reaffirms previous participant input related to a necessary change in program approach and the importance of individuals not becoming rigid in their thinking and unable to adapt to the needs of the students. They recognize a need to move towards a more flexible approach of monitoring and adjusting to support emotional and academic needs of the population they serve.

Team members stated that mindset of program staff is a very important program component. A team without the ability to adapt presents inherent barriers to serving students with EBD. Participants recounted examples of why adaptability is important and how it can support students. For example, Participant 1 shared that "you cannot come into a situation that is already heightened and then the team member comes in 'forceful' It is better to have a staff member come in to the situation being calm and supportive of the student." This participant felt that without the right attitude, efforts to diffuse negative situations would be fruitless.

Several members made a point of clarifying that the therapeutic space is to be used for the following reasons: continuity of instruction; putting physical distance between a student who is having emotional crises and their class; and space for one-on one teaching of skills. They all stressed that the space is not used as a punishment or

"time out." The fact that this was repeated made it clear to the researcher that a team mindset towards therapeutic care versus punitive measures was being cultivated. Conceptually, the existence of these spaces represents evidence of the subtheme of a well-designed space. The agreed understanding of who uses the spaces, and how, is a combination of all the subordinate themes of right people and adaptability.

Theme 3: communication. In the context of this study, communication can be understood as the mechanisms of sharing information about a student's behavioral and educational performance, a discussion about the perceived needs and goals between the student's family and stakeholders, and the monitoring of the student's progress towards those goals, along with any the communication of assessment data and or corrective actions requested by one or more of the parties involved.

The model utilized by the IMN program used in this study to identify needs and goals, deliver services and supports, and assess and revise as needed is inherently collaborative. When opinions were sought from the participants on the subject of collaboration, their responses primarily focused on one topic: high frequency communication and continued efforts to maintain that frequency. Participant 1 shared the importance of attendance at school meetings, and being available to speak with families when they call. That participant added their perception that at times, families can be hard to engage in school programs. The participant stated that they are seeing families taking the program's calls more frequently, and seeing more success in getting them to communicate with the program. Team members stressed the importance of near constant communication with the members of the team through monthly team meetings and home visits. The importance of communication as a part of their professional practice was

stressed. The clinical care coordinator stated that through frequent communication they can ensure that services are implemented with fidelity.

Another participant stated, "I think one of the successes for [this program] is that we have developed a common language." In order to work within this interagency collaboration and have the collaborative practices needed to support students, the team has to use a common language that is understood by all. Participant 3 mentioned that "direct communication regularly is really important, but all play a unique part in collaboration with outside entities as well." To meet the collaborative practices that are needed in a school-based program, the teams need a common language but communication also has to be ongoing.

Participant 8 shared:

I am a firm believer that [clinical care coordinator] is a key component to our success. She has weekly, well biweekly, visits with parents. She's right on top of everything that's going on. She again takes what data we have and she'll look through it, and it's a lot nicer to have her on board then trying to get in contact with the pediatrician or whatever.

This is the example of how the information is shared and the work of the collaboration is done within the school-based mental health program.

Participant 1 shared: "We have weekly meetings with the director and we discuss our students' needs." She believes that high frequency communication is a key component to their success. "Weekly [meetings], as well as biweekly visits with parents. These are used to keep open communication with the team members." All of the

participants shared the ways in which frequent communication is a critical part of programming for these students.

Another topic that was mentioned was the idea of open dialog and creating a culture that fosters the mindset of adaptability, described in theme two. Participant 4 stated: "I think we're all comfortable having those conversations." She is referring to having critical conversations about supporting students.

Participant 6 stressed the importance of not just reporting issues and sharing concerns with families, but taking the time as a group to devote to problem solving. "So they [the parents], are very open to coming to us when there's more significant incidents and say. . .how do we handle this?" Participant 6 believed that asking the right questions leads to an openness of dialog around problem solving.

The participants held a near unanimous perspective that the one collaborative practice that is most effective is the practice of clear and frequent communication. In order for the team to meet the needs of the students, build relationships, and implement essential components of the program, ongoing communication is key.

Summary

The purpose of this qualitative study which used IPA was to explore student needs and the essential components and collaborative practices necessary for effective school-based mental health programs. Three themes emerged from the data: behavior management, environmental management, and communication. Students need effective behavior management which includes flexible wraparound services, relationship building with stakeholders, and ongoing assessment. An effective school-based mental health program must include sound environmental management with the following components:

well-designed physical settings, program staffing in the right positions/critical roles, and the adaptability of team members. The last theme that emerged on the subject of collaborative practices was the importance of frequent and open communication.   All themes and subordinate themes were shared by the participants of a school-based mental health program in New York State.

The final chapter of this study gives a summary of findings. It will also describe limitations and the implications for leadership in school-based mental health programs.

Chapter 5: Discussion

Introduction

This study investigated the perspective of a multidisciplinary team that serves students with mental health needs in a school-based educational program. Children with mental health and emotional and behavioral disorders (EBD) have a history of poor educational outcomes. The purpose of the study was to understand the perceptions and perspectives of stakeholders working in an elementary school mental health program on effective programming for students with significant behavioral and mental health needs.

The increasing demand for school-based mental health services, coupled with the historically poor academic and social outcomes for students with EBD, makes understanding their needs essential. These needs, the essential components of effective programs, and the techniques of collaboration will inform educational leaders who are tasked with designing and administering school-based mental health programs. Application of this research should affect the ways in which administrators plan and deliver programming while ultimately leading to more positive outcomes for children with significant behavioral and mental health needs.

An improvement to the social and academic outcomes for these students would not only provide improved individual quality of life, but lessen the negative social costs associated with populations which have historically had a high dropout rate and chronic untreated mental illness.

The Institutional Review Board of St. John Fisher College approved the study and informed consent was given by the participants. The data for this study was collected through semi-structured interviews. A semi-structured interview does not follow a formalized list of questions. It is a system that asks more open-ended questions. This allows for a discussion to take place. The semi-structured interview questions were asked of the participating team members using an interview protocol.

The participants were drawn from a multiagency, multidisciplinary, school-based mental health program. All the participants in the study are members of the same classroom team. The team consists of a teacher, behavioral specialist, school program director, agency school based director, clinical care coordinator, clinical care coordinator manager, teaching assistant, and the program's psychiatric nurse practitioner. Each classroom team is a 6:1:2 (six students, one teacher, and two teaching assistants) plus a behavioral specialist. The behavioral specialist in each classroom helps to support students in regulating their behaviors. In addition, a clinical care coordinator supports the students during therapy sessions and during crises.

This study used semi-structured, open-ended questions to attempt to answer the following research questions:

1. What are the needs of students with mental health issues, as identified by multidisciplinary team members in the role of social workers, therapists, teachers, and administrators?

2. From the perspective of the team members, what are the essential components of programs that serve students with significant behavioral needs and mental health issues?

3. From the perspectives of the team members, what collaborative practices are most effective?

This qualitative study used semi-structured interviews to gain insight into team members' perceptions of school-based mental health programming. The team members were interviewed and the interviews transcribed. The transcripts of the interviews were coded and then analyzed to yield themes.

Implications and Relationship to Other Research

This research closely aligns with a recent state and national focus on the mental health of children. On January 2, 2020, the New York State Education Department released a memo considering the replacement of the term "emotional disturbance" in section 200.1 (zz) (4) of the Commissioner's Regulations. This terminology change request was recommended by stakeholders of the educational field (Wilkins, 2020). In addition to this change, similar discussions are happening at a national level. Mental health advocates are asking Congress to change current federal terminology from "serious emotional disturbance" to "emotional or behavioral disorder" (Wilkins, 2020).

When the participants of the study were asked "What are the perceived needs of students with mental health issues, as identified by multidisciplinary team members in the role of social workers, therapists, teachers, and administrators?" The answers given followed the primary theme of behavior management. The first subordinate theme identified was flexible wraparound services. This correlates to the findings of Puddy et al. in 2012, which identified planning, linking services, and monitoring as critical when serving students with mental health needs. The responses of the participants who work in the IMN setting used for this study align with Puddy's results when the terms wraparound

supports and linking services are understood to be functionally equivalent. It can

therefore be inferred that a broader agreement in the school-based mental healthcare

community may exist on the importance of these types of combined service offerings. In

2011, Duchnowski and Kutash interviewed parents of students who have mental health

issues and found that agencies serving students with mental health issues must provide

parental support to be successful. Parental supports were one of the potential service

offerings included in the concept of wraparound services. Subsequently, Duchnowski and

Kutash's parental perspectives could be understood to be in agreement with the

perspectives of educators and therapeutic professionals working in the IMN setting used

in this study.

The second subordinate theme identified under behavioral management was the

concept of relationship building with families and stakeholders. This theme most closely

aligns with certain activities within Bronfenbrenner's mesosystem as described in the

theoretical rationale section of Chapter 1. Participants identified the value of building

strong relationships with both their team members as well as families; they acknowledged

that both must be done intentionally and carefully, and there was consensus of the value

in the maintenance of these relationships. Their descriptions of services and the

opportunities that well-functioning home-to-school relationships present depict a means

of providing students with EBD an even higher degree of continuity than might otherwise

be available from individual isolated programs. For instance, a student may have the goal

of regulating his anger and the behavioral specialist would work with the student to

develop coping strategies that are appropriate for school and in the home. At school, the

student may ask for a break when he is mad but at home the strategy may be to go to his

room when he's angry. Positive relationships between stakeholders and families have the potential to improve parental reinforcement of behavior management strategies and can also be a means of communicating progress or desired goals back to the school on a more frequent basis. Other research has confirmed these perspectives. In 2011, Duchnowski and Kutash also found that relationship building with not only parents but all stakeholders is key to supporting student progress. For example, they recommend that teams working with students should also build relationships with mental health services operating both in and outside of school.

The third subordinate theme identified as need for students with EBD was the concept of ongoing assessment. This perspective also coincides with the results from the 2012 study by Puddy et al. They described the practice of progress monitoring as an important element of mental health programming. In this study of professionals in an IMN setting, the participants used slightly different terminology (monitoring vs. ongoing assessment) but both concepts relate to the importance of ensuring students are moving towards their goals, and if they are not, seek to understand, evaluate, and develop new strategies to support student progress.

Responses to the second research question: "What are the essential components of programs that serve students with significant behavioral needs and mental health issues?" can be broadly categorized under the second theme of environment management. While no research was uncovered to substantiate the perspectives shared on the subordinate theme of physical space, existing research does support the second and third subordinate themes of right positions and adaptability. Wyman et al. in 2010 found that found that having the right people available to teach self-control and expression is key to supporting

students. "Having the right people" signifies a program that is composed of essential roles and skillsets such as social workers, teachers, behavioral specialists, and a psychiatric nurse practitioner.   In this study of an IMN setting, "the right people" can be considered functionally equivalent to the subordinate theme of right positions.

Duchnowski and Kutash (2011) found that teachers did not have adequate professional development opportunities to properly support students with mental health issues. While this was not mentioned frequently enough to be considered a primary or subordinate theme, some participants in this study felt that properly integrating opportunities of professional development into the strategic plan helped to cultivate key skills among teachers and ensured necessary training to work with this population of students.

Answers to the third research question: "what collaborative practices are most effective?" revealed the final theme of communication. Participants in the IMN setting used in this study stated that frequent, honest communication is essential for their team to be successful in supporting students with mental health needs. While not identifying communication as essential, Moran and Bodenhorn, in 2015, found that distrust between other professionals and lack of communication are all barriers to effective functioning of teams trying to serve students with mental health needs. Participants in this study did indicate in many responses that the default mode of thinking ranged from uncertainty to in some cases distrust. They all held agreement that intentional effort was required. They stated that the role of leadership in this effort was to establish routines and define roles. They shared an awareness of the potential for relationships to degrade if not maintained, and their careful responses and reframing of circumstances to avoid negativity when

describing parental situations indicates the likelihood that they are integrating this practice into their professional lives.

Ecological Systems Theory in Context

The application of Uri Bronfenbrenner's ecological systems theory to the study of in-school mental health services will allow for a more comprehensive understanding of the factors impacting outcomes for this population of students. A systems theory was used in this study to better understand the nature of complex factors which influence school-based mental health programing. The framework was used to investigate and provide additional context to the findings. School-based mental health programs can be better understood by applying the ecological systems theory.

One of the most prevalent sentiments shared by the participants concerned the large number of poor home-school relationships for families entering their program. This can be understood as a breakdown in an element of the mesosystem. Respondents stated that many of the students' families did not begin in the program with a cooperative attitude toward educational institutions. As Participant 5 said: "[the students'] families come to the table with already a confrontational or adverse approach to education. They haven't had a good, positive experience. It's typically been negative reasons that they have interfaced." This could be rephrased as "the most typical reason for a school to reach out to a family is because their child did something wrong." This predisposition towards negativity makes effective and honest communication between the microsystems of home and classroom to be challenging. Participant 5 also indicated that this breakdown leads to further mistrust, disengagement, and poor outcomes for students.

There was an awareness on the part of the participants of the need to improve conditions in the mesosystem, even though they did not explicitly refer to it in those terms. For example, Participant 3 shared that "Direct regular communication is important. . . have direct connections with families and outside providers. . .bring them to be part of the team." Participant 7 stated,

> We have a holistic approach. . .home and family connections. Another component of the program is trying to make sure that we are having at least monthly face-to-face contact with family members. And the daily communication sheets. . .this goes back to building relationships.

> Participate 5 continued by pointing out the role of the team and why their model is successful. "The uniqueness of this model allows us to bridge the gap, we use outside providers in ICAN to serve as a liaison between the school and the family." The key connection was stated by Participant 2 who stated "we look at the kid in their environment as whole. . .each family needs a little bit different [services]."

The value of having effective communication and collaboration in mesosystem goes beyond maintaining amicable relationships. Since the educational team only has direct impact on the classroom environment, its ability to deliver services outside that scope is limited. In a multidisciplinary team that prioritizes building relationships between educational, therapeutic and home environments, the function of strong relationships within the mesosystem creates opportunities for each of the microsystems to communicate goals and make requests for complementary activities from the other microsystems. For example: a therapy session microsystem might inform the classroom microsystem of anger management techniques they should remind the student to use

when they are frustrated, or the classroom microsystem could request that the home microsystem follow up with the student to make sure homework is complete.

Many of the themes and subordinate themes that were uncovered in the course of the research concerned the nature of the mesosystem. Some, such as having the right people, indicate a need to have a diversity of expertise present in the system. Others, such as communication, demonstrate an awareness that relationships within the mesosystem require constant effort to preserve. It could also be inferred that the use of spin or wraparound services serve a dual function both in the actual service provided (microsystem activities), as well as a means of garnering trust and goodwill in the home-school relationship (mesosystem).

The exosystem represents those systems which have an indirect, albeit important, effect on students such as funding or professional development. For example, having teachers attend training on trauma informed care helps to support teachers working with students in this population. If societal awareness is not maintained, funding can impacted. As some respondents indicated, the cultivation of an adaptability of team members comes about as a result of professional development. If these development opportunities are not available as a result of either lack of funds or lack of appropriate material, it could have a negative impact on how student behaviors are addressed.

The next system is the macrosystem which consists of the cultural, political, and social impacts on a child. During the research conducted for this study, the New York State Education Department had ongoing committee work as outlined in this study's Purpose section.

The last system is the chronosystem. During this study, participants were able to share openly about the issues of mental health and the services that students require to be successful. The attitude of openness reveals a cultural change where mental health issues are less of a taboo discussion. In addition, during the time of this study, July 2018, the New York State Education Department released its Mental Health Education Literacy in School guidelines. This publication mandates school districts to address mental health education during instruction and to have a plan in place to support students with mental health issues.

Each of the findings can be applied to one or more layers within the system, however it is important to recognize the much larger scope of influences on a child's development than the actions of teachers and parents. The ecological systems theory recognizes that changes in legislation, budget allocation at federal, state and local levels, and societal changes such as the stigmatization surrounding mental health, all have influence on the developmental outcomes for children. The ecological systems theory, with the child at the theoretical center, encourages all members of society to consider how their larger environment impacts children.

Limitations

This study has a number of limitations, primarily the experience level of the participants as well as the researcher, and the relatively narrow demographics of the setting that was used in the study.

This study interviewed one team with a considerable range of professional experience: from 1 year in the profession to 32 years of experience. It may have been beneficial to further screen participants for experiences of at least 5 years to capitalize on

institutional or programmatic history, however the program has only been operating for 3 years. To screen for 5 or more years of career experience in any educational setting would have limited the participation of key team members and not allowed for a comprehensive study of this successful model. Consequently, this level of selection was not feasible.

This researcher's status as a school administrator in a school-based mental health program may have had an impact on the design of the questions, the analysis of the data, and the interpretation of the findings. Participants seemed comfortable interviewing during the study, however, the researcher's role as an administrator could have affected the way information and opinions were shared.

Another limitation of the study was the limited diversity of the participants and the population of students that are served by the program. The school-based mental health program that was used for the study serves a predominantly White population of students in a rural area. The lack of diversity in not only the staff but the students could effect the potential transferability of the recommendations. Additional studies may be required for urban or multicultural settings.

Recommendations

Recommendations for school teachers. Teachers who work with this population of students should focus on developing relationships, not only with their students but also the other stakeholders working with or invested in those students. They should exercise care when interacting with families to avoid judgment and negativity that might harm the home-school relationship as well as make more frequent attempts to communicate and seek input from the parents or guardians. In building these relationship

teachers should engage in this development with a focus adaptability and creative problem solving to meet the needs of the students. Participants in the study affirmed the need to have positive relationships not only with the student and the family but with other members of their team. Relationship building is accomplished through time and effort. It is recommended that teachers have classroom policies to include monthly home visits, daily communication notices, and one-on-one time with each student in their class.

In addition, classroom teachers should work to build positive relationships with their team members. This should be done with the goal of developing a culture where all team members have a voice and can share there expertise. The insights of therapeutic staff, nurse practitioners, and aides are all essential to developing a more complete understanding of the child's needs. Relationship building with stakeholders will allow teachers to work with parents, therapists and other professionals to coordinate their efforts to solve difficult or complex tasks, such as reinforcing positive behaviors and coping strategies.

It is further recommended that the classroom team continuously cultivate a mindset of adaptation and flexibility. For example, if a student arrives to school and is upset, the team should have the capacity to adapt and adjust the expectations for that student. Perhaps instead of immediately beginning instruction with the rest of the class, a team member could meet with the student in an appropriate therapeutic space to provide additional support. It may require that the student does their morning work in this quiet space until they are sufficiently at ease and able to enter the classroom. Having a culture of readiness to adapt and respond to changing needs, requires trust and excellent communication skills both between team members as well as other stakeholders.

Flexibility, adaptation, and teamwork to anticipate negative behaviors can not only improve student outcomes but reduce stress levels for team members as well.

Recommendations for leadership in designing school-based mental health programs. Academic leadership who are engaged in the process of designing or revising school-based mental health programs are recommended to implement a set of program policies that structurally reinforce the maintenance of stakeholder and family relationships. This is accomplished through the following steps: Frequent meetings to review progress as measured through assessment, inclusion of all stakeholders for these meetings. Frequent consultation with families to understand a child's behavioral and or social emotional progress from their perspective. The assessment component of this recommendation will require that data be collected to measure multiple aspects of academic and social emotional functioning, including but not limited to: behavioral incident referrals, social emotional rating scales, academic performance, school attendance, IEP progress reporting, grade promotion, and behavior logs. Behavior logs were seen as a valuable tool to review and look for patterns in triggering stimulus, responses to various therapeutic approaches, and overall social emotional progress.

In addition, leadership should consider the relationship building value that flexible wraparound services can offer in addition to the supports they are intended to provide. Stakeholder engagement is a critical component which wraparound services can help to cultivate. These services were identified by participants as being of high value to behavioral management of this population. Any services that the school cannot provide should be delivered via interagency collaboration. Programs should, for example, offer a

variety of supports, including mentoring, "rise and shine" services, medication oversight, and supports such as family counseling outside the boundaries of the school.

Another component of school-based mental health programs that was discovered through analysis of the findings was the strategic use of space. Specifically the allotment of a well-designed space to accommodate students who may have emotional or behavioral crises. Additional rooms or building spaces should be equipped and utilized in such a way as to provide privacy and isolation from triggering stimulus and serve as a therapeutic rather than punitive environment, and permit other members of the class to continue instruction without disruption. This allows for the staff to build relationships with students in a more calming environment, particularly when combined with adaptable and well trained staff.

School leadership should also attempt to recruit cultivate and retain staff to fill the diversity of roles required to properly serve the varying needs of children with EBD, and a mindset of adaptability of the staff members. Staff should be trained in therapeutic methods of behavior management, and maintain a positive attitude towards the students, their families and other stakeholders. In addition to improved outcomes for students, an understanding of the roles and expertise of each team member can in turn improve the confidence that they have in one another, reduce stress, and lead to lower employee turnover.

Recommendations for future research. Future studies should look for the presence of the items identified above as themes and subordinate themes in other school-based mental health programs. These practices may provide researchers with the missing mechanisms of success that were not understood in earlier research. This study did not

attempt to track student outcomes relative to the themes identified. However, given the extremely high level at which students with EBD do not graduate, it is imperative that the application of processes and team practices be identified when tracking academic and social outcomes. It is recommended that a longitudinal study of students in similar programs be conducted to examine the graduation rates of the students, transition planning, communication practices, team functioning, and types of mental health supports.

In addition there was a lack of empirical literature on the use of therapy spaces in school based-mental health programs for children with EBD. The frequent and enthusiastic mention of these spaces by the participants indicates their potential value to other school-based mental health programs. As such research should be conducted as to their design and usage.

It is also recommended that more inclusive rubrics be developed to evaluate school-based mental health programs. These rubrics should take into full consideration the factors identified as themes. Traditional academic metrics may not adequately measure the progress of a student whose behavioral needs are intense. Proper inclusion of stakeholders in future studies may, for instance, show that grade promotion and graduation rates are less of a priority for a given population of students than learning how to not react violently when receiving constructive criticism. Rubrics for program evaluation should also include a reporting on progress toward of goals as identified by IEPs, therapists, and medical practitioners. Among the possible domains to be incorporated into the rubric are: environmental management, behavioral management, social-emotional learning, individualized and personalized academics, parent

engagement, and internal review. Another factor that has not been discussed in the literature is the rate of transition to least restrictive environments as a possible rubric domain for Intense Management Needs programs such as the one used in this study. One of the goals for students in the IMN program which was studied is to transition its students to less resource-intensive programs as their ability to self-regulate improves. Other school-based mental health programs should identify whether or not this a goal for their program and if so begin measuring the application of these practices and their effect on the rate of transition.

Conclusion

Currently, studies have shown that a shortage exists in programming designed to support students with mental health needs. Predictions of an increased need for such services supports the further examination of the practices of school-based mental health programs. As schools face the challenges related to funding, lack of day treatment service facilities, and increasing numbers of students with mental health needs, it will be essential to understand how to implement programs as efficiently and effectively as possible.

The purpose of the study was to address the increasing need to understand school-based mental health programs. Previous studies have shown the barriers to program effectiveness and perspectives of parents and social workers, but none included perspectives from school-based mental health teams.

This research was designed to explore the experiences of a team of professionals serving students with intense mental health needs. Eight team members from a school-

based program were interviewed. This qualitative phenomenological research discovered the following themes in response to the following research questions.

1. What are the needs of students with mental health issues, as identified by multidisciplinary team members in the role of social workers, therapists, teachers, and administrators? The theme responses focused on behavior management, with the subordinates themes describing: flexible wraparound support, relationship building with families and stakeholders, and ongoing assessment.

2. From the perspective of the team members, what are the essential components of programs that serve students with significant behavioral needs and mental health issues? Responses to this question followed the theme of environmental management, with the subordinates themes of: well-designed space, the right positions, and the development of an attitude of adaptability for team members.

3. From the perspectives of the team members, what collaborative practices are most effective? Responses to this question focused on the theme of communication, specifically communication that is frequent and cultivates openness.

The limitations of the study were related to experience of the participants and researcher's experience level. Recommendations for teachers and leadership related to program development and team characteristics are included in the study.

School-based mental health programs are uniquely positioned to support this population of students. Schools should apply careful consideration in the areas of

environmental management, behavior management, and leadership. Further studies in this area of school-based mental health programs should focus on the long-term outcomes for these students and encompass more inclusive measurements of activities as described in the mesosystem of Bronfenbrenner's ecological systems theory. Moreover, instruments to evaluate the effectiveness of the school-based mental health program should be developed, based on an improved understanding of the themes identified by this research.

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Appendix A

Interview questions for teachers and professional staff:

Questions:
- Please tell me about your educational background?

- How long have you been working on this team?

- What is your role on the team?

- What deficits of resources do you experience when serving students?

- Do you feel that the need for classroom services is increasing or decreasing?

- Do you feel that the appropriate resources have been allocated to serve the present needs of the students?

- What data do you feel most appropriately validates that a student needs mental health support or that interventions are working as intended?

- What interventions do you think work best with children who need mental health support?

- What practices are most beneficial to maintaining stakeholder engagement?

- How does the physical space and layout, emotional climate, scheduling and communication systems impact the emotional health and readiness of a student to engage in learning activities?

- What are the most prevalent behavior interruptions in the classroom?

- What is the behavior management system (if any) that is utilized in these programs?

- What practices do you feel are most effective when engaging families?

- What skills do teachers most rely upon when serving this population of students?

- What other skills are key for student success? (social emotional learning)

- How do you feel the present school-based mental health program has been beneficial to students and families?

- What parts, if any, of the interagency collaboration do you feel are working well?

- What parts, if any, of the interagency collaboration do you feel could be improved?

- What parts, if any, of the interagency collaboration do you feel take the focus away from the needs of the child?

Interview questions for the program coordinator:

Questions:
- Please tell me about your educational background?

- How long have you been working on this team?
- What is your role on the team?

- Do you have a wait list? If so how long is the average wait time for these students?

- How many students in your program are moved to tier 3 level of behavioral support or have BIPS?

- What services does your program provide to students and teachers who need mental health needs?

- What deficits of resources do you experience when serving students?

- Do you feel that the need for classroom services is increasing or decreasing?

- Do you feel that the appropriate resources have been allocated to serve the present needs of the students?

- What data do you feel most appropriately validates that a student needs mental health support or that interventions are working as intended?

- What interventions do you think work best with children who need mental health support?

- What does the classroom instruction look like?

- What practices are most beneficial to maintaining stakeholder engagement?

- How does the physical space and layout, emotional climate, scheduling and communication systems impact the emotional health and readiness of a student to engage in learning activities?

- What are the most prevalent behavior interruptions in the classroom?

- What is the behavior management system (if any) that is utilized in these programs?

- What practices do you feel are most effective when engaging families?

- What skills do teachers most rely upon when serving this population of students?

- What other skills are key for student success? (social emotional learning)

- Could you give me a brief history of your school-based mental health program?

- How do you feel the present school-based mental health program has been beneficial to students and families?

- What parts, if any, of the interagency collaboration do you feel are working well?

- What parts, if any, of the interagency collaboration do you feel could be improved?

- What parts, if any, of the interagency collaboration do you feel take the focus away from the needs of the child?