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## **An Evaluation of Teacher Perceptions of the Effectiveness of the Professional Development Provided through a School-Based Mental Health Program**

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AN EVALUATION OF TEACHER PERCEPTIONS OF THE EFFECTIVENESS OF  
THE PROFESSIONAL DEVELOPMENT PROVIDED THROUGH A SCHOOL-  
BASED MENTAL HEALTH PROGRAM

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A Dissertation

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Doctor of Education

By

Nyah D. Hamlett

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## **Dedication**

This dissertation is dedicated to the people in my life who have transformed my being and those who supported me in words and through deeds during the process. To my husband, Breon and my three amazing children: Desten, Marleigh, and Graeson, thank you for your love, prayers, patience, encouragement, and provision for me to be able to endure this process as life threw us unexpected curves throughout. I am eternally grateful to each of you and to God for His grace and favor outweighing my hustle. This dissertation and the benefits that follow are also dedicated to my grandfather, Raymond Plummer, who wrote the check and insisted that I apply for the doctoral program at The College of William and Mary, but who passed away before I received my acceptance letter. Losing my grandfather and Grandma Anna, as well as my dad, Harold (Donnie) Plummer and line sister, Kelly Goins during this process has taught me to approach love, life and hard work differently.

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## **Abstract**

There are profound implications for students who suffer from mental illness, have unmet social emotional needs, and those who are being taught by ill-prepared teachers with little self-confidence in their ability to adequately address student needs. Teachers spend a significant amount of time with students who experience social and emotional challenges which requires relevant high quality professional development to learn how to recognize possible student mental health issues and to collaborate with internal and external partners to address these issues. This study employed Stufflebeam's Context, Input, Process, and Product (CIPP) Program Evaluation model to determine the context, input, process, and product of a social emotional support services (SESS) program. A mixed methods design was used to conduct the evaluation to determine the value, worth, and merit of the program for educators and school districts who understand that a narrow focus on academic achievement is no longer adequate for all students to succeed in and out of school. In order to determine the value of the program, participating teachers were asked to respond to survey evaluation questions through the use of the Teachers' Sense of Self Efficacy Scale (TSES). The TSES (Appendix A) is a reliable and valid instrument that is designed to determine what creates the most difficulty for teachers in the areas of student engagement, instructional practices and classroom management. Additionally, teachers were asked to respond to questions that provided information regarding their teaching demographics (i.e., years of experience, level of instruction, etc.), implementation of learned skills, and unique success stories and challenges they have faced. Data analysis was conducted to identify differences between respondent demographics and actual survey questions. Although significant gaps were not revealed, relevant findings and recommendations were able to be made.

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# CHAPTER 1

## INTRODUCTION

### **Background**

Over time, education has evolved beyond merely providing an environment where students learn to read, write, and master basic arithmetic. Students come to school to learn broadly across many content and skill areas; yet mental illness and social emotional needs of students, and lack of quality teacher preparation and skills prevent teachers from adequately addressing student needs. Furthermore, societal issues have smothered the public education system, which has forced educators to play multiple roles in the lives of students in order to help them become proficient in acquiring and demonstrating knowledge of the curricula and preparing them for post-secondary life.

Genetic, social, cultural and major environmental risk factors contribute to the onset of diagnosable mental health conditions and behavior difficulties. The impact of these factors on children's development is evident in behavioral risk factors such as aggressive social behavior which can contribute to social rejection and deviant peer group formation (National Research Council and Institute of Medicine, 2009). Psychological and behavioral issues generally tend to be interrelated, while the number of school-aged children in need of psychological or psychiatric intervention for traumatic or stress-induced symptoms is increasing (American Psychological Association Presidential Task Force on Posttraumatic Stress Disorder and Trauma in Children and Adolescents, 2008). Thus, there is a dire need for coordinated social emotional and mental health supports in schools that offer services to students and professional development for teachers.

**The impact of mental health on learning.** Schools are held accountable for the achievement of students, creating pressure for educators to ensure that all students demonstrate adequate progress despite any socio-emotional impediments that may impact a student's readiness to learn. For example, when teachers begin to notice a student's continuing outbursts in class, social struggles with their peers or declining grades, it may be a sign of a much bigger issue. According to the Centers for Disease Control and Prevention, between 13-20% of American school-age children experience mental health disorders, including one in seven children between the ages of two and eight. According to the American Psychological Association, as many as 15 million children in the United States could be diagnosed with mental health disorders. As few as 7% of these young people actually receive the care they need (as cited in Green, 2016).

Educators spend a great deal of time observing students in social and educational situations. As a result of the amount of time spent with students, teachers, by default, need to be familiar with possible signs associated with student mental health issues. According to Green (2016), being able to recognize the signs and symptoms of the most common mental health disorders can help teachers identify potential problems quickly, while working with parents and the school to help students get the assistance that they need.

Mental health is critical to a child's overall well-being just like physical health is. The two are deeply connected with one another. Just as a student with the flu would struggle to learn in the classroom, so too does a student with a mental health diagnosis. Mental health conditions can impede a student's ability to thrive in school, on sports teams, at home, at work and in greater society (Green, 2016, p. 1).

As more students seemingly come to school with unmet basic needs and mental health issues, a singular focus of academic achievement is no longer sufficient if all children are to reach their full potential. Poor attendance and difficulty with academic work are among the signs of emerging or unrecognized mental illness (DeSocio & Hootman, 2004). Furthermore, mental illness has an impact on school success and academic achievement.

High school students who screen positive for psychosocial dysfunction have three times the absentee and tardy rates than students not identified with psychosocial dysfunction. Students reporting high levels of psychosocial stress are more likely to perceive themselves as less academically competent, with difficulty concentrating in class and completing homework (Gall, Pagano, Desmond, Perrin, & Murphy, 2000; Masi et al., 2001; Nelson, Wehby, Barton-Arwood, & Lane, 2004). In a 2004 study of the academic performance of students with emotional and behavioral disorders served in a self-contained special education setting, approximately 83% of students with emotional and behavioral disorders scored below the mean of the control group in reading, writing, and math. According to the United States Department of Education's Thirty-Ninth Annual Report to Congress on the implementation of the Individuals with Disabilities Education Act (2017), approximately 35% of students age 14 and older who are living with an emotional disability or mental illness drop out of high school: the highest dropout rate of any disability group. These emerging trends find many educators ill-prepared for the manifest of this societal change in the classroom.

**The connection between mental health and academic progress.** Identification and treatment of mental illness, coupled with mental health services, have proven to increase academic success (Forman, 2015). Multiple studies show that early detection of

childhood mental health issues, timely referrals, and access to appropriate services lead to improvements in both mental disorder symptoms and school performance (Baskin, Slaten, Sorenson, Glover-Russel, Merson, 2010; Breslau et al., 2009; Puskar & Bernardo, 2010). A meta-analysis (Baskin et al., 2010) of studies addressing school performance and mental illness has shown that treatment improves school performance for a significant number of youth. According to Armistead (2008) a system of care for youth with mental health issues improves students' attendance and grades with coordinated care and reduces expulsions and suspensions. A 2007 study found that school based mental health center users had significantly lower grade point averages (GPAs) than non-users in the beginning of the study, yet they experienced a more significant increase in GPA over five semesters than non-users (Walker, Pullman, & Kerns, 2010).

It is also important to note that SEL programming in schools has been found to improve student achievement resulting in 11 to 17 percentile point gains on test scores (Payton et al., 2008). According to Gall et al. (2000), high school students who accessed school based mental health services experienced a 50% decrease in absenteeism and a 25% decrease in tardiness two months after receiving school-based mental health services and counseling. Research studies have also shown that students who received school based mental health services were twice as likely to stay in school as students who did not (Brown & Bolen, 2008). As a result of the changes to the landscape of education, the challenges that educators face, and the impact of mental health on learning, educators will require knowledge and skill development in order to provide social emotional supports and school based mental health services to students so that barriers to teaching and learning can be reduced or eliminated.



## **The Influence of Culture, Race, and Society on Mental Health in Schools**

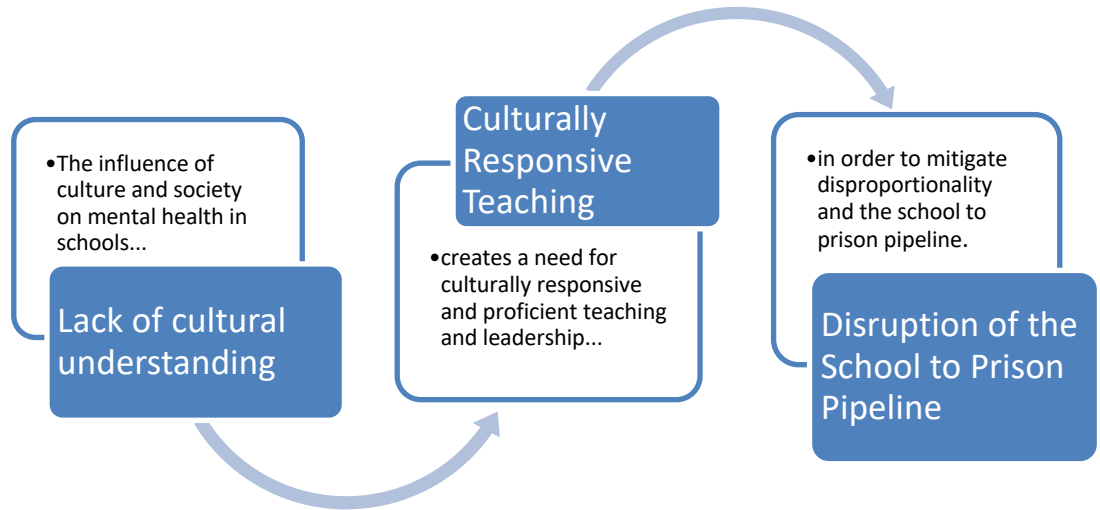
According to a 2001 report of the Surgeon General by the United States Department of Health and Human Services, culture influences many aspects of mental illness including how students from a given culture express and manifest their symptoms, coping mechanisms, family and community supports, and willingness to participate in treatment. Likewise, the cultures of the clinician and the service system influence diagnosis, treatment, and service delivery. According to the Organization for Economic Cooperation and Development (2010) cultural and social influences are not the only determinants of mental illness and patterns of service utilization for racial and ethnic minorities, but they do play important roles. Mental disorders are highly prevalent across all populations, regardless of race or ethnicity. Cultural and social factors contribute to the causation of mental illness, yet that contribution varies by disorder. Mental illness is considered to be the product of a complex interaction among biological, psychological, social, and cultural factors, yet the role of any one of these major factors can be stronger or weaker depending on the specific disorder (DeSocio & Hootman, 2004). Within the United States, overall rates of mental disorders for most minority groups are similar to those who are Caucasian. This general conclusion does not apply to vulnerable, high-need subgroups, who may or may not be considered at-risk in school. These high-need subgroups, often not captured in community surveys, tend to have higher rates of mental disorders. The overall rates of mental health disorders for many smaller racial and ethnic groups, most notably American Indians, Alaska Natives, Asian Americans and Pacific Islanders, have not been sufficiently studied to permit definitive conclusions (R. Blum, Beuhring, & Rinehart, 2000).

Racism and discrimination are stressful encounters that adversely affect overall health, but more significantly impact mental health, which subsequently places minorities at risk for mental disorders such as depression and anxiety. Whether racism and discrimination can, by themselves, cause these disorders remains unclear, yet deserves the attention of researchers (Gall et al., 2000). There are a number of studies that report that the stigma of having a mental illness discourages major segments of the population, majority and minority alike, from seeking necessary help. Attitudes toward mental illness held by minorities are as unfavorable, or even more unfavorable, than attitudes held by Whites (Humensky et al., 2010). One reason that deters minorities from seeking treatment is their mistrust of mental health providers and services which coincides with their mistrust of teachers and instruction. Concerns regarding clinician bias and stereotyping are reinforced by both direct and indirect evidence. The extent to which clinician bias and stereotyping explain disparities in mental health services, however, is not known (Nelson et al., 2004). Issues with communication and cultural misunderstandings between patients and clinicians may prevent minorities from using services and receiving appropriate care. Mistrust and cultural misunderstanding between students and ill-prepared or culturally unconscious educators may perpetuate academic and disciplinary disparities. Although academic and social exclusion of students by educators affects students across all racial, ethnic, gender, and socioeconomic groups, data consistently show that certain student groups are more severely and disproportionately affected than others by what is considered school failure (T. Howard, 2014).

One of the reasons why the social emotional support services (SESS) program is placed in specific schools within the District being studied is due to the number of Black

male students with disabilities who require mental health support and who are being disproportionately pushed out of school through suspension, expulsion, and restrictive special education settings. A broad scan of research shows that Black male students, especially those with disabilities and/or mental illnesses, are pushed out of school and released to the streets, often referred to as the School to Prison Pipeline. Additionally, a little less than half of Black males do not earn high school diplomas in four years (Allensworth & Easton, 2005; Swanson, Cunningham, & Spencer, 2003). National data show that in 2008, approximately 52% of Black males graduated within four years compared to 58% of Latino males and 78% of White males (Schott Foundation, 2010). Although the graduation gap is the result of a number of factors, one factor that contributes to the graduation gap is the high concentration of poverty stricken minority students who are enrolled in low performing high schools in urban areas across the country (Darling-Hammond, 2010; Delpit, 2012). According to Howard (2014), what is most perplexing is the intensity and persistence of the deleterious effect of social ills on Black males and how they carry this stigma into adulthood. National data confirm those same social ills by revealing the manner in which Black males are undereducated, have chronically high unemployment rates, are over-incarcerated, have disparate health conditions and lower life expectancy than any other large ethnic/racial group in the United States (Cherry, 2016). Although there is a focus on Black males with disabilities, all racial groups need and receive support through the SESS program and all teachers receive professional development considering the fact that education is dominated by white female educators who need strategies, skills, and knowledge to serve racially and economically diverse student populations. Figure 1 is a visual representation of the need for professional development provided to educators is due to the influence of culture and

society on classroom management and instruction. The graphic represents the position that culturally responsive teaching is vital to the lifeline of marginalized groups such as Black males in order for them to experience success in school and, ultimately, society.



*Figure 1.* Graphic representation of the influence of culture on teaching and the connection to disproportionality and the school to prison pipeline.

In their 2001 report, the U.S. Department of Health and Human Services confirmed that ethnic and racial minorities in the United States face a social and economic environment of inequality that includes greater exposure to racism and discrimination, violence, and poverty, all of which have been proven to take a toll on mental health. That same report indicated that living in poverty has the most measurable impact on rates of mental illness and that people with the lowest level of income, education, and occupation are about two to three times more likely to have a mental disorder (Masi et al., 2001). Considering the consistent disconnect between educators and the students that they serve, Smith and Harper (2015) document their concern regarding the lack of equity of social emotional supports provided to students who have a history of behavior struggles, have experienced trauma, face discrimination, and live in poverty. They note, however, that

equity in this area is increasingly attainable and that social emotional engagement is a necessary ingredient to the equity process when it comes to addressing mental health issues within schools.

**Poverty and mental health.** Higher rates of poverty may increase the number of children in need of support in the area of mental health. The way in which poverty is defined determines how it is viewed, reacted to, and planned for in communities and in schools (Jensen, 2009). Poverty is most often defined by the lives of people who, over time, lack the basic necessities in life, such as: food, clothing, and shelter. A lack of basic necessities affects students' social, psychological, and physical health and also isolates children from the social aspects that schools have to offer (Valdez, Lambert, & Ialongo, 2011). Impoverished parents are often dealing with the chronic stress of poverty and are struggling just to stay afloat (Keegan-Eamon & Zuehl, 2001) which results in less attention, support, and affection for the developing child. Consequently, children in poverty are more likely to feel isolated, deprived, bullied, and unworthy in their younger years and often become depressed or even psychologically disturbed as they come of age and face struggles as adults (Jensen, 2009). These same children find it more difficult to rise above circumstances of criticism, isolation, and disappointment which create profound implications for classrooms: no curriculum, instruction, or assessment, however high quality, will succeed in a hostile social climate (Jensen, 2009).

Poverty is not the sole source of challenging student behaviors, emotional dysregulation, or a lack of student achievement. There are a number of contextual issues that are potential contributors to achievement disparities, as well. K. Howard and Solberg (2006) suggest that these social and developmental influences may include racism, poverty, family involvement, access to quality education, just educational practices, and

personal and cultural identity development. Should the impact of poverty or other mitigating factors become a barrier to student learning, thereby creating an increased need for student access to mental health services, it is the responsibility of the school system and educators to attempt to eliminate those barriers in an effort to optimize the learning environment.

### **Benefits of Professional Development**

In order for educators to optimize the learning environment for students, they must receive ongoing professional development in order to be equipped to do so. Professional development is defined as learning to earn or maintain professional credentials such as academic degrees, participation in formal coursework, attending conferences, participating in professional learning communities and informal learning opportunities situated in practice, such as receiving consultation and coaching. Professional development is typically described as intensive and collaborative which also incorporates an evaluative stage for an objective feedback loop. In a 2018 study that examined the extent to which participation in a 14-week professional development course designed to improve teacher and student interactions in the classroom, results demonstrated that control teachers reporting higher professional stress showed fewer gains in observed emotional support relative to control teachers experiencing less professional investment stress. There were approximately 425 preschool teachers who participated in the study with an average of 11 years of teaching experience. The findings suggested that participation in the professional development intervention had a safeguarding effect on the negative association between professional stress and emotional support (Sandilos, Goble, Rimm-Kaufman, & Pianta, 2018).

In another study that considered the ways in which a teacher professional development program might affect the quality of teachers' instructional and motivational discourse, the findings showed noteworthy group differences in the development of instructional and motivational discourse throughout the school year, which resulted in significant benefits for students. Moreover, the students reported that their teachers were more autonomous, competent, and supportive throughout the year that they were in the professional development program. The student reports also lead to increased experiences of self-determination and intrinsic motivational learning for students (Kiemer, Gröschner, Kunter, & Seidel, 2018). Professional development and coaching in the areas of SEL and mental health help teachers to develop and employ empathy in their teaching practices. Demonstrating empathy however, despite its importance, is not very highly valued today. Frequently people are reduced to stereotypes and inequitable experiences while whole groups of people are labeled. The way to fight for equity in education is to see all people as fully human and the way to do that is by demonstrating empathy (Knight, 2016).

### **Professional Development, Teacher Efficacy and Social Emotional Learning of Students**

The academic expectations for students and the standards that teachers are required to teach are often found to be irrelevant and unrealistic for marginalized groups of students. Today's schools are increasingly multicultural and multilingual and are filled with students from a variety of social and economic backgrounds. The diverse group of students that are served in public schools have varied levels of motivation for engaging in learning, behaving positively, and performing academically. According to Weissberg, Durlak, Domitrovich, and Gullotta (2015), social and emotional learning (SEL) provides a foundation for safe and positive learning and enhances a student's ability to succeed in

school, career, and life. Instead of making professional development in the use of SEL strategies and curriculum a priority in order to prepare and equip educators to meet the diverse social emotional needs of students, there tends to be a special emphasis placed on instructional strategies, lesson planning, and school accreditation that all focus on strengthening instructional programming. According to Hansen (2017), the nuances of teaching SEL require that dedicated educators receive additional training and professional development. Although almost three decades ago, Skinner and Belmont (1993) posited that students who are disengaged and exhibiting negative behaviors in the classroom, receive teacher responses to those behaviors that further undermine their motivation. Therefore, it is important to study professional development provided to educators through the SESS program being implemented in select schools within a pre-school through 12th grade school district to determine its effectiveness in serving students and staff for its intended purpose.

As Booth, Colomb, and Williams (2008) recommend, further research is necessary to dig deeper into both the needs of today's students and the strategic responses to the social challenges that impact student achievement. They suggest that more attention be given to teacher preparedness and support of teachers while simultaneously providing students with the social emotional assistance that they require in order for them to succeed behaviorally and academically. Although there has been ample evidence that mental health is critical to the academic success of students (Baskin et al., 2010; Breslau et al., 2009; Franklin, Kim, Ryan, Kelly, & Montgomery, 2012; Gall et al., 2000; Puskar & Bernardo, 2010), Skinner and Belmont (1993) also revealed that the involvement of teachers was central to the experience and success of students in the classroom and that teacher provision of both autonomy support and optimal structure predicted the



motivation of students throughout the school year. Support for both students and teachers is imperative to a successful school program. “Effective teachers use care and respect to build relationships with their students that are conducive to academic learning [and]... effective teaching requires teachers who not only have efficacy beliefs about themselves but also the entire faculty” (Stronge, 2010a, p. 59). In order for teachers to be successful, they must be taught to be aware that their personal dispositions, as well as their skills and practices, impact student achievement (Stronge, 2010a). Preventative rather than reactive classroom management skills, coupled with teachers who identify and are able to teach desirable student behaviors, are key elements of effective classroom management (Stronge, 2010a). According to Marzano (2003), a healthy balance between moderate dominance and moderate cooperation is necessary in order for genuine positive relationships to be formed between teachers and the students that they teach. Conversely, poor classroom management and antagonistic personal dispositions of teachers have a negative impact on students (Marzano, 2003). Extensively studied and reported by Albert Bandura (1991, 1997, 2000, 2001a, 2001b, 2005, 2008, 2009), human behavior is motivated and controlled through the exercise of self-influence, more specifically belief in one’s own self-efficacy. Despite other factors that may serve to guide and motivate self-efficacy, self-efficacy is rooted in the essential belief that one has the power to produce desired results and is a contributor to their own life circumstances rather than a byproduct of them (Bandura, 2009). Unfortunately, both teachers and students are frequently impacted by adverse childhood experiences (ACE) which are defined as childhood abuse, neglect, and exposure to other traumatic stressors. Teachers who work with students who have multiple adverse childhood experiences (ACE) require extensive training and professional development to equip them with the necessary tools to meet the

needs of their students and to address their own self-care needs in response to not only their personal trauma history, but also the secondary trauma they encounter on the job. Acute distress is a normal response to trauma which manifests through anxiety or changed behavior that occurs after the trauma. Post-traumatic reactions to trauma are typically generalized across multiple settings and spheres of functioning which seriously impair intrapersonal, interpersonal, and occupational functioning (Benight & Bandura, 2003). Teacher efficacy and skill development subsequently emerge as key components to SEL and student success.

### **Program Description**

#### **Context**

The SESS program was developed and is operating in a public school system, hereafter referred to as the District. Located in a mid-Atlantic state, the District serves an urban/suburban community, containing some rural areas, that is growing in diversity. The community of 10 years ago is vastly different than the one that currently exists. The District serves a unique population of students due to the diverse community it encompasses. Many factors contribute to the diversity of the community including an overall racial and socioeconomic divide evident in the geographical locations of the extremes within each population. The community is physically and symbolically divided by a major highway. Generally, communities east of this major highway make up a larger percentage of minority students who fall under the umbrella of low socioeconomic status, while communities to the west tend to be more affluent Caucasian families. The central part of the District represents a population that is a more diverse mixture of races and socioeconomic statuses than are represented elsewhere.

There are geographical, environmental, economic, and cultural factors that contribute to the fabric of the District. Within a 10-year span, there has been exponential growth and development primarily in the western part of the county, and the District's demographics now represent more minority students than Caucasian students. Becoming a more diverse district with the increase of immigrant children and families, a slight decrease in the percentage of African-American students, and concentrations of poverty within the county, has impacted the way the District approaches their primary business of educating students. For instance, the District has shifted priorities to areas of focus that are more culturally responsive. The leadership team, 15 support services staff, and 50 teachers and administrators have been trained in Restorative Practices with an emphasis on culturally relevant pedagogy. There are over 80 countries and over 100 languages represented in the District and approximately 41% of students qualify for free and reduced-price lunch.

Mirroring national discipline data, the District struggles with disproportionate discipline rates. According to the U.S. Department of Education Office of Civil Rights (2017) Data Snapshot on School Discipline, in many schools, a small proportion of students account for the majority of aggressive and "rule-breaking" incidents in a building. Their findings are similar to the discipline data of the District of context. Of a school population greater than 50,000 students, approximately 2% or 1,200 students receive two or more out of school suspensions annually, and of that 2% almost 80% of those students are African-American. Aligned with what research reveals about students living in poverty whose basic needs may not be met, the majority of students with two or more out of school suspensions in the District reside in geographic areas where the free and reduced-price lunch rate is above 50%. Knowing that the discipline data correlates with truancy and student performance has allowed district leaders to strategically target

interventions and programs to support students in the areas of behavior, truancy, and academic performance. Although there are pockets of mental health challenges sprinkled throughout the district, the six schools that have been selected to offer SESS services are schools whose principals report significant mental health needs of students based on documentation provided by parents, special education reports, private providers, and teacher referrals. The District has prioritized student safety, both physical and social-emotional, therefore, the need for teachers to receive professional development to help them to understand mental health and its impact on student safety, as well as student success is imperative.

The SESS program was designed to provide tiered comprehensive school based mental health services through consultation with multiple stakeholders (e.g. staff, families, and the community) and direct service provision to students. Discipline data and Code of Conduct infractions were analyzed geographically as well as by disproportionality and were also dissected by level (i.e., elementary, middle, and high school). Resulting data were then used to determine the placement of the SESS programs to best meet the needs of the target population in the District's alternative school and select comprehensive schools. The placement of the programs was intentional; originating with the marginalized groups of students such as Black males, students living in poverty, and those experiencing trauma. Determination of program placement also targeted the schools that had the highest discipline rates for subjective infractions that tend to nourish the school to prison pipeline. Professional development for teachers and administrators who struggle with removing students from school for disrespect, defiance, and classroom disruptions then becomes a programmatic priority.

School accreditation, truancy, student conduct, student achievement, and increased mental health needs have played a part in shifting the areas of focus for the District. There is an opportunity for instruction and social emotional support to meet the current needs of the students and families of the school district of today, not the school district of the past. The SESS program aligns with the four priorities included in the District's strategic plan: relationships, closing gaps, academic progress, and student safety. The rationale used by District leaders for developing the program included the foundational knowledge that genuine relationships with students must be established in order to create physically as well as socially and emotionally safe learning environments.

The SESS program is being implemented in six schools; five comprehensive schools and one alternative school. The alternative school serves students who want or need an alternate approach to their education via the District's application process for general education students, an IEP placement for students with disabilities, or as a placement through the student discipline process. These programs also offer opportunities for students to earn a high school diploma and a career and technical education certificate. The alternative school campus serves approximately 220 students, grades kindergarten through twelve, who were not successful in their comprehensive schools. Of the 220 students, approximately 30 begin the school year receiving services from the SESS team, with that number increasing throughout the school year. These students represent what are considered to be some of the District's students in most need of specialized services.

At the five comprehensive schools, the program inputs, activities, and goals vary based on the population served and the human resources of the school. The comprehensive schools' SESS programs serve students who were referred to the SESS clinicians by parents or through an intervention team process. The intervention team

supports the problem-solving process that includes both Response to Intervention (RtI), as well as Positive Behavioral Interventions and Support (PBIS). The teams are engaged in the work of implementing and monitoring Tier I universal academic and behavioral interventions and supports with fidelity, which includes the professional development component of the SESS program. This allows the SESS clinicians to conduct an intake assessment, resulting in information that is essential to determining the level of support needed for each student who requires access to the tiered systems of supports.

The alternative school also follows the tiered systems of supports model. Students with social emotional and behavioral needs that have resulted in disciplinary actions leading to time out of class, consideration of other placements, or students who return from juvenile detention or residential facilities, receive an intake assessment to determine specific needs and are provided services based on the Tiered Systems of Supports framework. Another common thread between the alternative school and the comprehensive school is that the clinicians fulfill the mission of the SESS program while also providing students with a more structured environment, actively engaging them in their learning process, and providing professional development for all teachers on the use of research-based SEL strategies, innovative instructional strategies, and culturally responsive classroom management techniques. Another commonality includes the service provision to students who are accessing group and/or individual counseling. The counseling techniques and strategies vary based on the age, development, and needs of the student.

### **Description of the Program**

**Program participants.** The SESS program provides counseling support to students with social emotional and behavioral needs that have historically resulted in disciplinary

actions leading to above average time out of class or consideration of more restrictive placements. Identified students receive an intake assessment to determine specific needs and are provided services based on the tiered systems of supports framework. Based on the identified student needs, the supports available include: social skills counseling, anger management counseling, grief counseling, small group and individualized counseling including Motivational Interviewing techniques, development of individualized behavior intervention plans and daily monitoring of those plans, check in/check out support, crisis intervention, de-escalation support, and conflict mediation with peers and/or school staff using a Restorative Practices model. Additionally, school and staff needs are assessed and determined and professional development and coaching of all staff is provided on an ongoing basis in the areas of PBIS, culturally responsive teaching, trauma informed care, adverse childhood experiences (ACEs), Restorative Practices, mindfulness, and the impact of secondary trauma on teachers.

The mission of the SESS program is to provide tiered comprehensive school mental health services to students and consultation to stakeholders in order to promote social emotional growth and wellness among the school community. A unique feature of the program, particularly in the comprehensive schools, is the assignment of social workers and school psychologists equipped with specialized training who are placed full time in one school versus being assigned to three or four schools with the complete responsibility for the special education evaluations, truancy, and mental health of over two thousand students. Ultimately, the goal is to move the District toward a shared school-family-community commitment to bring high quality and evidence-based mental health promotion, prevention, and intervention to staff, students and their families.

**Implementation.** In the fall of 2014, a full time school social worker and a full time school psychologist were added to the staffing allocations at the alternative school campus to support the program. In the fall of 2015, a feeder pattern of two elementary schools, one middle school, and one comprehensive high school began implementing the program with the addition of a full-time school social worker and school psychologist, and, in the 2016-2017 school year, an additional elementary school began implementing the program with the same level of staffing added to the school's complement. All other schools in the District maintained their level of support, sharing school psychologists and school social workers with two to three other schools. This staffing pattern drastically reduces the capacity of support staff to be acknowledged and employed as the mental health experts that they were trained to be.

The school psychologists and school social workers in the schools that have the SESS program lead the tiered systems of supports efforts by assisting other school staff with implementation of universal Tier I supports from which all students can access and benefit. Tier I supports include, but are not limited to, round table discussions in homeroom classes using a Restorative Practices model, development of a behavior matrix which establishes and communicates school-wide expectations, and incorporation of skills and strategies that help adults to establish relationships with students to adequately address internalizing and externalizing student behaviors resulting in increased student motivation and engagement. More specifically, professional development is provided to all staff with a Tier I approach in the areas of trauma informed care and adverse childhood experiences, Restorative Practices, mindfulness, PBIS, and the impact of secondary trauma on teachers and the importance of adopting self-care strategies.



Tier II interventions are designated for students who meet specific criteria related to student conduct. These interventions are designed for students whose behavior is disruptive to the learning environment, but are not necessarily a threat to the safety of the student or others. The soft and subjective infractions, such as insubordination, defiance, disrespect, obscene language, and/or verbal altercations are addressed through Tier II interventions. In addition, students who internalize social and emotional concerns that significantly impact performance, such as depression/self-esteem, anxiety, and social isolation also receive Tier II interventions.

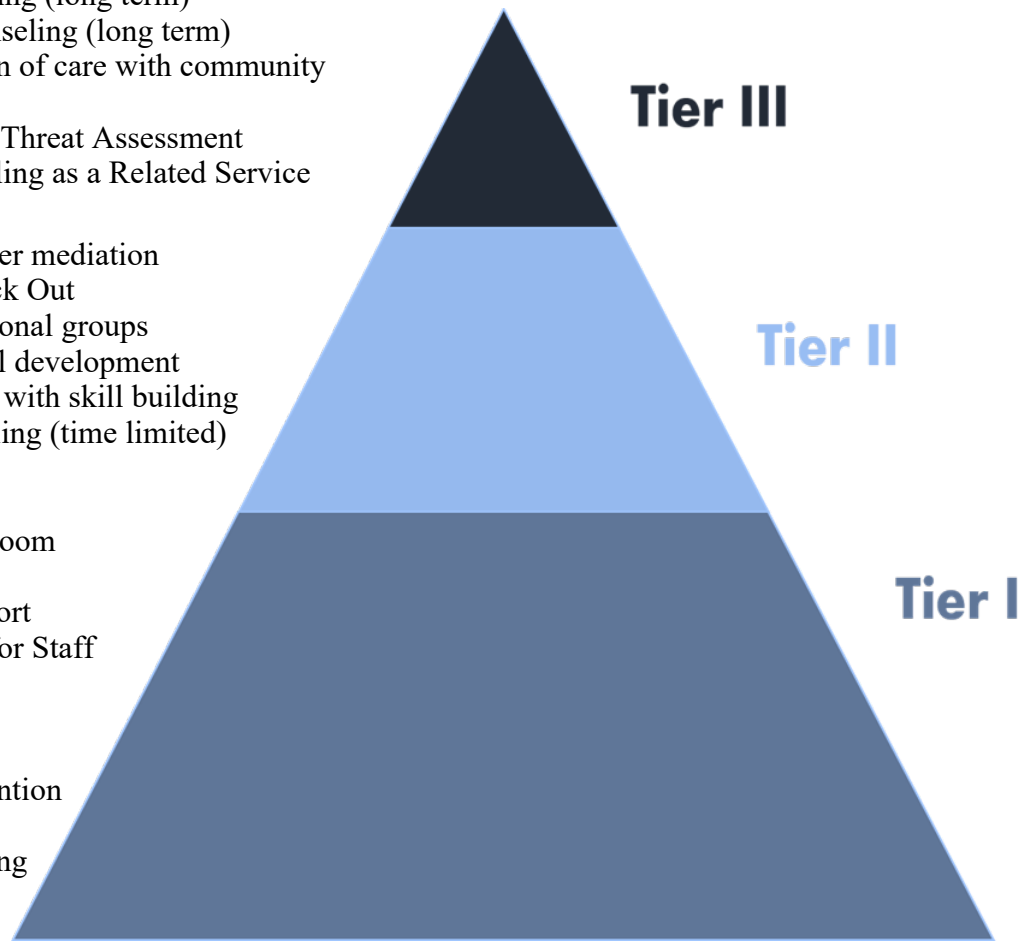
Tier III interventions are provided to students who, through referral or data collection, exhibit chronic behavior that is highly disruptive, impedes learning, results in social or educational exclusion, and/or is dangerous to self or others. Students that accumulate 20 or more referrals for insubordination, defiance, disrespect, obscene language, verbal altercations, etc. that are indicative of a pattern of willful disregard for the *Code of Student Conduct*, receive Tier III interventions. Students who are at-risk of a more restrictive placement due to physical aggression, emotional issues triggered by traumatic experiences, and those at risk of a long term suspension or recommendation for expulsion receive Tier III interventions as well. Students who return to school from a psychiatric or residential treatment center, spend 30 or more days in detention, or have been committed to a facility of the Department of Juvenile Justice, also receive an intake assessment upon return to school to determine appropriate social emotional supports. Figure 2 represents the supports provided to students and staff via a tiered system that was developed to align with the-priorities of the District as outlined in its strategic plan as well as to achieve the mission of the program itself.

The SESS program requires regular monitoring of student progress. There are multiple data collected for each level of support, including but not limited to, discipline referrals, tardy and attendance data, in and out of school suspension data, assessment data, behavior contract data, classroom observations, and planned and unplanned student contact (i.e., counseling, de-escalation, and crisis intervention). During the 2016-2017 school year, the six schools, served by eight SESS clinicians, provided over 2,100 scheduled counseling sessions to more than 250 students. Clinicians addressed immediate personal crisis situations and de-escalated students in personal crisis more than 1,600 times. There were over 300 supportive contacts and/or home visits with families, over 160 evaluations conducted for special education evaluations, and there were over 700 supportive consultations for teachers and administrators, including professional development sessions and modeling of best practices for staff.

FBA/BIP  
1:1 Counseling (long term)  
Group Counseling (long term)  
Coordination of care with community providers  
Suicide and Threat Assessment  
IEP Counseling as a Related Service

Restorative/peer mediation  
Check in/Check Out  
Psychoeducational groups  
Pro-social skill development  
Behavior Plan with skill building  
Group counseling (time limited)

Teacher consultation  
Emotional regulation classroom interventions  
Classroom behavioral support  
Professional development for Staff  
Trauma-informed practices  
Mindfulness lessons  
Transition meetings  
De-escalation/crisis intervention  
Advisory lessons  
Calming breaks/skill building



*Figure 2.* Visual representation of the supports provided as part of the SESS program's tiered systems of supports framework.

Additionally, aggregated data from an informal survey of staff was collected and analyzed across all six schools with SESS at the conclusion of the 2016-2017 school year. The questions were posed to each school's administration, staff, and teachers in June of 2017 as part of a program feedback loop. Data were collected via a Google form with anonymously reported responses. Respondents were identified solely by their role in the school (i.e., administrator, grade level supported). There were 209 teacher/staff responses from the six SESS schools. A sampling of survey responses (in which the percentages

represent those who responded that they agreed or strongly agreed with the statements provided) are listed below:

- 72% “spend a great deal of time dealing with students’ social and emotional challenges.”
- 71% indicated that an “SESS team member has been responsive to my needs/concerns.”
- 70% feel that the “SESS supports I have utilized were positive and helpful experiences.”

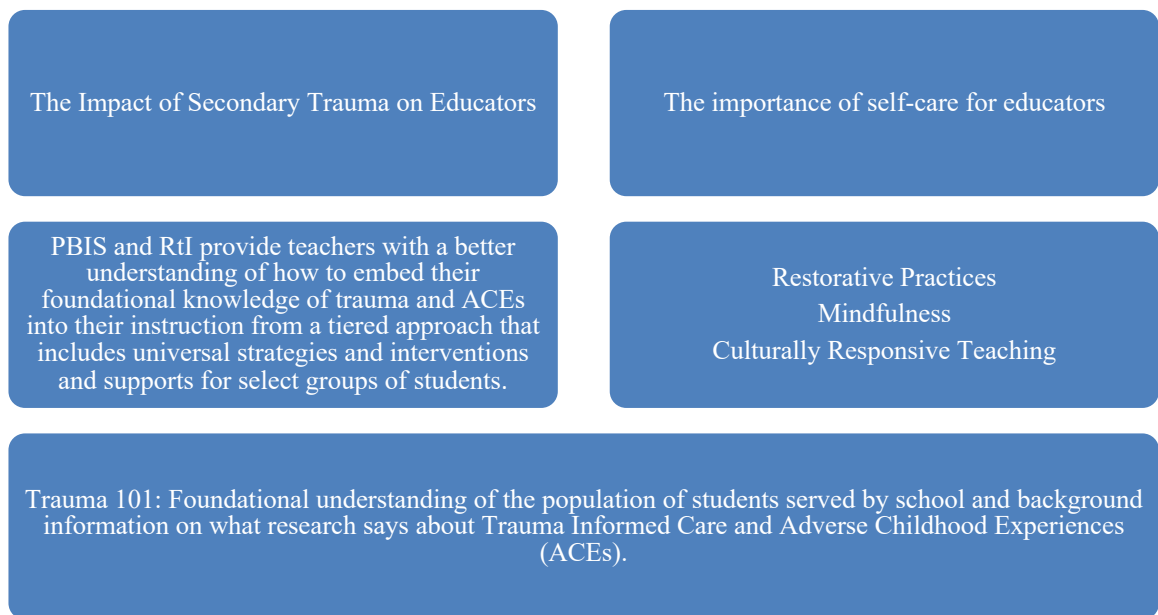
The formative data collected were used by the District to adjust student supports, inform both academic and social emotional needs, determine the effectiveness of the interventions, and to monitor teacher approaches and student progress. The data collected and analyzed have also been used to make revisions to the program model in order to maximize human resources. Furthermore, the finding that 70% of staff who responded to the survey felt that the SESS supports that they utilized were both positive and helpful confirms the need for further exploration of the impact that the professional development provided by clinicians has on staff efficacy.

### **Overview of the Evaluation Approach**

Mertens and Wilson (2012) highlight the fact that “evaluation is situated in the challenges of everyday life; yet it differs from everyday ways of responding to such issues by focusing on a systematic process that is known as program evaluation” (p. 5). The impact that Tier I professional development has on the efficacy of educators who receive training and support from the SESS program requires evaluation as it is designed to address everyday life challenges of students and how staff respond to the behaviors that are a manifestation of those challenges and influences in the District. Responding to

the issues through this systematic process to determine whether traditional or population-based school mental health services are being used and whether there is a relationship between staff self-efficacy and the professional development provided to them by SESS clinicians is vital. This is important because the difference between population-based mental health services and traditional models that are only referral-based is analogous to the difference between nurturing a single tree showing signs of failing health and maintaining the vitality of a forest (Doll & Cummings, 2008). As an added offering to schools that have the SESS program, in-depth services are provided to students and staff through that same tiered systems of supports. As mentioned previously, supports range from specific professional development and coaching of staff to group and individual counseling for students. Figure three depicts the focus of the professional development component of the SESS program, which builds on topics that are foundational to the Tier I support designed to address the needs of all students and staff.

The professional development provided to staff as a Tier I support is represented in Figure 3 as a hierarchy of relevant topics of professional development that build on one another to support the whole school and every student.



*Figure 3.* Professional development provided to staff as Tier I SESS support.

**Program evaluation model.** The model chosen for this program evaluation identifies the resources or input, activities, participants, and anticipated outcomes of the program. The Context, Input, Process, Product evaluation better known as the CIPP evaluation model was originally developed as a means to systematically provide timely evaluation information for use in decision making and to facilitate educational improvement through a proactive approach to evaluation (Stufflebeam, 1977). This is the model that aligns with the pragmatic paradigm in which evaluations should produce timely, relevant, objective, and credible findings to inform decision makers (Mertens & Wilson, 2012). As a result, the pragmatic paradigm is the primary approach taken for this evaluation as it allows stakeholders to see all aspects of the program. There is also a heavy emphasis on context within the evaluation as the results cannot be generalized to other contexts. The results of the evaluation will assist those stakeholders implementing the program to adjust their practice to meet the program goals.

**Purpose of the evaluation.** The purpose of the evaluation is to determine the merit of the SESS program inputs and outputs based on the results of professional development provided to staff to increase knowledge and skills in providing the direct service provision to the most at-risk and vulnerable student population of the District. The school board, district leadership team, and school staff are interested in giving the program staff time, however, to refine both the design and implementation of the program before making important summative decisions. The results of this study will support the District in making meaningful and informed decisions about the allocation of resources while there is further consideration of expanding SESS programs into more schools.

As the evaluation of the SESS program concludes, it is the hope of the evaluator to “help staff keep focused on achieving desired outcomes and gauge the success of the program in addressing needs” (Mertens & Wilson, 2012, p. 97). Without an evaluation of the program, more specifically the professional development component, there is minimal data available to determine the continued need for the program nor feedback for adjustments to improve it. Through this evaluation, District stakeholders would like to know to what degree the Tier I professional development component of the program has influenced teacher self-efficacy in providing a socially and emotionally supportive environment and how the population-based approaches to offering school-based mental health supports have improved practice.

**Focus of the evaluation.** For purposes of this program evaluation, the focus was on context, process and short-term outcomes of the program specific to the professional development planned, implemented, and monitored by the SESS clinicians in order to determine teacher perceptions of the impact that the professional development has on teacher efficacy. In an effort to better understand the SESS program, the researcher

developed a logic model based on the CIPP framework in order to organize and make sense of: (a) the **context** to assess the big picture into which the program and its evaluation fit, (b) the **inputs** to determine if the resources are consistent with the values of the context, (c) the **process** to evaluate to what extent the procedures of the program are consistent with plans and have been implemented with fidelity and whether those procedures are addressing the needs of the program participants, and (d) the **product** to determine to what extent the goals of the program are reached. More specifically, the focus is on process and the short term outcomes associated with teacher knowledge and skills gained by having access to professional development through the SESS program. The CIPP model (Figure 4) is a Use Branch model that fits within the Pragmatic Paradigm (Mertens & Wilson, 2012). Mertens and Wilson (2012) describe the Pragmatic Paradigm as “one that assesses how the results will be used” (p. 89).



## LOGIC MODEL

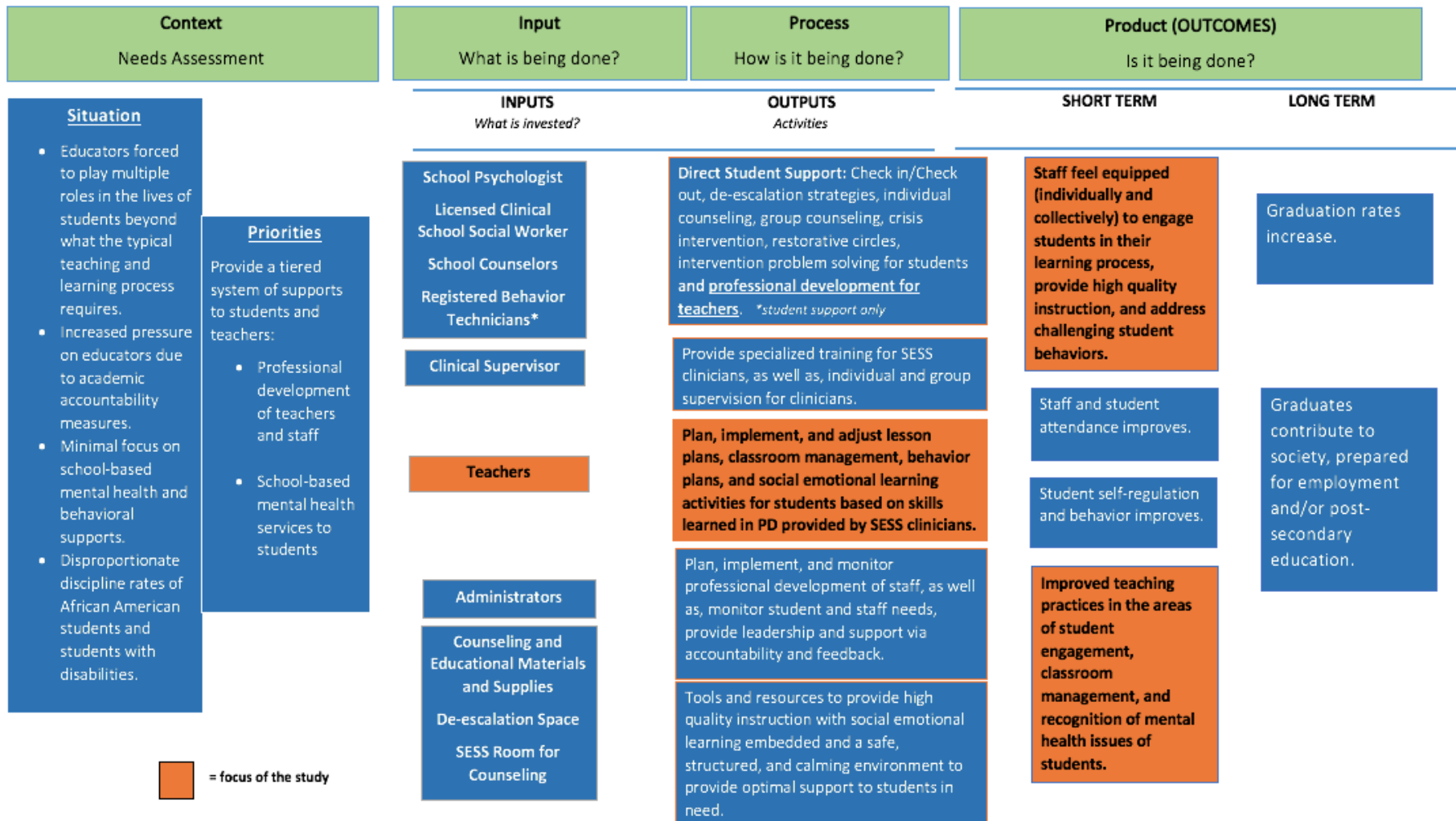


Figure 4. Logic model of the SESS program.

**Evaluation questions.** The purpose of this study is to evaluate teacher perceptions of the effectiveness of professional development in the area of social and emotional needs and supports on how teachers feel about their ability to effect outcomes and behaviors for the students they serve. In order to understand the successes and challenges teachers face in working with students who need social emotional supports and population-based school mental health services, evaluation questions are necessary to understand the context, inputs, processes, and outcomes of the SESS program. These evaluation questions are:

1. What are teachers' perceptions of their preparedness to provide interventions in support of short and long-term outcomes for students?
2. Is there a statistically significant difference in teacher levels of self-efficacy as determined by their perception of the SESS program as being helpful in preparing them to support student outcomes?
3. What are teachers' perceptions of the extent to which the professional development through the SESS program has impacted their teaching practices?
4. What successes and challenges do teachers face when implementing knowledge, skills, and strategies learned from receiving professional development from SESS clinicians?

## **Definition of Terms**

For the purposes of this study, it is important to comprehend the following terms and their relationship to school-based mental health, SEL, and the interworking of practices implemented in public schools.

**At-Risk** - used to describe students or groups of students who are considered to have a higher probability of failing academically or dropping out of school due to circumstances that could jeopardize their ability to complete school, such as learning difficulties, homelessness, incarceration, teenage pregnancy, serious health issues, domestic violence, etc.

**Collective Teacher Efficacy** - a staff's shared belief that through their collective action, they can positively influence student outcomes, including those students who are considered disengaged and/or at-risk of school failure.

**Comprehensive School** – a school supported by public funds where students attend based on their residence, not specialized programs or placements.

**Coordinated Care** – deliberate coordination of care, supports, and community based services for youth.

**Culture** - the customs, attitudes, behavior, arts, social institutions, and achievements of a particular nation, people, or other social group.

**Ethnicity** - the fact or state of belonging to a social group that has a common national or cultural tradition.

**Individualized Education Program (IEP)** - a written plan that is tailored to the individual student's unique needs and abilities created for a student with disabilities by the student's parents, certain school personnel and other interested parties on an annual

basis. The plan includes goals, services, a present level of performance, and accommodations.

**Individuals with Disabilities Education Act** - Federal law guiding the delivery of special education services for students with disabilities which includes the guarantee of “free and appropriate public education” for every school-age child with a disability and allows parental involvement in the educational planning process, encourages access to the general curriculum and delineates how school disciplinary rules are applied to students with disabilities as well as the obligation to provide a free appropriate public education for disabled children in their least restrictive environment.

**Intake Assessment** - initial meeting between a mental health clinician and a client in which the clinician gathers information to address the client's immediate needs to encourage his/her engagement and retention in services.

**Intervention** - a specific program or set of steps to help a child improve in an area of need. Interventions are designed to be monitored along with the student’s progress.

**Mental Health Conditions** - disorders that affect one’s mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

**Mindfulness** – any activity that teaches the brain to focus on one object while remaining void of any judgment in the present moment is a mindful practice.

**Minority Group** - a culturally, ethnically, or racially distinct group that coexists with but is subordinate to a more dominant group due to societal norms.

**Perceived Collective Efficacy** - a group’s shared belief in its conjoint capabilities

to organize and execute the courses of action required to produce given levels of attainments.

**Population-Based Mental Health Services** - services that have been carefully designed to meet the mental health needs of all student enrolled in a school.

**Professional Development** - learning to earn or maintain professional credentials such as academic degrees to formal coursework, attending conferences, participating in professional learning communities and informal learning opportunities situated in practice, such as receiving consultation and coaching. Professional development has also been described as intensive and collaborative, ideally incorporating an evaluative stage.

**Race** - a group of people sharing the same culture, history, language, and so forth.

**Response to Intervention (RtI)** – a multi-tier approach to the early identification and support of students with learning and behavior needs. The interventions provided are monitored as is the student’s response to the intervention to determine effectiveness and rate of learning.

**Restorative Practices** – a social science that integrates developments from a variety of disciplines; which takes a restorative approach to resolving conflict and preventing harm. Restorative approaches enable those who have been harmed to convey the impact of the harm to those responsible, and for those responsible to acknowledge the impact and take steps to make it right.

**School-age Children** – the period in a child’s life when he/she is legally required to attend school.

**School-Based Mental Health** - any program, intervention, or strategy applied in a school setting that was specifically designed to influence students' emotional, behavioral, and/or social functioning.

**Secondary Trauma** - the stress resulting from helping or wanting to help a traumatized or suffering person; it can be incurred when an individual is exposed to people who have been traumatized themselves, disturbing descriptions of a traumatic events by a survivor or being exposed to others inflicting cruelty on one another.

**Social Emotional Learning (SEL)** - is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions.

**Socioeconomic Status (SES)** - encompasses not just income but also educational attainment, financial security, and subjective perceptions of social status and social class.

**Tiered Systems of Supports** - a systemic, continuous improvement framework in which data-based problem-solving and decision making are practiced across all levels of the educational system in order to support students.

## CHAPTER 2

### REVIEW OF RELATED LITERATURE

This chapter provides a review of the literature that offers five areas of focus that are germane to elements of the program logic model and the purpose of the study. This review is divided into five sections: (a) a broad scan of literature on self-efficacy and professional development, (b) a broad scan of literature on the needs, barriers to, definitions, and benefits of school-based mental health services with an emphasis on professional development of staff, (c) benefits of implementing a multi-tiered system of supports with professional development embedded within Tier I, (d) necessary skills and best practices for teachers to adequately address the mental health needs of students, and (e) an overview of relevant topics for professional development that intersect with school-based mental health and SEL. A basic understanding of what research says about school-based mental health programs and tiered systems of supports with an emphasis on professional development of teachers is necessary to conceptualize the intent of this study.

#### **Self-Efficacy and Professional Development**

**Self-efficacy.** Self-efficacy is one's belief in their ability to succeed in specific situations or to accomplish a task. It can play a major role in how goals, tasks, and challenges are approached. Extensive research on self-efficacy has been evaluated and supported in various aspects, from self-efficacy in the workplace to self-efficacy on weight loss. Individual self-efficacy beliefs play an important role in motivation, goal attainment, and human behavior that affect one's life. The concept of self-efficacy is

central to psychologist Albert Bandura's social cognitive theory, which emphasizes how cognitive processes, behavioral, environmental, and personal factors interact with one another to determine motivation and behavior (Crothers, Hughes, & Morine, 2008). Social cognitive theory suggests that individuals do not respond solely to environmental influences, but they actively seek and interpret information in an effort to contribute to their own motivation, behavior, and development within a network of influences that interact with one another (Bandura, 2005). Essentially, the beliefs that people hold about their efficacy to exert control over experiences that affect their lives influence the choices that they make, their aspirations, level of effort and perseverance, resilience to adversity, vulnerability to stress and depression, and performance accomplishments (Bandura, 1997). In social cognitive theory, perceived self-efficacy is the foundation of human action. Unless people believe that through their actions they can produce desired outcomes and anticipate undesirable ones, they have little incentive to act or to persevere in the face of difficulty (Fernández-Ballesteros, Díez-Nicolás, Caprara, Barbaranelli, & Bandura, 2002).

According to Fernández-Ballesteros et al. (2002), there are many studies and meta-analyses of research findings that support the role of perceived self-efficacy in different domains of functioning that also confirm the influential role of perceived self-efficacy in human adaptation and change. Research on the impact of perceived efficacy has generally been confined to individual self-efficacy and the actions associated with it. Bandura's social cognitive theory, however, extends the concept to collective agency exercised through a shared sense of efficacy whereby a group of people pool their knowledge, competencies and resources, provide mutual support, form alliances and



work together to solve problems and improve the quality of their lives (Fernández-Ballesteros et al., 2002).

**Perceived collective efficacy.** Perceived collective efficacy is defined as a group's shared belief in its capabilities to organize and execute the courses of action required to produce given levels of attainment (Bandura, 2009). Unlike individual efficacy, collective efficacy involves interactive, coordinated, and synergetic social dynamics and is interpreted as a developing group attribute rather than simply an aggregation of perceived individual efficacies (Bandura, 2000, 2001b). The impact of perceived collective efficacy on group functioning is beginning to be verified empirically. Some studies assess the effects of perceived collective efficacy through experimental yet planned activities while others examine the unique effects of naturally occurring beliefs of collective efficacy in diverse social systems, such as athletic teams, urban neighborhoods, business organizations, political systems, and educational systems.

The research conducted by Fernández-Ballesteros et al. (2002) addressed a number of issues designed to clarify the structure of collective efficacy, its socioeconomic determinants, and the linkage of perceived personal efficacy to manage one's particular life circumstances to perceived collective efficacy to effect changes in common societal problems. For example, perceived collective social efficacy examined the belief that, through the exercise of collective voice, the society or group could accomplish desired social changes (Fernández-Ballesteros et al., 2002). With regard to the structure of efficacy beliefs, perceived personal efficacy has been shown to be multi-facetedly dispositional, varying across spheres of functioning rather than globally dispositional (Bandura, 1997). Although the structure of societally oriented collective efficacy has not been examined, social cognitive theory rejects differentiation between personal action

and social structure. There is no emergent entity that operates independently of the beliefs and actions of the individuals who make up a social system which is why collective efficacy fosters the motivational commitment of a group to their mission, resilience to adversity, and performance accomplishments (Bandura, 2000).

**Social cognitive theory and professional development.** When applying social cognitive theory to education one must remember that within the concept of social cognitive theory, humans are active information processors and consider the relationship between their behavior and its consequences. Essentially, observational learning by teachers cannot occur unless cognitive processes are operating simultaneously. Converging evidence from controlled experimental and field studies verifies that belief in one's capabilities contributes uniquely to motivation and action (Bandura, 2008). Professional development provides educators with the knowledge and skills to believe in their capabilities which, in turn, fuels their motivation and the steps that they take to implement what they have learned in the classroom with students. There may be many factors that contribute to effective teaching practices but those factors also serve as guides and motivators that are rooted in the core belief that one has the power to produce desired results (Bandura, 2009).

Two key attributes of effective teachers that contribute to student learning according to Stronge (2010b), are motivation and professionalism or a commitment to professional growth. Teachers who are just as motivated and enthusiastic about the personal/social emotional and developmental needs of their students as they are about the content that they teach are considered to be more effective teachers (Stronge, 2010b). Additionally, a commitment to continuous improvement and perpetual learning is a key attribute of professionalism that motivates effective teachers to monitor and strengthen the

connection between their own development and the development of their students (Stronge, 2010b).

Professional development encompasses a variety of specialized training, formal education, or advanced professional learning that is intended to instruct, guide, and empower teachers in their practice so that their professional knowledge, competence, skill, and effectiveness can be improved (Rebora, 2011). Beginning in the 1990s, qualitative literature began to support consistent alternatives to the “sit and get” workshop model of professional development. According to Rebora (2011), these preferred approaches based on research posit that in order for teacher learning to be truly relevant, it needs to take place in a more active and coherent intellectual environment in which there is collaboration, reciprocal communication between the instructor and the participants, where ideas can be exchanged between peers, and an explicit connection to the bigger picture of school improvement is established. Professional development should be sustained, coherent, take place during the school day as part of a teacher’s professional responsibilities, and be grounded in student results (Darling-Hammond, Wei, Andree, Richardson, & Orphanos, 2009).

Ongoing professional development and coaching are necessary in order for teachers to be efficacious because, as Bandura’s social cognitive theory asserts, motivation and goal attainment are assumed and accomplished once four interdependent cognitive processes are active. Those cognitive processes are self-evaluation; whereby one cognitively compares one’s performance to the desired performance necessary to achieve a goal (Bandura, 1991), self-observation; whereby one observes and monitors oneself as one works toward their goal (Zimmerman, 2001), self-reaction; whereby behavior is modified based on one’s own assessment of one’s progress toward one’s goal (Bandura, 1991), and

self-efficacy; previously described as an individual's belief in his or her capacity to execute the behaviors necessary to produce specific results or performance attainments (Bandura, 2000).

With the challenges that educators face finding a balance between academic accountability efforts and management of student behaviors that impede learning, teachers must take risks on a daily basis. Efficacy beliefs affect self-motivation and action through their impact on the decision regarding which goal challenges to undertake, how much effort to invest in the attempt(s), and how long to maintain resilience and perseverance in the face of ongoing adversity (Bandura, 2009). "When faced with obstacles, setbacks, and failures, those who doubt their capabilities slacken their efforts, give up prematurely, or settle for poorer solutions. Those who have a strong belief in their capabilities redouble their effort to master the challenges" (Bandura, 2009, p. 180). Professional development of teachers is necessary and rooted in theories of motivation as well as skill development. Motivation is governed by the expectation that a given behavior will produce an outcome as well as the recognition of the value of that outcome (Bandura, 2009).

Professional development in areas that extend beyond the instruction of core content is important based on the fact that people act on their beliefs about what they can do, as well as on their beliefs about the likely outcomes of their performance (Bandura, 2009). Without formalized training and ongoing coaching in effective classroom management techniques, mental health strategies, or tools for SEL, teachers are left to fend for themselves; equipped with content knowledge and instructional pedagogy that often leaves students disengaged and disenfranchised by their trauma histories, mental health challenges, school and community environments, and lack of teacher preparedness

(Kafele, 2013). Another reason that professional development is necessary is due to the fact that self-efficacy can only thrive in those who believe in themselves and are able to act on those beliefs (Swan, Wolf, & Cano, 2011). Although there are countless professional development activities which, if done well can produce valued outcomes, those same activities will not be pursued by those who lack the self-confidence to do what it takes to succeed. Conversely, those with high efficacy expect that their efforts will be successful and are not easily dissuaded by negative outcomes (Bandura, 2009). Ongoing professional development keeps pertinent information in the forefront of the minds and hearts of teachers. This coincides with what Bandura (2009) refers to as the psychology of decision making coupled with a psychology of action which are both grounded in enabling and sustaining efficacy beliefs.

One must add a performatory self to the decisional self, otherwise the decider is left stranded in thought. Beliefs of personal efficacy shape whether people attend to the opportunities or to the impediments that their life circumstances present and how formidable the obstacles appear. People of high efficacy focus on the opportunities worth pursuing and view difficult obstacles as surmountable. (Bandura, 2009, p. 181)

**Collective teacher efficacy and student achievement.** Collective teacher efficacy is defined as a staff's shared belief that, through collective action, they can positively influence student outcomes, including those students who are considered disengaged and/or at-risk of school failure. Research on the impact of perceived collective efficacy on group functioning includes research in the field of education, specifically the impact that collective teacher efficacy has on student outcomes. A meta-analysis by Eells (2011) and John Hattie (2016) ranked collective teacher efficacy as the number one factor

influencing student achievement. According to Killian (2017), Hattie's research indicated that collective teacher efficacy involves helping all teachers on the staff to understand that the way they go about their work has a significant impact on student results whether positive or negative. Simultaneously, collective teacher efficacy involves stopping teachers from using other factors (e.g., home life, socio-economic status, motivation) as an excuse for poor progress. Collective teacher efficacy refers to the "collective self-perception that teachers in a given school make an educational difference to their students over and above the educational impact of their homes and communities" (Tschannen-Moran & Barr, 2004, p. 190). Goddard, Hoy, and Woolfolk Hoy (2004) define collective teacher efficacy as the perceptions of teachers in a school that the efforts of the faculty as a whole will have a positive effect on students, with the consensus being that teachers can get through to the students who are considered the most difficult to teach. Essentially, what teachers believe personally and collectively, will become reality. If teachers' "realities are filtered through the belief that there is very little they can do to influence student achievement, then it is very likely these beliefs will be manifested in their practice" (DeWitt, 2018, p. 114).

As Woolfolk and Hoy (1990) noted almost three decades ago, "Researchers have found few consistent relationships between characteristics of teachers and the behavior or learning of students, however teachers' sense of efficacy is an exception to this general rule" (p. 81). A number of studies prior to and since Woolfolk and Hoy's work have expounded on the influence of teacher self-efficacy on student achievement and school success (Ashton & Webb, 1986; Guskey & Passaro, 1994; Muijs & Reynolds, 2001; Stronge, 2010a; Swan et al., 2011; Tournaki & Podell, 2005; Tschannen-Moran, Woolfolk Hoy, & Hoy, 1998). Teachers' self-efficacy beliefs may influence student

achievement in several ways. Teachers with high self-efficacy beliefs are more likely to implement innovative instructional strategies in the classroom, to use classroom management approaches and adequate teaching methods to encourage students' autonomy, to take responsibility for students with special learning needs (DeWitt, 2018), to manage classroom issues, and to keep students on task (Eells, 2011). The findings of Tournaki and Podell (2005) indicated that teachers with high efficacy made fewer negative predictions about students and were able to adjust their predictions when student characteristics changed, while low efficacy teachers appeared to focus only on one characteristic when making their predictions.

The teaching profession can be a transient profession, especially in certain shortage areas, which creates a gap between research and practice and requires school districts to induct and train additional teachers every year (McLeskey & Billingsley, 2008).

Taking seriously the potency of efficacy beliefs that impact teacher motivation and persistence over the course of a career could also lead to a rethinking of the induction-year experiences of novice teachers, allowing for greater protection and support and finally the professional development of teachers would be structured as powerful mastery experiences with an eye toward helping teachers garner evidence of improved learning on the part of their students in order to reap the efficacy pay-off that would result. In these days of hard-nosed accountability, teachers' sense of efficacy is an idea that neither researchers nor practitioners can afford to ignore (Tschannen-Moran & Woolfolk Hoy, 2001, p. 803).

Exploring teacher self-efficacy in school settings where students face poverty, mental health challenges, and ill-prepared teachers is important due to the myriad of challenges teachers face and the potential positive impact that self-efficacy, especially collective

efficacy, has on student achievement. Teachers' perceived efficacy, also known as teacher self-efficacy, rests on much more than the ability to transmit subject matter. "Their effectiveness is also partly determined by their efficacy in maintaining an orderly classroom conducive to learning, enlisting resources and family involvement in children's academic and social activities, and counteracting social influences that subvert student's commitments to academic pursuits" (Bandura, 1997, p. 243). Teacher self-efficacy is related to teacher behavior, level of effort, enthusiasm, planning, resoluteness, creativeness, willingness to work with more difficult students, and commitment to teaching (Tschannen-Moran et al., 1998). Tschannen-Moran and Woolfolk Hoy (2001) suggested that teacher self-efficacy is an elusive construct with significant implications. These authors described teacher self-efficacy as "a judgment about his or her capabilities to bring about desired outcomes of student engagement and learning, even among those students who may be difficult or unmotivated" (p. 1).

Teachers with a high sense of self-efficacy believe they can overcome problems through time and effort, while teachers with a low sense of self-efficacy are typically overwhelmed by disciplinary issues and often resort to punitive methods of classroom management versus seeking preventative and proactive means of discipline that teach students the desirable behaviors necessary to be successful in the school environment. Teachers with a low sense of teacher self-efficacy believe that little can be done to reach unmotivated students and that their influence as a teacher is limited by environmental factors beyond their control (Swan et al., 2011). Conversely, an individual with a high sense of teacher self-efficacy is more inclined to create an engaging, student-centered learning environment in which students are empowered to take ownership of their learning; whereas teachers with a low sense of self-efficacy would likely devote more



time to non-academic, managerial tasks (Bandura, 1997). Consistent with the work of Bandura (2009), Tschannen-Moran and Woolfolk Hoy (2001), and Goddard et al. (2004), Friedman and Efrat (2001) found that, “Teacher’s effectiveness is, in part, determined also by their efficacy beliefs [teacher self-efficacy] in maintaining classroom discipline that establishes an environment of learning, in using resources, and in supporting parental efforts to help their children learn” (p. 676).

### **The Impact of Professional Development on Teacher Effectiveness**

According to Bradshaw, Pas, Debnam, Bottiani, and Rosenberg (2018), ethnically and culturally diverse students throughout the world are at an increased risk for school failure, issues with discipline, and dropout. Despite decades of concern about the issue of disparity in education and other fields (e.g., “school to prison pipeline”), there has been limited empirical examination of models that can actually reduce these gaps in schools. Furthermore, few studies have examined the effectiveness of professional development and teacher interventions and supports that have been specifically developed to reduce disproportionate discipline rates and improve student engagement. An evidence-based model called Double Check, which serves as a framework for teachers to use culturally-responsive strategies to engage ethnically and culturally diverse students in the classroom and reduce discipline issues is a program that appears to be comparable to the SESS program being studied for the purposes of this evaluation. Specifically, Double Check is a school-based prevention program which includes three core components: (a) enhancements to the school-wide Positive Behavioral Interventions and Supports (PBIS) Tier 1 level of support; (b) five one-hour professional development training sessions, each of which addresses five domains of cultural competence (connection to the curriculum, authentic relationships, reflective thinking, effective communication, and

sensitivity to students' culture); and (c) coaching of classroom teachers using an adapted version of the Classroom Check-Up, which is designed to increase teachers' use of effective classroom management and culturally-responsive strategies using research-based motivational interviewing and data-informed problem-solving approaches. There was a randomized controlled trial, which tested the impact of Double Check on office referrals (disaggregated by race) and independently observed and self-reported culturally-responsive practices and classroom behavior management. The RCT included 12 elementary and middle schools; 159 classroom teachers were randomized to receive coaching or to serve as part of the comparison study.

Specifically, multilevel analyses indicated that teachers who received coaching and professional development self-reported that their culturally responsive behavior management improved over the course of the school year. The average annual office discipline referrals issued to Black students were also reduced among teachers who were randomly assigned to receive coaching relative to comparison teachers (Bradshaw et al., 2018). Similarly, observations conducted by trained external raters indicated a significant increase in the use of proactive behavior management strategies and anticipation of student issues, more frequent scenarios of student compliance, and less socially disruptive behaviors in classrooms led by coached teachers than classrooms led by teachers who were randomly assigned to the non-coached condition. The findings indicated that the Double Check model is one of only a few systematic approaches to promoting culturally-responsive behavior management which has been meticulously tested and shown to be associated with improvements in either student or staff outcomes. The results also indicated significant reductions in discipline problems and improvements in behavior management (Bradshaw et al., 2018).

Unlike the Double Check model, according to Darling-Hammond et al., 2009, over 90% of teachers only experience traditional, workshop-based professional development, even though research shows that it is ineffective. Despite its frequency, the workshop model's track record for changing teachers' practice and student achievement is extremely ineffective. Short, one-shot workshops often do not change teacher practice and have no effect on student achievement (Yoon, Duncan, Lee, Scarloss, & Shapley, 2007). Most teachers struggle most with implementing new approaches, not learning them. The reason that traditional professional development is ineffective is that it does not support teachers during the stage of learning with the most crucial aspect of learning; the implementation stage. In order to truly change teaching practices, professional development should occur over time and preferably be ongoing.

During the implementation stage, initial attempts to use a new teaching strategy are almost certain to be met with failure, and mastery comes only as a result of continuous practice despite awkward performance and frustration in the early stages. Without support during this phase, it is highly unlikely that teachers will persevere with the newly learned strategy. (Gulamhussein, 2013, p. 15)

According to Gulamhussein (2013), if school districts want meaningful changes in teaching practice, they have to provide ample and ongoing support during implementation.

Professional development in the form of coaching with a modeling component is recognized as one way to significantly improve teaching practices and school districts are hiring coaches to deliver professional learning in their schools through workshops and coaching sessions. Most often professional development through coaching is considered and employed with content knowledge. In efforts to obtain professional development that

makes a difference, some educational leaders have hired coaches without considering the principles, actions, and contextual factors that have been found to increase coaching success (Van Nieuwerburgh, 2012). Before coaching, however, teachers need to obtain a solid foundation of knowledge and skills to enhance their teaching strategies. Rather than passive presentation of information, adult learners require active presentation (Gulamhussein, 2013), which is equally pertinent when receiving professional development with an emphasis on SEL and mental health.

### **Mental Health and Student Success**

According to the United States Department of Health and Human Services ([USDHHS], 2008), mental health includes emotional, psychological, and social well-being and it affects how we think, feel, and act. Mental health also helps to determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood to adolescence and through adulthood. Over the course of life, those who experience mental health issues are also likely to experience a negative impact on their thinking, mood, and behavior. Factors that contribute to mental health problems include biological factors such as genes or brain chemistry, life experiences such as trauma or abuse, and family history of mental health issues (USDHHS, 2008). The mental health of a person or a group of people can be measured on a spectrum or continuum. In the same way that every individual experiences physical health on a spectrum from well to ill, every individual has a mental health experience as well. When mental health deteriorates substantially, mental illness interferes with daily functioning (Forman, 2015).

**The need for mental health services.** The Community Services Board and Mental Health Department of the locality in which the SESS program is located, reported serving

over 10,000 clients over the course of one year and receiving over 4,300 crisis calls per month. According to USDHHS (2008), an estimated 21% of children ages 9 to 17 in the United States experienced the signs and symptoms identified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) during the course of one year. Eleven percent of these children experienced significant impairment and 5% experienced extreme functional impairment. Approximately one in six school-aged youth experience impairments in life functioning due to mental illness with that number increasing as children grow older (Forman, 2015). Although the data may appear to be alarming, what is even more concerning is that on average, only one-fourth of children in need of mental health care get the help that they need (USDHHS, 2008).

According to Cash (2004), the most common mental health disorders among school-age children include the following: bi-polar disorder, obsessive-compulsive disorder, impulse disorders, depression, oppositional defiance disorder, and Attention Deficit Hyperactive Disorder (ADHD). Students with emotional and behavioral disorders who exhibit externalizing problem behaviors (i.e., attention and conduct disorders) are more likely to experience academic deficits and drop out of school than students who show evidence of internalizing behaviors, like mood and anxiety disorders (Breslau, Lane, Sampson, & Kessler, 2008). In addition, substance abuse, including alcohol abuse in isolation, is significantly associated with school dropout, failure to enter college, and increased college dropout rates (Breslau et al., 2008). Anxiety disorders, which affect 31.9% of all adolescents and co-occur in approximately one third of depressed youth, are associated with a reduced likelihood of college attendance. Individuals with persistent occurrences of social phobia are almost twice as likely to be retained or to drop out of high school as those who have never experienced social phobia or anxiety (Kessler,

2003). Although anxiety and depression do not always co-exist, high depression scores have been associated with low academic achievement, school anxiety, increased school suspensions; and decreased ability or motivation to complete assignments, concentrate, and attend school on a regular basis (Humensky et al., 2010; Kessler, 2003).

Additionally, students who perceive their academic performance as *failing* show significantly lower levels of academic progress and school connectedness. Failing students are three times more likely to report suicidal thoughts and 10 times as likely to report suicidal attempts than students who feel that their performance is adequate, are connected to school, and who have not attempted suicide (G. Martin, Richardson, Bergen, & Allison, 2005).

Fortunately, the earlier mental health concerns can be identified and addressed, the more likely children are to avoid the onset and/or progression of a mental illness (Baskin et al., 2010). Educators are beginning to realize that mental health issues that remain unaddressed significantly impact learning, student to student and student to adult relationships, and physical health. The most common reason students are referred for counseling and the major cause of school difficulty is anxiety. Anxiety can create issues with concentration and make learning challenging. The most commonly diagnosed behavioral disturbance among the school-aged population in the United States is ADHD (L. Williams, 2012). Another concern for educators is the prevalence of students who exhibit externalizing behaviors such as Conduct Disorder and Oppositional Defiant Disorder that are aggressive and impede the progress of all students (Skiba & Knesting, 2002).

In addition to the overall statistics of mental health disorders plaguing children and youth, the USDHHS (2008) reports that minorities have less access to mental health

services and are less likely to receive necessary care. Minorities often receive a poorer quality of mental health care and they are underrepresented in mental health research. The implication for schools that serve a high percentage of minority students, therefore, is clear. Discipline and mental health treatment disparities contribute to academic achievement gaps, which are also impacted as students are not receiving adequate care. A number of other contextual factors have been suggested as possible contributors to achievement disparities. K. Howard and Solberg (2006) suggest that these social and developmental influences may include racism; poverty; family involvement; access to quality education; just educational practices (tracking); and personal and cultural identity development (stereotype threat and micro aggressions). According to Bruce, Getch, and Ziomek-Daigle (2009) stereotype threat is a construct rooted in the social and cultural contexts of racism and oppression. Cohen and Sherman (2005) posited that “when the perceived relevance and salience of negative stereotypes are reduced, African American students have been found to perform significantly better in school” (p. 271). Bruce et al. (2009) suggest that stereotype threat has significant implications on the achievement levels of African-American students in schools. Another example of a social influence that negatively impacts students when considering access to quality education is that most schools identified as “underperforming,” whether urban or rural, have much higher turnover rates of experienced teachers, dilapidated facilities, and overcrowded classrooms than schools where students are academically successful (Lindsey, Graham, Westphal, & Jew, 2008).

**Barriers to mental health services for students.** Researchers have looked at why students in need of services are not accessing those services and whether the services students are receiving are effective. Students’ underutilization of mental health services

has been due to structural barriers, including fragmented and marginalized school health services and perceptual barriers due to beliefs about mental health problems and services (Adelman & Taylor, 2002). Lack of services has been attributed to the fragmentation of school-based mental health services, which are often developed to address issues and focus only on the improvement of academic or career skills and the decrease of disruptive behavior (Adelman & Taylor, 2002; Becker & Luthar, 2002). According to Keys and Bemak (1997), decreases in resources and increases in student numbers have further impeded schools' attempts to address the rising number of students who disrupt the academic environment or are underprepared to learn due to emotional or behavioral health issues. Schools across the nation do not appear to link barriers to academic achievement to the need to obtain emotional or behavioral health services for these students. There appear to be no coordinated efforts to sufficiently assess the needs of students with emotional or behavioral health difficulties, design comprehensive mental health treatment programs for their needs, or determine if families will engage in and be retained in treatment until successful program completion (Vanderbleek, 2004).

Researchers suggest that perceptions of mental health issues are barriers to access to adequate services as a result of a lack of trust, negative experiences, stigma related to mental health, student or family refusal to access services, or the belief that services are ineffective (Owens et al., 2002). Other barriers that tend to limit or mitigate access to mental health services are: the stigma of receiving counseling, having to go to an unfamiliar setting with clinicians who may not understand or be empathetic to cultural differences, transportation issues, and time away from school (Rimm-Kaufman & Sandilos, 2018).



The dominant priorities shaped by policy, as well as plans for turning around, transforming, and continuously improving schools are primarily formed by a two-component framework which marginalizes efforts related to providing additional supports and attention where needed (Adelman & Taylor, 1998). The main focus of this framework is on the improvement of instruction and the management of school resources, instructional support programs, and services operated as secondary, and often tertiary, areas of foci. Most schools and school districts focus on the direct facilitation of learning (lesson planning, curriculum alignment, effective instruction and feedback, etc.) versus addressing barriers to teaching and learning (Adelman & Taylor, 2006). According to Adelman and Taylor (2012), effective instruction is fundamental to a school's mission, but it is equally important to recognize that teachers need considerable assistance in addressing barriers to student and school success. Teachers in low performing schools point to how few students appear motivated and able to learn what the daily lesson plan prescribes.

Teachers of students in secondary schools report that a significant percentage of students are disengaged and alienated from the learning that takes place in the classroom. They also report that acting out behavior, especially bullying and disrespect of others, is rampant which results in an increase of students misdiagnosed as having specific learning disabilities (SLD) and ADHD. According to Adelman and Taylor (2012), another result is that too many students are pushed out of school. Adelman and Taylor (2012) also report that the assistance teachers receive is poorly planned and is designed in ways that meet the needs of relatively few students, which is why a tiered systems of supports that captures the needs of both the students and the teachers is necessary. This inadequate response to student and teacher needs is the product of two-component thinking.

The reality is that the many interventions designed to provide student and learning supports are introduced through ad hoc and piecemeal policy and operate in a fragmented manner. This often has resulted in a counterproductive competition for resources as staff representing different interests push separate, narrow agendas for student and learning supports. (Adelman & Taylor, 2012, pp. 10-11)

**School-based mental health services.** Outside of the home environment, schools are the most likely place in which mental health concerns will be detected. Students spend most of their school day with educators and peers who can be empowered to help connect those suffering from mental health concerns to early intervention and treatment supports (Baskin et al., 2010). Research suggests that schools may function as the de facto mental health system for children and adolescents. Only 16% of all children receive any mental health services, and of those receiving care, approximately 75% receive that care in a school setting (W. Blum & Libbey, 2004; Jacob & Coustasse, 2008). Brenner, Martindale, and Weist (2012) reported that nearly half of all schools contract or make other arrangements with a community-based organization to provide mental health or social services to students. Schools have an advantage in addressing the mental health needs of students due to compulsory attendance laws that require students to attend school; therefore, the access issue is minimized. Essentially, the fact that students spend a large part of their lives in school allows schools to be a focal point for service delivery (Adelman & Taylor, 2000; Keys & Bemak, 1997; Roncs & Hoagwood, 2000). Schools also have a stake in the identification of students with emotional and behavioral problems as these issues significantly affect students' academic performance (Adelman & Taylor, 2002).

Social emotional learning, a component of school based mental health programs, should be central to the education of students, rather than supplemental or peripheral. This is important because social emotional skills form the foundation of interpersonal relationships that are necessary not only in schools but in the family, community, and society at large. In addition, teaching and learning are social processes, and as such, SEL must be embedded within them (Pellitteri & Smith, 2007). Rather than expanding the current structure of issue-focused or reactive services, school-based mental health reformers proposed “comprehensive multi-faceted approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighborhoods” (Adelman & Taylor, 2000, p. 138). This is essential when addressing disparities; for example, group counseling is provided to students that receive support from the SESS program. Throughout history, African-American communities have long found strength and survival in their connectedness to family and extended family. Thus, the very nature of group work provides a practical choice for counseling work with African-American students. Group participation allows students to bond and feel safe sharing personal issues while working toward a shared goal. Group counseling also provides a way to address the developmental needs for social acceptance and belonging among adolescents (Bailey & Bradbury-Bailey, 2007).

Additionally, psychosocial interventions have shown benefits for schools including increased attendance, reduced violence, and fewer dropouts (Adelman & Taylor, 2000). School-based mental health services are essential to student achievement however, once a school district makes the commitment to decreasing barriers to teaching and learning through mental health services, they must include school-based mental health services as a “fundamental and essential facet of education reform and school and community

agency restructuring” (Adelman & Taylor, 2002, p. 23). Zins, Bloodworth, Weissberg, and Walberg (2004) presented evidence that links school success to mental health and SEL and classroom climate. Furthermore, by creating nurturing environments, children are increasingly encouraged to want to come to school, thereby improving attendance, behavior, and increasing motivation to learn (Komro, Flay, Biglan, & Promise Neighborhoods Research Consortium, 2011).

### **The Role of School-Based Mental Health Professionals**

When educational leaders commit time and resources to address the mental health needs of students, the entire school community benefits. Adelman and Taylor (2000) indicated that most instructional support professionals such as psychologists and social workers, however, are hired to provide a narrow scope of services, assigned to multiple schools, share limited space, and are assigned duties outside of mental health services (lunch duty, bus duty, testing for special education, etc.). Adelman and Taylor (1998, 2000, 2002, 2006, 2012) have also provided a wealth of information that suggests that student support staff play a key role in education reform due to their expertise in mental health and their position to advocate for students and families. According to Doll, Cummings, and Chapla (2014), the responsibility of school psychologists for the mental health of their students is implicit. Adelman and Taylor (2010) argue that school improvement efforts will not succeed until reforms incorporate the efforts of school psychologists and other mental health providers. In addition, the work of mental health providers in schools includes community partnerships that identify the mental health needs of students and require collaboration to decide how resources are allocated. More importantly, that same partnership should be designed to ensure that mental health providers are using evidence-based mental health practices (Adelman & Taylor, 2012).

Academic, social, and emotional outcomes of students are improved in schools with positive school climates; adequate mental health and behavioral supports, including a workforce of front line educators (teachers) who are trained in supporting mental and emotional wellness; and coordinated systems for identifying, referring, and addressing mental health needs (Suldo, McMahan, Chappel, & Loker, 2012). The role of mental health professionals is paramount to training school staff in mental health development, identification of risk factors and strengths, and information on mental health prevention and intervention (Vanderbleek, 2004). Practitioners who take on the role of providing counseling to students are also “uniquely positioned in schools to disaggregate data and target student groups who are underachieving, to examine current policies that may be inhibiting student achievement, and to develop and implement school-based interventions that facilitate connectedness to school and promote achievement” (Bruce et al., 2009, p. 450).

Instructional support personnel such as school counselors, school psychologists, and school social workers, armed with a passion for social justice and a vision of educational equity, are in a position to act as agents of change by developing school-based interventions for at-risk students, providing them with greater chances of future school success (Bruce et al., 2009). The role of school-based mental health professionals is to proactively address individual student needs while improving the overall climate of the school (Haynes, 2009) by using their well-honed professional skills to help students balance academic, social, emotional, and behavioral demands while reducing psychosocial dynamics that may interfere with learning (Reyes, Brackett, Rivers, Elberston, & Salovey, 2012).

School-based mental health professionals are specifically trained in school system functioning and educational protocol as well as being trained in how behavior and mental health impacts a student's ability to be successful in school. Areas of expertise include but are not limited to, education law, curriculum and instruction, classroom and behavior management, individual and group counseling, learning disabilities, school safety and crisis response, effective discipline, cultural competence, and consultation with educators, families and community providers (National Association of School Psychologists, 2016). Through a population-based school mental health model, school-based mental health providers are responsible for carefully designing services to meet the needs of all students. The premise is that psychological wellness is a precondition for student success; therefore, a teacher's responsibility for teaching all students to read is analogous to a mental health professional being responsible for ensuring that all students have the psychological competence needed to learn (Doll & Cummings, 2008). Within the population-based approach to school mental health, clinicians make intentional decisions about which mental health interventions to provide to students and which students will receive interventions. Students are referred to the school mental health team or intervention team, but traditional interventions are embedded within a larger plan that recognizes and plans for the mental health of both referred and non-referred students (Doll & Cummings, 2008). According to Doll and Cummings (2008), the population-based model does not assume that all interventions will be delivered school-wide; instead the role of the providers is to implement individual, group, class-wide, school-wide, and district-wide interventions, depending on the needs of the students. Ultimately, the providers promote the psychological well-being of students, promote a nurturing environment, provide protective support to students at high risk for developmental

failures, and remediate social, emotional, or behavioral disturbances so that students can develop competence (Doll & Cummings, 2008). The promotion and prevention aspect of mental health in schools is paramount, as most school mental health programs have not taken into account the strained relationships that occur between teachers and clinicians or teachers and students. Teachers become frustrated with regard to missed instructional time due to student counseling services. Teachers who rely too heavily on the services provided by support staff also increase student time out of class (Schlozman, 2003). Although there are ample research studies on school based mental health services, the research on the impact that professional development provided by clinicians to educators has on teacher efficacy or student behavior is noticeably absent.

### **Benefits of School-Based Mental Health Services**

Students who drop out of school early are often more likely to find themselves involved in troubling situations. Fortunately, specialized programs provide a safe and engaging environment that encourages these students to follow a productive path rather than giving up entirely (Green et al., 2015). Early detection of mental health concerns in school can lead to improved academic outcomes and reduced school disruptions (Baskin, et al., 2010). Population-based school mental health programs offer a wide range of prevention and intervention services that address students' behavioral, emotional, mental, and social functioning as well as equip teachers to recognize and address issues proactively (Doll & Cummings, 2008). Rigorous instruction provided by teachers with self-efficacy, and effective leadership modeled by principals, contributes to student achievement. Students who receive social emotional support and prevention services, however, achieve better academic outcomes (Greenberg et al., 2003).

Social emotional supports provided to students in combination with ongoing professional development provided to staff, have proven to improve school climate when delivered within a tiered systems of supports framework (Green et al., 2015). Improving the climate of a school, engagement of students, and connectedness or relationships between students and the adults who serve and support them are all factors associated with increased achievement in reading, writing, and math (Osher, Spier, Kendziora, & Cai, 2009). According to the Collaborative for Academic, Social, and Emotional Learning (n.d.), SEL is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. If teachers do not have the efficacy to face the challenges associated with accountability measures, societal issues, and student mental health and behavior, their lack of preparedness poses even greater challenges for students already in dire need of a tiered system of social emotional and mental health supports in order to change behavior and maintain a safe and orderly school environment.

According to Suldo et al. (2012), although there are many advantages noted to providing mental health interventions within the school environment, there is also growing acknowledgement that a solid link between mental health interventions and the academic outcomes of students is emerging. As a result, the Every Student Succeeds Act (2015) placed an unprecedented priority on wraparound supports for students struggling with barriers to the learning process, including programs that address mental health, school climate, trauma, and violence prevention.



Additionally, although most states have laws mandating health education, New York will be the first to emphasize the importance of mental health education for all grades (Goral, 2018). New York is approaching the requirements of ESSA aggressively in the area of mental health due to the disturbing increase in the percentage of youth who have reported major depressive episodes with the first sign of mental health issues occurring at the average age of 14 years old. The New York Mental Health Association is recognizing the vulnerability of students, reporting that 8% of students nationwide have attempted suicide in the past six months. Furthermore, according to Goral (2018), 60% of students with mental illness did not graduate from high school: an unintended consequence and incentive for New York educators to take the mandate for mental health instruction seriously.

In a study (Fleming, Haggerty, & Catalano, 2005) conducted among participants from the Raising Healthy Children (RHC) Project, the findings indicated that behavioral characteristics commonly targeted by preventative interventions were predictive of academic performance (Williams, 2012). Reading and math student achievement measures, as well as student, parent, and teacher surveys were used to present the results that ultimately supported the position that interventions that promoted SEL increased students' ability to stay focused and improve school connectivity, which resulted in an increase in academic performance (Williams, 2012). Evidence also confirmed a predictive relationship between early externalizing (i.e., disruptive) and internalizing behavior and academic achievement (Fleming et al., 2005).

Another study (Biolcati, Palareti, & Mameli, 2018) involving a large sample (N = 2235) of secondary school students, investigated the effectiveness of a counseling service available in Italy known as Point of View (PV). PV is part of a multifaceted

school-based mental health prevention program that has been active for more than 10 years and has progressively developed its own identity, expanding into several schools and reaching over 5500 students. The PV model of intervention is considered innovative within public prevention policies in Italy. Mirroring components of the SESS model, the PV model proposes the continuous presence of a psychologist (or a social worker with specific training) who works with multiple stakeholders (students, teachers, parents) with the general goal of empowering the entire school staff and school system to take on the responsibility of serving as a Tier I prevention, providing early intervention for adolescent at-risk behaviors.

In the research study, the PV counseling service was assessed by comparing students who requested assistance to their peers who did not ask for help in terms of psychosocial characteristics, risk profiles and perceptions of the strategies that the clinicians adopted in order to reduce the barriers to individual counseling. Results revealed that counselors considered a good alliance with teachers and school principals to be an important prerequisite for the proper functioning of the program. One consideration of the results is that the PV counseling service is seamlessly integrated as part of the school's overall program (as indicated by one of the strategies surveyed). It implies a drawback that students in strong conflict with the school find it difficult to see the counselor as a viable and trusted source of help (Gulliver, Griffiths, & Christensen, 2010). PV addresses situations of conflict with specific teachers by providing individual support and by fostering communication between teachers and students, or by working within the whole class. "Hence, it might be unlikely for students to ask for an individual consultation for this reason" (Biolcati et al., 2018, p. 53).

Aligned with the aforementioned studies as well as the program goals of the SESS program, the present study emphasizes the need to empower, equip, and educate stakeholders (students, parents, and staff) by providing a school community orientation to help clearly define and promote available service provisions. A tiered system of support that includes the professional development and orientation component as a Tier I support would need to be explored further to determine the impact on staff efficacy in that context. The study of the PV model also revealed that there are benefits for extending mental health support beyond referral to professional services into the community itself and that a school-based counseling approach to service provision in a school setting is beneficial in helping at-risk youth overcome barriers to help-seeking behavior. The recommendation is that mental health services must be integrated within a consistent and trustworthy school-based mental health prevention program that uses evaluation for improvement in the concrete context in which it operates (Biolcati et al., 2018; Wells, Barlow, & Stewart-Brown, 2003).

### **Tiered Systems of Mental Health Supports**

Tiered systems of supports mirror and encompass the RtI and PBIS frameworks. The tiered systems of supports integrate academics, behavior, and mental health into a single decision-making framework for establishing the supports needed for a school to be an effective learning environment for all students. According to the Virginia Department of Education Virginia Tiered Systems of Supports (n.d.), “implementing the Virginia Tiered Systems of Supports (VTSS) model requires change at the district, school, and classroom level that utilizes evidence-based, system-wide practices to provide a quick response to academic, behavioral, social and emotional needs of students.” For example, Clark and Breman (2009) describe a systematic inclusion model for school counselors as a model

based on principles of direct services in the form of individual and small-group counseling, large group classroom guidance work, and collaboration and consultation with classroom teachers where the inclusion interventions will take place. These practices include frequent progress monitoring that enable educators to make sound data-based instructional decisions for their students. The essential components of the Virginia Tiered Systems of Supports are data informed decision-making, evidence-based practices, family, school, and community partnerships, monitoring of student progress (including universal screening), and evaluation (including outcomes and fidelity).

School mental health services should be provided as part of a continuum of care that integrates school and community resources. According to Armistead (2008), well-coordinated student support services can be effectively structured according to a three-tiered pyramid model. The bottom of the pyramid represents prevention and wellness promotion programs provided by school employed mental health providers for all students. The District being evaluated for the purposes of this study adds professional development sessions that cultivates communities of practice versus isolated staff development as well as consultation with teaching staff to Tier I services. Each school has its own culture that affects employees' attitudes toward school-based mental health treatment. Teachers who teach in schools plagued by mental health challenges report a lack of support from both their school district and at the state level; another major barrier to the development, implementation and sustenance of professional development activities and subsequent implementation plans. There is some evidence that teachers receive positive support from their principals (Quinn, Poirier, Faller, Gable, & Tonelson, 2006). Throughout multiple settings, however, teachers remain somewhat isolated and report little oversight, particularly by the local education agency (LEA) and state

education agency (SEA; Gagnon & Barber, 2015). This is why tiered systems of supports with ongoing professional development, consultation, and coaching of teachers is vital to the success of both students and staff.

The middle tier of the pyramid includes targeted services to at-risk students, such as individual or group counseling and behavioral interventions like “check-in/check-out” for students. Check-in/check-out consists of students checking in daily with an adult at the start of school (or another specified time) to retrieve a goal sheet and receive encouragement. Teachers or mental health providers then continue to provide feedback on the goal sheet throughout the day. Students check out at the end of the day with an adult after which the student takes the sheet home to be signed, returning it the following morning at check in. This intervention allows for the processing of difficult situations that may have transpired throughout the school day as well as within the home or the community. Tier III of the pyramid consists of intensive services to individual students suffering from serious emotional and behavioral problems, including chronic mental illness (Armistead, 2008).

### **Teacher Skills Needed to Address Student Mental Health Issues**

Teachers, administrators, and support staff play an important role in helping students access their education while also helping them develop the social and emotional skills needed to address, manage, and/or overcome the challenges that accompany a mental health illness. Without ongoing professional development and consultation with mental health providers, however, it can be difficult for teachers and others in positions of support to know how to best work with students in these situations (B. Williams, Boyle, White, & Sinko, 2010). There are a number of strategies and best practices available for teachers to utilize in their classrooms, however teachers need consistent support,

consultation, and explicit professional development in order to apply and embed those strategies and best practices into their daily instruction and interaction with students.

In order to feel more efficacious when dealing with the mental health needs of students, it is important for all educators to invest the necessary time toward learning about mental health and to actively work toward reducing the stigma associated with mental illness. This can be accomplished by teaching and/or facilitating classroom discussions about mental health, immediately addressing remarks or statements that add to the already established stigma, and the use of effective communication techniques that foster healthy discussions about mental health rather than the avoidance of uncomfortable conversations (Ware, 2017). Teachers must be able to foster a supportive learning environment by understanding and recognizing the behavior patterns and early warning signs of mental illness, particularly for students who are unable to articulate how they are feeling. This will ultimately help teachers provide necessary student interventions prior to escalation or increased frustration with academic work (B. Williams et al., 2010).

According to Hornby and Atkinson (2010), the promotion of mental health should be the priority of all teachers, whom also need to be conscious of their own emotional needs as well as being supportive of the social and emotional needs of their students. “With a positive, caring ethos in place the school can create a safer and more productive learning environment and one that is more facilitative and therapeutic for pupils” (Hornby & Atkinson, 2010, p. 2). B. Williams et al., (2010), report that effective classroom strategies include: (a) identifying trusted and trained resources (school psychologist, counselor, or social worker) to provide support in times of need for crisis intervention and/or de-escalation, (b) having an established plan for individual and class-wide breaks that maintain discretion, identify a safe and calming space or place, as well as a brief and

relaxing activity of the students' choice, and (c) avoiding power struggles by remaining calm, in control, and maintaining composure. The SESS clinicians provide ongoing professional development and consultation on how to interact with students in challenging situations. The strategies shared with teachers are confirmed by the list of classroom strategies based on the perspectives of B. Williams et al. (2010) that offer ways to avoid power struggles:

- Practice simple stress reduction techniques such as deep breathing before responding to the student;
- Speak in a calm tone;
- Keep responses brief;
- Choose positive word requests;
- Model calm behavior for the student;
- Acknowledge that the student has the power to make behavioral choices;
- Help the student recognize his or her options by offering the student a way to save face in the situation.

### **Professional Development Offered to Teachers by SESS Clinicians in the District**

There are a number of topics that intersect with social emotional supports and school-based mental health. The SESS program, however, has four primary areas of focus for professional development that are differentiated based on the needs of the school and student population that they serve. Those four areas of focus embedded within Tier I of the tiered system of supports are adverse childhood experiences and trauma informed care, Restorative Practices, Mindfulness, and the impact of secondary trauma and importance of self-care for teachers.

**Adverse childhood experiences.** The Adverse Childhood Experiences (ACE) Study is one of the largest studies ever conducted that assesses associations between childhood exposure to trauma and stress and the effect on health and well-being later in life. The ACE study is a collaborative effort between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. The ACE Study findings suggest that certain negative experiences throughout a child's life become major risk factors that cause illness, death, and poor quality of life in the United States. Resilience has also been found to be a potential protective factor that tends to moderate the effects of trauma and is protective of psychological distress and post-traumatic stress disorder (Chapman et al., 2004). Much like the SESS program, prevention efforts are aimed at understanding that many of these problems arise as a consequence of adverse childhood experiences that need to be addressed early with school-aged children.

According to the Substance Abuse and Mental Health Services Administration (n.d.), individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

The negative effects of ACEs are felt throughout the nation and can affect people of all backgrounds. One of the reasons the SESS program was developed was due to the adverse childhood experiences that students were experiencing. Research has demonstrated a strong relationship between ACEs, substance use and abuse disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired and subsequently



negatively impact their academic and behavioral performance in school (Chapman et al., 2004).

**Incorporating trauma informed care into teaching practices.** S. Martin et al. (2017) outlined a series of prerequisites for policies, practices and procedures that schools should have in place to ensure that they properly identify students who are facing and/or whom have survived trauma, provide an environment that is not only welcoming but also minimizes trauma triggers, and that assists students in gaining access to trauma-specific treatments. S. Martin et al. (2017) noted that becoming trauma-informed involves a shift in culture, practice, and theoretical framework by providing introductory information to all staff having contact with students to ensure a basic understanding of trauma and its impact on children. As suggested by S. Martin et al. (2017), the SESS clinicians use staff meetings to discuss implementation of trauma-sensitive school practices, teaching teachers and administrators how to appropriately check-in with students who exhibit challenging behaviors by asking them what happened to them versus asking them what is wrong with them. Teachers and administrators are trained to ask this key question before issuing any disciplinary consequence. Through a comprehensive and coordinated approach, which includes professional development on trauma informed practices that build upon Restorative Practices, schools in the District aim to become an integral part of a much-needed community-wide solution that promotes recovery and provides the opportunity for young trauma survivors to be successful students (S, Martin et al., 2017).

**Restorative Practices.** There are a number of alternatives to exclusionary discipline practices. One of those practices or philosophies in which researchers and educators have shown an all-encompassing interest is called Restorative Justice, referred to as

Restorative Practices in the District being studied. SESS clinicians incorporate Restorative Practices as part of the tiered systems of supports. One of the anticipated outcomes of implementing Restorative Practices in schools is to replace zero-tolerance discipline policies with “alternatives that help every student thrive, regardless of challenges they face at home and in their communities” (Ablamsky, 2017, p. 38). This is an essential part of SESS as one of the program goals is to reduce the discipline rates of at-risk students who had high out of school discipline incidents prior to receiving SESS services. According to Ablamsky (2017), “in lieu of punishing students, Restorative Justice seeks to transform negative behavior and provide healing for the victim, the offender and the community” (p. 40). A high school in Pennsylvania, for example, had to address a photo taken off of school grounds of two students, wearing matching homemade t-shirts with the “N-word” that went viral on social media. Staff quickly recognized the absence of an infrastructure to handle the racial incident. They also lacked a restorative process to deal with the offenders that educated them on how their actions might cause others to feel violated.

To assist with the District’s desire for a restorative approach to handling these types of incidents, school counselors began to receive training in Restorative Practices.

Restorative Justice is known as an emerging social science that integrates communication tools within various fields, such as psychology, sociology, criminology, and social work, to design an interactive model that brings people together and improves communication (Ablamsky, 2017). The goal when using Restorative Practices is to have a team ready to promptly respond to incidents by proactively preparing and training faculty on how to handle incidents as they arise.

Providing professional development on Restorative Practices to staff and implementing restorative circles with students in the District has shown tremendous benefits to date. For example, the out of school suspension rate for students at the alternative school, the first school in the District to offer SESS services decreased 58%. Likewise, a school district in Oakland, California, implemented Restorative Justice as a pilot program in a middle school in 2005, and during implementation, suspensions declined 87% (Ablamsky, 2017). Both the Oakland school district and the District being evaluated for this study reported that school climate improved, while teachers and students reported feeling safer due to fewer fights and better classroom behavior.

**Mindfulness.** Other alternatives to exclusionary discipline are being infused within professional development for teachers and administrators. Mindfulness is one of the alternatives. Mindfulness is defined as a state of active, open attention on the present. Through mindfulness, one carefully observes one's thoughts and feelings without judging them as good or bad. Instead of letting one's life pass one by, mindfulness means living in the moment and awakening to one's current experience, rather than dwelling on the past or anticipating the future. According to Brensilver (2017), however, mindfulness can be considered a state, a trait or a practice. Brensilver (2017) explains that people can have a moment of mindfulness (state) but also have a habitual tendency of mindfulness (trait) and that we can also intentionally do the formal practice of mindfulness using different postures and activities which is another tool to learn to live in the moment. Mindfulness is used in schools with SESS as well as in other schools in the District, because, as Fleshood (2017) noted, such programs offer a positive response to the enormous amount of pressure students and educators face in schools today while research is demonstrating benefits from calming techniques on children.

Research also shows that mindfulness meditation can reduce anxiety, “improve emotion regulation and increase compassion but some culturally responsive educators worry that using mindfulness meditation in the classroom can send a dangerous message to students struggling within an inequitable education system” (Pettway, 2017). Some believe that mindfulness can perpetuate harmful and inequitable discipline practices; ultimately fueling the school to prison pipeline as a result. It is believed that mindfulness, practiced by groups of students that tend to be marginalized or disenfranchised, may reduce some of the behaviors that they exhibit, but will not address implicit teacher bias (Pettway, 2017). Furthermore, according to Pettway (2017),

for meditation in schools to reap social emotional benefits without undermining equity and cultural competency, a more responsive and responsible approach is necessary. Ideally such an approach is two pronged: (1) educators must acknowledge their own biases and adopt pedagogical practices that acknowledge and challenge systematic inequities; and (2) they must hone their own mindfulness practice before bringing it into the classroom. (p. 57)

**Teachers’ self-care and self-efficacy.** Teachers also receive professional development and support in the area of the importance of teacher self-care. Self-care is important for teachers who often forget to respond to their own needs. When teachers and mental health providers do not practice self-care, their judgment becomes cloudy and they can unintentionally create inequitable learning environments for their students. Those same educators “need to set aside time to rest, emotionally and physically, both their minds and their hearts. Also, they need to connect with their communities in ways other than through their work” (Perry, 2014, p. 15). Teachers who take care of themselves

physically and emotionally tend to have more self-efficacy and confidence in their ability to engage their students.

Teacher self-efficacy is worth examining for the purposes of this study as secondary trauma of teachers, self-care, and self-efficacy all impact student achievement in some form or fashion. Teachers who have experienced secondary trauma and are not practicing self-care, for example, likely have low self-efficacy and are more likely to employ basic management strategies rather than innovative instructional strategies that may relinquish some teacher control. Teachers with higher self-efficacy may be more willing to try new instructional strategies without a stifling fear of failure (Ashton & Webb, 1986; Ellis, 2014). As Ellis (2014) noted, developing a teacher's sense of self-efficacy may help teachers diversify and be more willing to embrace new instructional strategies. Teachers with increased self-efficacy may also be more likely to persist and overcome challenges when faced with them in the classroom (Guskey & Passaro, 1994; Tschannen-Moran et al., 1998). Exploring teacher self-efficacy is important due to the myriad challenges that teachers face and the potential positive impact that self-efficacy, especially collective efficacy as a result of professional development received, has on student achievement.

### **Summary**

As presented in Chapter 1, this study was conducted in order to inform school district decision makers and others who are interested in implementing the program on the impacts that professional development with a mental health focus has on teacher efficacy. Albeit a broad topic, The District may benefit from a comprehensive program evaluation to further study each component of the program. Federal, state, and local academic accountability measures, compounded by mental health challenges faced by students and

competing professional development topics, make the need to evaluate the program's professional development that much more important.

## CHAPTER 3

### METHODS

This study is a mixed methods design program evaluation of teacher perceptions of the effectiveness of the professional development component of a social emotional support services (SESS) program provided in a public school district. According to Creswell (2014), “quantitative research questions inquire about the relationships among variables that the investigator seeks to know. They are frequently used in social science research and especially in survey studies” (p. 143). Rossi, Lipsey, and Freeman (2004) define program evaluation as “the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to improve social conditions” (p. 16). Due to the fact that this definition considers the social, political, and organizational aspects of program evaluation, it further supports Mertens and Wilson’s (2012) assertion that boundaries between “paradigms and the evaluation approaches associated with them are not clear cut” (p. 37).

Qualitative research, defined by Mertens and Wilson (2012), focuses on the meaning that people bring to a study. The qualitative aspect of this study allowed teachers to participate in a focus group, which added meaningful and relevant experiences to the quantitative aspect of the study. According to Mertens and Wilson (2012), there is an increase in concern about representation and voice, which has led to an increased awareness of issues in evaluation when the targeted stakeholder group has

experienced discrimination or oppression on the multiple dimensions of diversity that are used to deny people access to services. (p. 542)

This is an example of loose coupling as the targeted stakeholder group of this particular study was teachers who have unique access to services and professional development that not all teachers experience. These targeted teachers also serve students who may experience discrimination that contributes to the lack of access to direct service provision of mental health services.

The assumption is that the method used in pragmatism should match the purpose of the study. According to Mertens and Wilson (2012), “evaluators choose the method of their study on the basis of what is right for a particular study in a particular context with a particular stakeholder group” (p. 91). Mixed methods research is frequently the method of choice (Mertens & Wilson, 2012) that complements the purpose and intent of this study. Quantitative data were collected and analyzed to test the theory that teachers who felt like the professional development that they received through a SESS program was helpful and had a positive impact on teacher efficacy. Typically, without access to such a program or the belief that the professional development that they received was not helpful, educators are often ill equipped to effectively serve or relate to their students. As Creswell (2013) indicated,

a theory in quantitative research is an interrelated set of constructs (or variables) formed into propositions, or hypotheses, that specify the relationship among variables. A theory might appear in a research study as an argument, a discussion, a figure, or a rationale, and it helps to explain (or predict) phenomena that occur in the world. (p. 54)



Combined with the theory of quantitative research, “there are other theoretical lenses that can be brought to bear on the analysis of qualitative data, such as attitude change or motivation” (Mertens & Wilson, 2012, p. 447), which is germane to self-efficacy beliefs. The Use Branch and Pragmatic Paradigm are represented due to the fact that the primary focus of a mixed methods study is to seek data that will be useful to stakeholders in decision making.

As previously described in Chapter 1, the structure of this study was developed using the Context, Input, Process, Product (CIPP) program evaluation model. Of the four components of the CIPP model described in Chapter 1, the product evaluation component was used to determine critical outcomes, programmatic impact, and expected and unexpected short and long-term outcomes (Mertens & Wilson, 2012, p. 108).

### **Participants**

Participants in this study were teachers who work in six schools implementing the Social Emotional Support Services (SESS) program in the District. The survey was sent to a total of 375 teachers, defined by how the state education agency of the district defines the job category teacher (which includes instructionally licensed personnel such as classroom teachers, school counselors, and librarians). Of the 375 survey recipients, there were 91 responses; 14 of these were insufficient responses, resulting in a total of 77 (21%) complete responses to the survey. All of the personally identifying data collected, including the names of participating teachers and where they work, remained confidential. Since the SESS program is being implemented school-wide in each of the six schools studied, there were no specific criteria for receipt of the survey other than the respondent had to have been a staff member at one of the six schools during the 2017-2018 school year. Participation was strictly voluntary.

The comprehensive SESS program is based on a multi-tiered system of supports model. Tier I of the model includes services offered to all students and professional development offered to teachers. Tier II and III of the program model includes student services only. There were approximately 289 total students who received Tier I supports from their teachers as well as supports and services from the SESS clinicians within the six schools during the 2017-2018 school year. The 289 students who received SESS services equates to less than 10% of the total enrollment of the six schools. Approximately 375 highly qualified teachers serve these students and have access to the total population, unlike the SESS clinicians who provide services to students accessing Tier II and III services.

Information is provided (Table 1) on the teachers who worked in the six schools during the 2017-2018 school year. The table also includes data on those who responded to the survey as well as those who chose not to respond. The small sample size of respondents impacts the reliability and validity for feedback, however recommendations for future research are included to obtain more valid and reliable information to be used by decision makers in the district. It is also important to note that every teacher did not receive professional development through a comprehensive professional development plan implemented by the SESS clinicians. Therefore, the focus of this study was on the perceptions of teachers of the effectiveness of the professional development that was offered by SESS clinicians. The researcher was also interested in whether there was any correlation between teacher efficacy and their perceptions of the professional development that they received.

Table 1

*Teacher Qualifications*

Teacher Qualifications	Years of Experience
Teachers with a Master’s Degree or higher	200
Teachers with a Bachelor’s Degree	175
<b>Total Years of Teaching Experience of Staff</b>	<b>3,470</b>

*Note.* Data retrieved from The District’s Human Resources Department

**Data Sources**

**Teacher survey.** Tschannen-Moran and Woolfolk Hoy’s (2001) Teachers’ Sense of Efficacy Scale (TSES) is a reliable and valid instrument that was designed to determine what creates the most difficulty for teachers in the areas of student engagement, instructional practices, and classroom management. The scale was chosen by the researcher and was used to answer the second evaluation question to determine if there was a statistically significant difference in teacher levels of self-efficacy as determined by their perception of the SESS program as being helpful in preparing them to support student outcomes. It also helped to reveal what created the most difficulties for teachers in daily interactions with students during the 2017-2018 school year.

The long form of the TSES includes 24 questions that measure teacher efficacy in student engagement, instructional practices, and classroom management. Teachers responded to the survey questions using a Likert Scale that was designed to identify the factors that create the most difficulty for teachers in daily school activities and student interactions. A study by Fives and Buehl (2010) on the factor structure of the TSES reported that the 3-factor structure (efficacy for classroom management, instructional practices, and student engagement) was appropriate for practicing teachers, but they

found a single efficacy factor to be appropriate for preservice teachers. The long and short forms of the TSES produced similar means and reliability information, suggesting that either form is appropriate for use with preservice or practicing teachers. Last, Fives and Buehl (2016) found that teachers with more than 10 years of teaching experience and those teaching at the elementary level reported significantly higher levels of efficacy than did preservice teachers or those teaching at the middle or high school levels, respectively. Taking this information into account, the researcher obtained the number of years of teaching experience and the level (elementary, middle, high, alternative) taught from survey respondents. Demographic data collected assisted with analyzing differences and similarities in teachers' sense of self using their unique demographic information.

**Teacher focus group protocol.** A total of 31 teachers voluntarily participated in a focus group. Most (80.6%) participated in a focus group subsequent to responding to the survey. Six participants showed up for and participated in a focus group, but chose not to complete the survey. The purpose of the focus group was to determine if the tiered systems of supports provided by the SESS clinicians were changing teaching practices and to reveal the stories of their experiences. Additional questions (Appendix B) were asked of those who participated in the focus group to determine if the specific knowledge and skills included in professional development were implemented in teachers' daily interactions with students.

An employee from the District facilitated the focus groups. Teachers were provided an introduction and overview of the purpose of the focus group. Before the focus group began, the following guidelines were shared with participating teachers to ensure that detailed views of participants were documented: (1) there are no right or wrong answers, only differing points of view; (2) you don't need to agree with others, but you must listen

and respond respectfully as others present their views; and (3) please listen and respond carefully in the discussion to ensure that sufficient dialogue is occurring. The reliability of the focus group was solid due to the fact that the moderator is highly trained and there were specific questions asked to guide the discussion. Considering the fact that focus group validity is based upon the certainty that participants are staying on topic, the focus group maintained said validity. Additionally, the moderator reminded teachers to remain on topic and took notes to document responses.

### **Data Collection**

**TSES and teacher survey.** The long form of the TSES and additional survey questions were distributed to 375 teachers who work in the six schools. The survey was distributed electronically via Qualtrics, a web-based survey tool. Teacher anonymity was secured through the use of unidentifiable coding in both the study survey (TSES) instrument and in the collection of data. Permission was granted to use the TSES for this research study. Demographic variables were added into the survey instrument and the survey was generated and distributed online (via Qualtrics). Additional demographic variables that were collected in addition to the aforementioned are: frequency of participation in a professional development session facilitated by a SESS clinician and professional development content received by teachers.

Formal correspondence was sent to participants via email that included a detailed explanation of the intent of the study, as well as the assurance of subject confidentiality. A link to the survey was included in the email correspondence inviting teachers to participate in the study. Consent to participate in the study was implied by the willingness of the participant to respond to the survey questions, however a consent form (Appendix C was embedded within the survey (Appendix A) itself, so that teachers could document

their consent prior to answering the survey questions. Permission was requested and granted from the District leadership to conduct this research study. A combination of the TSES and additional survey questions were distributed to teachers electronically and teachers were originally given a 2-week period to respond in the month of June. The survey was reopened for an additional week in the month of August in an effort to obtain additional responses.

**Focus groups.** Upon receiving the data from the initial survey and identifying the group of teachers whose TSES scores fell within a low, medium, or high range, the researcher sent the twenty-one teachers who originally agreed to participate in the focus groups pre-established dates and times in which the focus groups would be conducted. The focus groups were offered at various times and multiple days to allow for flexibility and convenience of teachers. The researcher did not facilitate the focus group in an effort to eliminate researcher bias. Therefore, an employee from The District's Research Department served as the focus groups' facilitator to ensure that the discussions remained on target. One focus group with seven teachers was facilitated in June and two additional focus groups with a total of 24 participants were conducted in August of 2018.

### **Data Analysis**

Statistical Analysis software, Statistical Package for the Social Sciences (SPSS), was used to conduct relevant statistical tests on the data collected and to inform the evaluation questions. In order to understand teachers' perceptions, attitudes and beliefs about their ability to work with what some consider a challenging student population, evaluation questions were necessary in the determination of SESS program outcomes. The evaluation questions are:

1. What are teachers' perceptions of their preparedness to provide interventions in support of short and long-term outcomes for students?
2. Is there a statistically significant difference in teacher levels of self-efficacy as determined by their perception of the SESS program as being helpful in preparing them to support student outcomes?
3. What are teachers' perceptions of the extent to which the professional development through the SESS program has impacted their teaching practices?
4. What success and challenges do teachers face when implementing knowledge, skills, and strategies learned from receiving professional development from SESS?

**Evaluation question 1.** A specific question was added to the survey to determine if the SESS program had been helpful to teachers in preparing them to provide effective interventions in support of short and long-term outcomes for students. Descriptive statistics were used to describe and summarize the results. The results were used as two groups for comparison to analyze the results of the remaining three evaluation questions.

**Evaluation question 2.** The survey was analyzed using the scoring suggested by the original survey developers. Data was entered into SPSS for analysis. The analyses of teacher responses to the TSES was conducted using a Likert scale as well as by calculating the mean score of the scale. An independent sample t-test was used to answer evaluation question two to determine whether there was a statistically significant difference in teacher levels of self-efficacy as determined by the two levels of the independent variable (program helpful and program not helpful). Descriptive statistics were used to summarize the results (number and percentage) based on the Likert scale

provided for each individual question and subgroup of the TSES, as well as the overall scores.

**Evaluation questions 3 and 4.** The focus group interviews were conducted and recorded (via audio recorder and facilitator notes) by a district employee and subsequently transcribed by the researcher. The data was reviewed, analyzed, and organized into categories or themes by the researcher. The themes that emerged from the second and third evaluation questions were analyzed separately from the data that emerged from evaluation questions one and two. Although the sample size of this phase was smaller, it consisted of a sample of the same individuals who responded to the initial survey, with the exception of the six focus group participants who chose not to complete the survey.

The method that was used is called the explanatory sequential mixed methods design, which is intended to have the qualitative data help explain in more detail the initial quantitative results (Creswell, 2014). In addition to building upon the quantitative data results, the demographic information shared shows how individuals in different groups responded to the dependent variables. An important aspect of this design was to determine how the qualitative variables interacted with one another as a follow up to the quantitative results. Additionally, member checking was done to determine the accuracy of the qualitative findings. A report of the major findings and themes that emerged was emailed to the focus group participants in an effort to determine if they felt that the findings and themes were accurate and/or representative of their responses (Creswell, 2014).



Table 2

*Data Analysis Summary*

Evaluation Question	Data Sources	Data Analysis
<b>Question 1</b> What are teachers' perceptions of their preparedness to provide interventions in support of short and long-term outcomes for students?	Survey	Descriptive Statistics
<b>Question 2</b> Is there a statistically significant difference in teacher levels of self-efficacy as determined by their perception of the SESS program as being helpful in preparing them to support student outcomes?	Teachers' Sense of Self-Efficacy Scale (long form)	t-test for Independent Means
<b>Question 3</b> What are teachers' perceptions of the extent to which the professional development through the SESS program has impacted their teaching practices?	Focus Groups	Qualitative Analysis Coding
<b>Question 4</b> What success and challenges do teachers face when implementing knowledge, skills, and strategies learned from receiving professional development from SESS clinicians?	Focus Groups	Qualitative Data Analysis Coding

**Delimitations, Limitations, Assumptions**

**Delimitations.** Delimitations are boundaries set by the researcher to ensure that the scope of the study is controlled (Creswell, 2014). Delimitations of this study include the fact that the researcher focused solely on the six schools with the SESS program rather than comparing teacher efficacy and professional development across all schools in the

district or conducting a random sample of all schools with and without the SESS program. Additionally, there are more teachers who have direct access to the SESS program than there are other groups of employees such as administrators, support staff, or district leaders. In an attempt to evaluate the professional development aspect of the program and those who access the services of the program the most, the study focused on teachers rather than including administrators, support staff, students and district leaders in the study. Another delimitation set by the researcher also included the narrow focus on teacher perceptions of the professional development component of the SESS program despite the fact that the program also includes a component that includes direct service provision to students in the form of individual and group counseling, crisis intervention, etc. Narrowing the scope of the study to professional development was intentional to ensure that the component of the program that directly impacts teachers was emphasized. Another delimitation to consider is the narrow survey timeline originally set by the researcher that happened to coincide with the end of the school year and departure of teachers for summer break. As a result of the timeline and low response rate, the survey window was reopened and two additional focus groups were conducted.

**Limitations.** This program evaluation has a distinctive set of limitations. The program evaluation only focused on the six schools that hosted the SESS program in the District during the 2017-2018 school year. The researcher's self-imposed timeline was a factor that may have impacted the response rate. The researcher planned to use demographic data (Appendix D) embedded within and collected from the identified survey instrument to obtain teacher information to assist with making connections between like groups. The original idea was that the demographic data would assist with determining if different types of teachers with varying demographics respond similarly or differently to the

professional development provided to them by the SESS clinicians. Due to limited participation in the focus group and limited variability with some of the demographic data, however, the survey data was considered when seeking like groups and minimal data were collected and analyzed based on the area in which teachers taught (e.g., elementary, middle, high, and alternative education). The demographic data was also used for analysis in relation to the self-efficacy of teachers with varying levels of experience.

Convenience sampling is a non-probability sampling technique where subjects of a research study are selected due to their accessibility or proximity to the researcher. An additional limitation was that the original survey and focus group window was insufficient for an adequate response rate so in August of 2018 during a training session for three of the six schools of this study the survey window was reopened and two additional focus groups were conducted with the staff who voluntarily completed the survey. Reopening the survey and offering two additional focus group sessions allowed for a convenience sample, which produced an additional 24 teacher respondents to be added to the data for the study.

***Positionality.*** Another limitation of the study is the researcher's relationship to the District and the potential for bias toward the program. As an employee of the District and the developer of the SESS program, the researcher requested assistance from the research department of the District to facilitate the focus groups in order to minimize aspects of bias that might interfere with the study, thus encouraging focus group responses to remain pure and candid. The researcher's role in the District and in the development of the SESS program offered a unique perspective, allowing for access to information regarding the program. Personal bias toward the program and the evaluation

of it, therefore, was considered and documented. The researcher remained in close contact with District leaders, particularly those in the research department, to provide frequent updates and to ensure that the program evaluation study was permissible prior to the study being conducted. The researcher is prepared to document and provide feedback, both positive and negative, regarding the professional development component of the SESS program to District leaders so that feedback and recommendations for program improvement can be provided accordingly.

**Assumptions.** It is assumed that the professional development provided to teachers in every school that hosts the SESS program is aligned to program goals and the District's strategic plan. Another assumption is that SESS clinicians and the supervisor of the program are maintaining skills and knowledge to coach, teach, and model for teachers by participating in reoccurring professional learning experiences and certification programs themselves. It is assumed that teachers are committed to providing adequate yet high quality services to students that support their social emotional and mental health needs so that they can access the content that they are required to learn. In reference to the evaluation, the researcher assumed that teacher responses to the survey and feedback in the focus groups were honest, truthful, and accurate.

### **Ethical Considerations**

Following the successful dissertation proposal defense the researcher submitted an application to the College of William and Mary's Institutional Review Board (IRB). Once permission was granted to move forward to conduct the study, the researcher took the necessary precautions to protect teachers who chose to participate in the study, hence the use of Qualtrics as the survey platform. Informed consent was also used as a means to protect teachers who participated in the study by responding to the survey and those who

chose to participate in the focus group discussion. Student data was not collected for the purposes of this study except in the form of anecdotal student stories represented in focus group responses. All student data that emerged from those discussions remained confidential.

**Adherence to program evaluation standards.** In addition to adhering to the IRB guidelines, the researcher and the study also adhered to the Standards for Program Evaluation (Mertens & Wilson, 2012). The utility standards were established to certify that the study is useful and appropriately used; therefore, the researcher has and will continue to maintain frequent communication with the District to ensure that the study is appropriate and meets the needs of the District based on the logic model presented. To adhere to the feasibility standards, the researcher made every effort to maintain precise and clear data collection measures as well as balance the cultural and political interests and needs of individuals and groups who did and those who did not participate in the study itself. In order to maintain propriety of the evaluation the researcher maintained professional, moral, ethical, and legal standards throughout the study. Every effort has been made to adhere to the program evaluations standards for accuracy including using the reliable and valid TSES with fidelity and accurately and consistently reporting the results of both the survey and focus group discussion.

## **CHAPTER 4**

### **FINDINGS**

The purpose of this mixed methods program evaluation study was to investigate teacher perceptions of the effectiveness of professional development in the area of social and emotional needs and supports and how teachers feel about their ability to effect outcomes for the students they serve as a result of the professional development that they received through the program. Additionally, in order to understand the successes and challenges teachers face in working with students who need social emotional supports and/or school mental health services, a survey and focus groups were administered to help answer the evaluation questions that were designed to guide the district leaders in understanding the context, inputs, processes, and outcomes of its Social Emotional Support Services (SESS) program. More specifically, this study investigated teacher perceptions of the relationship between their self-efficacy and use of strategies learned through professional development and coaching provided by SESS clinicians. Chapter 3 provided an overview of the methodology of the study, including the participants, data sources, and data analysis. Chapter 4 provides an overview of demographic information of survey respondents and results of the study. The time of the year that the survey was initially distributed (the final two weeks of the 2017-2018 school year) and the fact that focus group interviews were offered on several dates the last week of school as well as the week after the school year ended was an issue. Despite three reminders to complete the survey, the stress of closing out end of year activities and the desire to begin summer break likely contributed to the low response rate and the lack of participation in the focus

group interview in the month of June. For example, several teacher responses (n=14) to the survey had to be removed for insufficient responses. Those teachers began the survey but did not complete the full survey. After one week of idle time, the Qualtrics system submits a respondent's survey whether it is complete or not. Although the original survey and focus group window was insufficient for an adequate response rate, three of the six schools of this study happened to be participating in a Restorative Practices training in August of 2018, so the survey window was reopened and two additional focus groups were conducted with the staff who voluntarily completed the survey in August.

Reopening the survey and offering two additional focus group sessions allowed for 24 additional teacher respondents to be added to the data. Despite the issues with the response rate, the data may still prove useful to stakeholders by identifying areas of differentiation when planning for future professional development. Data for the study were collected from June 4 through August 9, 2018. Results of both quantitative and qualitative data collection for the study are described in this chapter.

The survey that included Tschannen-Moran and Woolfolk Hoy's (2001) Teachers' Sense of Efficacy Scale (TSES) and researcher-created survey questions regarding demographics of participants and professional development received was distributed to 375 teachers, who worked in six schools during the 2017-2018 school year within the district. The survey was distributed via Qualtrics, an online survey program. The survey data, once collected, were imported into Statistical Package for the Social Sciences (SPSS), a data analysis program, and analyzed to inform the study. Descriptive statistics were used to report and summarize the first evaluation question. An independent sample t-test was used to answer evaluation question two to determine whether there was a statistically significant difference in teacher levels of self-efficacy as determined by the

two levels of the independent variable (program helpful and program not helpful). Descriptive statistics were also used for question two to summarize the results (number and percentage) based on the Likert scale provided for each individual question and subgroup of the TSES, as well as the overall scores. The data for evaluation questions three and four were reviewed, analyzed, and organized into categories or themes by the researcher. There were a total of 91 responses received during the survey window. Of those responses, 14 were removed for insufficient responses. The response rate for the survey was 21% (77/375).

### **Demographic Data**

The survey asked participants to provide the number of years they have been teaching. In both Qualtrics and SPSS, the data were grouped into 5-year increments. The majority of the participants (72.7%) had 18 or fewer years of teaching experience. More notably, 21% of participants are new to the profession of teaching with five years or less experience. This is one of the reasons why professional development and support of teachers is vital to student outcomes but also to the retention of teachers in the profession. The descriptive statistics on the years of experience are provided in Table 3.



Table 3

*Total Years of Teaching Experience*

Years Teaching	<i>n</i>	%
0 – 5	16	20.8%
6 – 11	18	23.4%
12 – 18	22	28.6%
19 – 24	15	19.5%
25+	6	7.8%

*Note.* n=77

Of the six schools that had the SESS program during the 2017-2018 school year, three were elementary schools, one middle school, one high school, and an alternative school. More than half of the participants (55.8%) worked in secondary schools (i.e., middle and high school) while 24.7% worked in elementary schools, and 19.5% worked in the alternative program. The school levels where the participants worked are shown in Table 4.

Table 4

*School Level Where Participants Work*

School Level	<i>n</i>	%
Elementary School	19	24.7%
Middle School	12	15.6%
High School	31	40.3%
Alternative Program	15	19.5%

*Note.* n=77

Data on how often the teachers participated in professional development facilitated by SESS clinicians during the 2017-2018 school year is included below. Professional development included professional learning communities (PLCs), workshops, coaching, and modeling. Four of the 77 survey respondents (5.2%) did not receive any professional development from SESS clinicians, however that does not mean that they did not receive professional development in other areas and/or have students in their classrooms who received direct services from a SESS clinician. Of those four survey respondents, two were elementary school teachers, one was a middle school teacher, and the other was a high school teacher. All four of those teachers had five years of teaching experience or less which could mean that principals may not be making professional development provided by SESS clinicians a requirement for novice teachers.

As noted in Table 5, nine survey respondents (11.7%) received professional development 10 or more times from a SESS clinician during the 2017-2018 school year. Forty percent (40%) participated sometimes (between 4-6 times within the school year), 22.1% participated rarely (1-3 times), and 20.8% participated often (7-9 times).

Table 5

*Number of Times Teachers Participated in SESS Professional Development, 2017-2018 School Year*

Participation	<i>n</i>	%
Never (0 times)	4	5.2%
Rarely (1 -3 times)	17	22.1%
Sometimes (4 -6 times)	31	40.3%
Often (7 – 9 times)	16	20.8%
Frequently (10+ times)	9	11.7%

*Note.* n=77

When the number of times teachers participated in SESS professional development was further analyzed and cross tabulation of years of experience were calculated it revealed that teachers with less than 18 years of experience participated in professional development provided by SESS clinicians more often than those who had 19 or more years of experience. The cross tabulation table percentages are calculated by years of experience ranges or groups not overall in Table 6 below. Of the 16 teachers who had five years or less experience teaching, only 21.1% of those teachers participated in SESS professional development often or frequently (i.e., seven or more times within one school year).

Table 6

*Number of Times Teachers Participated in SESS Professional Development by Years of Teaching Experience*

	<u>0-5</u>		<u>6-11</u>		<u>12-18</u>		<u>19-24</u>		<u>25+</u>	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Never	0	0.0%	1	5.6%	1	4.5%	1	6.7%	1	16.7%
Rarely	5	26.3%	3	16.7%	2	9.1%	6	40.0%	1	16.7%
Sometimes	7	36.8%	8	44.4%	11	50.0%	4	26.7%	1	16.7%
Often	1	5.3%	3	16.7%	8	36.4%	2	13.3%	2	33.3%
Frequently	3	15.8%	3	16.7%	0	0.0%	2	13.3%	1	16.7%

*Note.* 0-5 years = 16, 6-11 years = 18, 12-18 years = 22, 19-24 years = 15, and 25+ years = 6

A count of the types of professional development topics that were attended (by school level) during the 2017-2018 school year is displayed in Table 7. Cross tabulated table percentages are calculated by school level not overall. Most elementary teachers participated in professional development on mindfulness, trauma informed teaching practices, and self-care strategies for teachers. Mindfulness was popular across all levels, with 68% of elementary teachers and 84% of high school teachers participating. Restorative Practices were more popular with secondary teachers (50% middle school teachers and 48% high school teachers) and alternative education teachers (53%) than it was for the 21% of elementary teachers who participated. With the growing challenges in middle school education across the nation, it was not surprising that over 83% of middle school teachers accessed professional development on self-care strategies for teachers.

Table 7

*Number of Times the SESS Professional Development was Attended by School Level*

	<u>Elementary</u>		<u>Middle</u>		<u>High</u>		<u>Alternative</u>	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Adverse Childhood Experiences	5	26.3%	2	16.7%	8	25.8%	5	33.3%
Trauma Informed Teaching	12	63.2%	8	66.7%	17	54.8%	9	60.0%
Restorative Practices	4	21.1%	6	50.0%	15	48.4%	8	53.3%
Mindfulness	13	68.4%	10	83.3%	26	83.9%	12	80.0%
Self-Care for Teachers	11	57.9%	10	83.3%	22	71.0%	11	73.3%
Other	1	5.3%	1	8.3%	1	3.2%	3	20.0%

*Note.* Elementary = 19, Middle = 12, High = 31, and Alternative = 15, and Total Respondents N=77

While there were multiple professional development topics attended by the participants individually, the total professional development topics attended was 237. Overall (as displayed in Table 8), the professional development received by 87% of survey respondents was Mindfulness. Self-care strategies for teachers was received by 84.4% of participants, 59.7% received trauma informed practices, and 42.9% received Restorative Practices. Professional development on the basics of Adverse Childhood Experiences was received by 26% and 7.8% of teachers who responded to the survey participated in something other than the five main professional development topics covered by the SESS program.

Table 8

*Overall Number of Times the SESS Professional Development was Attended*

Characteristic	<i>n</i>	%
Adverse Childhood Experiences	20	26.0%
Trauma Informed Teaching Practices	46	59.7%
Restorative Practices	33	42.9%
Mindfulness	67	87.0%
Self-care Strategies for Teachers	65	84.4%
Other	6	7.8%

*Note.* Total respondents  $N=77$

**Summary Findings**

**Evaluation question 1. What are teachers’ perceptions of their preparedness to provide interventions in support of short and long-term outcomes for students?** As shown in Table 9, of the total survey respondents, 81.8% perceived the SESS program to have been helpful in preparing them to provide effective interventions for students. When analyzed by level and years of teaching experience, 79% of elementary teachers, 75% of middle school teachers, 80% of high school teachers, and 93% of alternative education teachers found the program to be helpful. Other groups who found the program to be helpful were 94% of teachers with six to 11 years of teaching experience, 81% of teachers with 12-18 years of experience, 80% of teachers with 19-24 years of experience, and 75% of teachers new to the profession with five years of experience or less. The majority of teachers, regardless of the level they teach or their years of experience, perceive the SESS program to be helpful to them in preparing them to serve the students that they teach.

Table 9

*Has the SESS Program Been Helpful?*

Characteristic	<i>n</i>	%
Helpful	63	81.8%
Not Helpful	14	18.2%

*Note.* Total respondents  $N=77$

**Efficacy level ranges and pertinent data.** The TSES offers three moderately correlated factors based on factor analyses that have been completed with multiple uses of the scale. The three factors are aligned with some of the goals of the SESS program, as the district promotes school-based mental health services serving as a conduit to strengthening student-teacher relationships, as well as, improving student engagement, instructional strategies employed by teachers, and classroom management. To determine the efficacy in student engagement, instructional strategies and classroom management subscale scores were computed. In addition, for the purposes of this study, efficacy means were assembled into levels: low, medium, and high based on ranges in which the 77 teachers' subscale scores fell within and their total efficacy score range. Visual binning was used in SPSS to create the bands for the efficacy level ranges. Distribution of the means of each group was found by using the mean and ranges provided by the authors of the TSES to create the three bands. More specifically, all of the data were lined up in a distribution from the smallest number to the largest number and based on where the data fell the levels were created based on the grouping of the data statistically versus selecting random bands. Table 10 shows the levels of efficacy in which the population fell. Teachers whose efficacy levels generally fell above 7.1 within the subgroups and 7.3

overall were considered to be highly efficacious as compared to their peers who also completed the survey. Of the 77 survey respondents, there were 26 (34%) teachers who had high efficacy levels overall, 32 (41%) who fell in the medium efficacy range, and 19 (25%) who were considered to have low efficacy.

Table 10

*Efficacy Level Ranges*

Variables	Low	Medium	High
Efficacy in Student Engagement	< 5.9	5.9 - 7.1	> 7.1
Efficacy in Instructional Strategies	< 6.5	6.5 - 7.8	> 7.8
Efficacy in Classroom Management	< 6.1	6.1 - 7.3	> 7.3
Overall	< 6.1	6.1 - 7.3	> 7.3

Mean scores (i.e., average) and standard deviations (i.e., dispersion) for all responses were computed to answer the second evaluation question to determine if there was a statistically significant difference between whether the participant perceived the program to be helpful and those who did not find the program helpful and their score for each subcategory. Within the student engagement subcategory, those who felt that the professional development received from the SESS program was helpful scored higher with their efficacy levels related to student engagement than their colleagues who did not feel that the SESS program had been helpful to them. Overall scores and each independent variable level are reported: program was helpful and program was not helpful. Mean and standard deviations for all responses related to the subscale *Efficacy in Student Engagement* are shown in Table 11.



Table 11

*Mean and Standard Deviation for Questions Related to Efficacy in Student Engagement*

	<u>Total</u>		<u>Helpful</u>		<u>Not Helpful</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
How much can you do to get through to the most difficult students?	6.47	1.59	6.68	1.42	5.50	1.95
How much can you do to help your students think critically?	7.03	1.41	7.03	1.39	7.00	1.57
How much can you do to motivate students who show low interest in school work?	6.71	1.53	6.89	1.37	5.93	1.98
How much can you do to get students to believe they can do well in school work?	6.64	1.65	6.87	1.48	5.57	2.03
How much can you do to help your students' value learning?	6.25	1.68	6.38	1.65	5.64	1.74
How much can you do to foster student creativity?	6.05	1.84	6.24	1.75	5.21	2.08
How much can you do to improve the understanding of a student who is failing?	6.91	1.37	7.06	1.26	6.21	1.67
How much can you assist families in helping their children do well in school?	6.65	1.54	6.81	1.41	5.93	1.90

The mean and standard deviation for all questions that help to create the subscale *Efficacy in Instructional Strategies* is represented below. Table 12 shows overall and independent variable levels: program was helpful and program was not helpful. With the exception of one question, the data exhibited in the instructional strategies subcategory by those who felt the professional development received from the SESS program was helpful also achieved slightly higher efficacy levels than their colleagues who did not feel that the SESS program had been helpful to them. One question that referred to using a variety of assessment strategies was answered slightly more favorably (i.e., more efficacy) by survey respondents who did not feel that the program was helpful than those who did feel the program was helpful.

Table 12

*Mean and Standard Deviation for Questions Related to Efficacy in Instructional strategies*

	<u>Total</u>		<u>Helpful</u>		<u>Not Helpful</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
How well can you respond to difficult questions from your students?	7.03	1.26	7.03	1.23	7.00	1.41
How much can you gauge student comprehension of what you have taught?	7.22	1.27	7.37	1.21	6.57	1.40
To what extent can you craft good questions for your students?	7.14	1.22	7.24	1.06	6.71	1.77
How much can you do to adjust your lessons to the proper level for individual students?	6.95	1.49	7.02	1.40	6.64	1.86
How can you use a variety of assessment strategies?	7.48	1.15	7.48	1.16	7.50	1.16
To what extent can you provide an alternative explanation or example when students are confused?	6.84	1.41	7.03	1.27	6.00	1.75
How well can you implement alternative strategies in your classroom?	7.10	1.36	7.16	1.26	6.86	1.79
How well can you provide appropriate challenges for very capable students?	7.40	1.14	7.59	0.96	6.57	1.50

Table 13 provides the mean and standard deviation for all questions that help to create the subscale *Efficacy in Classroom Management*. This table also shows both overall and individual independent variable levels: program was helpful and program was not helpful. Those who felt that the professional development received from the SESS program was helpful scored higher with regard to their efficacy levels related to classroom management than those who did not feel that the SESS program had been helpful to them.

Table 13

*Mean and Standard Deviation for Questions Related to Efficacy in Classroom Management*

	<u>Total</u>		<u>Helpful</u>		<u>Not Helpful</u>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
How much can you do to control disruptive behavior in the classroom?	6.90	1.57	7.02	1.50	6.36	1.82
To what extent can you make your expectations clear about student behavior?	6.60	1.64	6.87	1.40	5.36	2.10
How well can you establish routines to keep activities running smoothly?	7.10	1.34	7.21	1.22	6.64	1.78
How much can you do to get children to follow classroom rules?	6.42	1.84	6.60	1.71	5.57	2.21
How much can you do to calm a student who is disruptive or noisy?	6.84	1.56	7.06	1.40	5.86	1.92
How well can you establish a classroom management system with each group of students?	6.78	1.68	6.87	1.57	6.36	2.10
How well can you keep a few problem students from ruining an entire lesson?	7.96	1.12	8.11	0.86	7.29	1.77
How well can you respond to defiant students?	7.39	1.30	7.48	1.18	7.00	1.75

**Evaluation question 2. Is there a statistically significant difference in teacher levels of self-efficacy as determined by their perception of the SESS program as being helpful in preparing them to support student outcomes?**

The second evaluation question was informed by the data collected from the teachers' TSES scores and the question in the survey that asked if the SESS program had been helpful in preparing them to provide effective interventions in support of short and long-term outcomes for students. An Independent Sample t-test was used to compare two

variables: the TSES scores and the two levels of the independent variable (program helpful and program not helpful).

The mean efficacy level for student engagement, instructional strategies, classroom management, and overall efficacy regarding whether the SESS program was helpful in preparing the teacher to provide effective interventions in support of short and long-term outcomes for students was calculated for each survey respondent. An independent sample t-test was carried out between *program was helpful* and *program was not helpful* targeting the efficacy level of the teachers in regards to student engagement, instructional strategies, classroom management, and overall efficacy. The results of the four independent sample t-tests revealed that there was a statistically significant difference, represented in Table 14, between whether the participant perceived the program to be helpful or not helpful and their score for Efficacy in Student Engagement ( $p = 0.015$ ), their score for Efficacy in Classroom Management ( $p = 0.016$ ) and their Overall Efficacy score ( $p = 0.015$ ).

The mean for those that identified the program as being helpful was higher than the mean for those who identified the program as not helpful for Efficacy in Student Engagement, Efficacy in Classroom Management, and Overall Efficacy (Table 14) which means those who found the program to be helpful are more efficacious and believe in themselves to execute the strategies and skills taught through professional development provided by SESS clinicians than those who did not feel the SESS program was helpful to them. The effect size,  $d$ , for Efficacy in Student Engagement was computed to be 0.649 (medium effect size), 0.810 for Efficacy in Classroom Management (large effect size), and 0.630 for Overall Efficacy (medium effect size).

The findings revealed that there was no statistically significant difference between whether the participant thought the program was helpful or not helpful and their score for Efficacy in Instructional Strategies.

Table 14

*Group Differences Between SESS Program Ratings, Helpful vs. Not Helpful*

Efficacy	<u>Helpful</u>		<u>Not Helpful</u>		<i>df</i>	<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
1. Student Engagement	6.75	1.09	5.88	1.55	75	2.490*	0.015
2. Instructional Strategies	7.24	0.89	6.74	1.37	75	1.732	0.087
3. Classroom Management	7.16	1.05	6.31	1.59	75	2.470*	0.016
4. Overall	7.05	0.91	6.31	1.39	75	2.493*	0.015

\**p* < .05

**Evaluation question 3. What are teachers’ perceptions of the extent to which the professional development through the SESS program has impacted their teaching practices?**

Of the total survey respondents (n=77), 50.6% participants agreed to participate in a focus group to discuss the Social Emotional Support Services (SESS) program and how the program impacts teaching practice through the tiered system of supports and professional development that are provided, however 40% of survey respondents actually attended the focus groups and participated (32.4% who participated in the survey and 6 additional teachers who just attended the focus group but chose not to complete the survey). For the survey and the focus group questions, professional development was defined as workshops, professional learning communities, consultation, and/or coaching. In further analyzing the data of the 77 survey respondents, 18.2% of the participants were

classified as High on all four efficacy categories: efficacy in student engagement, efficacy in instructional strategies, efficacy in classroom management, and overall efficacy. Thirteen percent (13%), of the participants were classified as Medium on all four efficacy categories, only 1.2% of the participants were classified as low on all four efficacy categories, and 67.5% of the participants had mixed efficacy levels.

Of the 25 participants that engaged in both the survey and the focus group, 56% were classified as High on all four efficacy categories: efficacy in student engagement, efficacy in instructional strategies, efficacy in classroom management, and overall efficacy. Forty percent (40%) of the participants were classified as Medium on all four efficacy categories and only 4% of the participants were classified as Low on all four efficacy categories.

There were a total of five focus group questions asked, two of which were introductory questions to begin the conversation and to obtain a general sense of teachers' perceptions of how the professional development impacted their teaching practices. Two questions were more specific and focused on the tiered systems of support model and use of strategies and skills, and the final focus group question was in reference to the success and challenges that teachers face. The data from the final question was analyzed to answer the fourth and final evaluation question of the study.

Qualitative coding is the formal process of organizing and sorting data. Codes serve as a way to label, compile and organize the data. Due to the number of focus group participants, the researcher organized, labeled, grouped, and sorted the data and developed a storyline. Key words in each focus group participants' statements were color coded to group together commonalities and themes. For example, all comments about mindfulness, Restorative Practices, and other SESS program specific professional

development topics were labeled the same color and commendations, barriers, areas of concern, etc. were sorted and grouped together for each theme. Some focus group participants listened and did not contribute to the conversation as much as others. Some responded with affirmative or negative answers to some questions and did not elaborate however, teachers were willing to provide input and generally expressed their endorsement of the program. Those who were silent in the beginning of the discussion added insight into their perception of the professional development after hearing the feedback from others. Everyone agreed that more clinicians are needed, that staff buy-in to the program was a continued area of focus yet they all said that they were personally using the strategies learned in professional development to the best of their ability. What follows is a brief summary of the relevant findings from data generated from the focus group interview:

**Focus group question 1. What do you think about the professional development provided by the SESS clinicians in your school?**

- Fifty-two percent (52%, n=13) of focus group participants, with mixed efficacy levels, felt that the professional development provided by SESS was beneficial in that there were relevant topics and strategies taught, but other barriers to meaningful professional development were also compounding factors (i.e. scheduling conflicts and lack of follow through).
- Forty-five percent (45%) of focus group participants specifically mentioned or emphasized particular professional development topics and their experiences with them. Five mentioned mindfulness, three specifically spoke about self-care, and six mentioned trauma informed care and adverse childhood experiences, and one mentioned culturally responsive teaching.

- Forty-two percent (42%) of focus group participants felt that the professional development that they received was relevant to their experiences and the demographics of their schools.

**Focus group question 2. Do you feel more or less equipped to handle challenging student behaviors and mental illnesses since receiving professional development and having access to the SESS program?**

- The efficacy levels and responses of the teachers were varied and did not appear to have any relationship to the type of responses provided for this question.
- Thirty-five percent (35%) of the teachers who participated in the focus groups said they feel more equipped to handle challenging behaviors since receiving professional development through the SESS program. Some did not contribute to this question.
- Approximately 9% of the teachers who participated in the focus groups said that there was no change in how equipped they feel yet they shared their appreciation for the support and space to try new strategies.
- Six percent (n=2) said that they feel less equipped than they did before receiving support from the SESS program and that they would like to see SESS clinicians more visible or observe them in action during a crisis because often times the de-escalation of students happens in a private space. Those same teachers indicated that the strategies that they learned did not mesh with their teaching style.
- Of the eleven teachers who indicated that they feel more equipped, four indicated that Mindfulness has contributed to their confidence in providing a learning environment for students that is more relaxed and more manageable. Another teacher who also emphasized the increased knowledge of Mindfulness practices



said that they feel more equipped to help prevent challenging behaviors, not necessarily more equipped to handle them when they arise. Six teachers mentioned feeling more equipped and more knowledgeable about social emotional and mental health needs of students. They also indicated that they felt that perhaps they needed more intensive training or a counseling degree due to the severity of the needs of the students that they serve.

**Focus group question 3. Have the tiered systems of supports provided by the SESS program improved your teaching practices; why or why not?**

- Forty-eight percent (48%) of teachers said that their teaching practices improved and they were encouraged by the supports for students without having to label them as students with disabilities, the empathy toward children’s mental health challenges and that of their home life, and the increased teacher support.
- Approximately 10% provided responses to this question that eluded to a “middle of the road” response. There was mention of some improvement to teaching practices but not specific or clear acknowledgement of such directly related to the tiered system of supports.

**Focus group question 4. Have you used or attempted to use strategies learned from professional development provided by SESS clinician(s) in your classroom with your students?** This question was merely to determine if teachers were at least attempting to implement strategies learned from professional development provided by SESS clinician(s). A few teachers elaborated on their response, others answered the question without further explanation.

- Fifty-eight percent (58%) of focus group participants said that they did use strategies taught by SESS clinicians. Of those teachers, two shared additional

information and elaborated on their response to the question. One of the teachers with high efficacy levels in all areas and who indicated that the tiered system of support did not change teaching practices shared that she implemented several of the strategies taught, particularly the nature walks, a strategy to narrate students to come out of their body. The same teacher mentioned winding down and meditation strategies from calm.com that were taught by the SESS clinician in her school. The same teacher also mentioned the use of mindfulness kits in all classes which, in this teacher's opinion, all of those strategies worked with her students. The other teacher agreed that she also used mindfulness often and that she believed that based on her experience, mindfulness was one that worked well for some, but not all students.

- There were four teachers who shared a response that did not answer or relate to the question that was asked.

**Evaluation question 4. What successes and challenges do teachers face when implementing knowledge, skills, and strategies learned from receiving professional development from SESS?**

Generally, feedback from teachers included commendations of one another for their ability to incorporate the skills and strategies taught to them by SESS clinicians. The majority of the discussion about specific successes in implementing strategies centered around mindfulness techniques. Mindfulness was something that appeared to be used universally across all levels while Restorative Practices was something that more secondary and alternative teachers expressed success with. There also was an explicitly expressed and inferred understanding of the power in choosing not to engage in power struggles and knowing student specific antecedents or triggers to their behavior. A few

teachers specifically stated that they did not have a full understanding of that until they began receiving training from the SESS clinicians.

There was consensus amongst the focus groups about the challenges that teachers face. There was a robust discussion about difficulty with both teacher and student-buy in, as well as, the challenge that is faced due to lack of time and scheduling conflicts. Several teachers expressed the difficulty with competing interests that impede their opportunities to implement knowledge, skills, and strategies learned with fidelity. Some of the discussion was about difficulty with accessing SESS clinicians when teachers and students need them most: during a crisis situation. Several teachers expressed a desire to have more clinicians available so that meetings, student services, or other scheduling conflicts do not interfere with the need for unscheduled and unplanned crisis intervention. Table 15 provides excerpts of notes on teacher feedback related to the successes and challenges they face when attempting to implement what they have learned through the SESS program's professional development. A full summary of notes to teacher responses to the focus group questions can be found in Appendix E.

Table 15

*Excerpts from Notes on Teacher Responses to Successes and Challenges Faced*

Successes	Challenges	Summative Statements
<ul style="list-style-type: none"> <li>• My biggest success is individual successes when you see students who have previously had challenges and triggers but they've learned to step away on their own and learned to control themselves.</li> <li>• Once a critical mass of students engaged, I did see students using some of the cool down techniques and our classroom language reflected some SESS vocabulary, such as discussing teen brain development and controlling our breathing to help our emotions. We did a lot of work with the fight, flight or freeze reaction as well.</li> </ul>	<ul style="list-style-type: none"> <li>• My biggest challenge is time especially when we are expected to meet all of the other criteria (i.e., testing, curriculum, lesson planning, etc.).</li> <li>• I struggle with buy-in, and I think I pass this on to my students.</li> <li>• It is also hard the days that our SESS person is in meetings because when the kids see the administrator they worry about getting into trouble.</li> <li>• Scheduling is an issue. Some students who have internalizing behavior don't get the attention and support until it is too late.</li> </ul>	<ul style="list-style-type: none"> <li>• Time is everything. I cannot say that I implemented everything taught, but I have done my best. What I used, worked.</li> <li>• I need to learn when I have reached my limit and need to get help. I am also learning to pick my battles. The system needs to "save" the student in elementary school by teaching them coping skills.</li> <li>• Mental health needs of our students were larger than life and SESS strategies were helpful but merely surface. Some of our students need more than what SEES is equipped to help us manage.</li> <li>• I think there is a stronger support system needed to teachers in the beginning of their career who have not been at a SESS school.</li> </ul>

**Summary of Findings**

Based on the analysis of data it was revealed that teachers who perceive the SESS program's professional development to be helpful to them have statistically significant higher efficacy in the areas of student engagement, classroom management, and overall

efficacy, but not with instructional strategies. Although the majority of teachers found the program to be helpful (80% overall, 79% of elementary school respondents, 75% of middle school respondents, 81% of high school respondents, and 93% of alternative education teacher respondents), the more opportunities created to engage those who are not finding the program helpful will have a greater impact on students and program improvement.

## **CHAPTER 5**

### **RECOMMENDATIONS**

#### **Discussion**

The purpose of this mixed methods program evaluation was to determine the merit of the SESS program's inputs and outputs based on the results of professional development provided to teachers with the goal of increasing knowledge, skills and efficacy of teachers who are responsible for serving some of the most at-risk and vulnerable students of the District. Ultimately, this program evaluation was conducted to determine if the program should be continued or expanded, whether there are adjustments needed to the program design, specifically the professional development component and if the program is something that other school districts should consider. Evaluation questions were necessary to understand the context, inputs, processes, and outcomes of the SESS program and this chapter presents implications for policy and practice that are aligned to the answers to the evaluation questions with associated recommendations.

#### **Implications for Policy and Practice**

The focus of this section is on the recommendations for policy and/or practice. Recommendations are based on generalized findings related to each evaluation question of the study as well as literature noted in Chapter 2. All recommendations are specific to The District although some may be considered by other districts in their context. A summary of findings and recommendations associated with each are shown in Table 16.

Table 16

*Summary of Findings and Recommendations for Policy and Practice*

Findings	Related Recommendations
<p>Teachers' perceptions of their preparedness to support short and long term outcomes for students are generally more positive when considering interventions specific to student engagement and classroom management than those specific to implementing instructional strategies.</p>	<p>The SESS program supervisor and the district's department of professional development should be intentional about emphasizing specific and practical instructional strategies for teachers within the professional development provided. Additionally, it is recommended that the current professional development content of the SESS program be clearly aligned with instructional strategies so that teachers can be aware of and grapple with the connection. For example, at the conclusion of every professional development or coaching session provided by a SESS clinician, specific instructional strategies should be provided to participants as immediate takeaways which will also support student engagement and classroom management.</p>
<p>There was a statistically significant difference between the group that felt that the program was helpful than those who did not in the areas of classroom management, student engagement and overall efficacy. There were no statistically significant differences between the group that felt that the SESS program was helpful and the group that did not feel the program was helpful in the area of teachers' perceptions of SESS' impact on their instructional strategies. However, the group that felt that the program was helpful did have a higher mean for that particular efficacy level than the other group. Additionally, teachers with five years of experience or less was a group with lower efficacy levels than other groups and there were four teachers in that group who never accessed professional development provided by SESS clinicians.</p>	<p>Although the SESS program tends to emphasize direct service provision to students as Tier II and Tier III approaches, school principals and SESS clinicians should continually monitor teacher perceptions about the professional development provided through Tier I efforts and clearly state direct links to teaching practices and next steps, so that teachers have the opportunity to shape practice and feel more efficacious based on the support and feedback provided. Elementary teachers and teachers with five years of experience or less should be strategically targeted as a means to provide teacher support that could lead to teacher retention and improved instruction for students.</p>
<p>Teachers' perceptions of the SESS program were positive; yet poignant factors of consideration were mentioned: difficulty scheduling professional development and teacher buy-in due to competing interests and vast teacher needs, the importance of relevant and practical topics, and the need for more emphasis on strategies to help students in crisis rather than just preventing behavior issues.</p>	<p>The District should consider a policy or protocol for schools with the SESS program that requires teachers to attempt strategies learned, identify and document the purpose of using those strategies, the individual student outcomes, and what could be done differently the next time. This recommendation will assist teachers with the continuous reflection, improvement and a growth mindset to elicit positive outcomes for students.</p> <p>Additionally, the District should clearly identify and communicate program goals so that all stakeholders are fully aware of the aim and purpose of the program, particularly the professional development component.</p>
<p>Both student and teacher needs are diverse</p>	<p>Professional development with a social emotional or</p>

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and vast.

mental health focus should be more intentionally embedded within all professional development so that administrators and teachers can make a connection to teaching practices and student outcomes and so that professional development in this area is not perceived as an add-on or additional thing to do. The District should also consider focusing on probationary teachers who need more support in the beginning of their careers in order to sustain in the high stress fast paced working environment. Perhaps the self-care component of the professional development provided by SESS could be part of the professional learning plan for all teachers with 0-5 years of teaching experience.

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**Policy/practice recommendation 1.** Based on the results presented in Chapter 4, teachers' perceptions of their preparedness to support short and long term outcomes for students are generally more positive when considering interventions specific to student engagement and classroom management than those specific to implementing instructional strategies. The SESS program supervisor and the district's department of professional development should be intentional about emphasizing specific and practical instructional strategies for teachers within the professional development provided. Additionally, it is recommended that the current professional development content be clearly aligned with instructional strategies so that teachers can be aware of and grapple with the connection. As noted in Chapter 2, according to Hansen (2017), the nuances of teaching SEL require that dedicated educators receive additional training and professional development. Additionally, according to Reborá (2011), preferred approaches based on research posit that in order for teacher learning to be truly relevant, it needs to take place in a more active and coherent intellectual environment in which there is collaboration, reciprocal communication between the instructor and the participants, where ideas can be exchanged between peers, and an explicit connection to the bigger picture of school improvement is established. Professional development should be sustained, coherent, take



place during the school day as part of a teacher's professional responsibilities, and be grounded on student results (Darling-Hammond et al., 2009).

**Policy/practice recommendation 2.** There was a statistically significant difference between whether the participant thought the program was helpful or not helpful and their score for Efficacy in Student Engagement, their score for Efficacy in Classroom Management and their Overall Efficacy score. There was no statistically significant difference between the group that felt that the SESS program was helpful and the group that did not feel the program was helpful for their score in Instructional Strategies, although the group that felt that the program was helpful did have a higher mean for each efficacy level than the other group. This creates an opportunity for school principals and SESS clinicians to continually monitor teacher perceptions about the professional development provided and clearly make direct links to instructional practices and next steps from each professional development session, so that teachers have the opportunity to shape practice and feel more efficacious based on the support and feedback provided.

Perhaps special attention should be provided to novice secondary teachers with less than five years of experience. As cited in Chapter 3, Fives and Buehl (2016) found that teachers with more than 10 years of teaching experience and those teaching at the elementary level reported significantly higher levels of efficacy than did preservice teachers or those teaching at the middle or high school levels, respectively. Aligned with Fives and Buehl's (2016) study, of the teachers who felt like the program was helpful, the mean efficacy scores for elementary teachers (7.31) and teachers with 12-18 years of experience (7.16) were the highest overall with a standard deviation of .70 for elementary teachers and .98 for teachers with 12-18 years of experience, meaning most of the teacher

efficacy scores within those teacher groups were close to the average efficacy for each group.

Noted in a review of literature and cited in Chapter 2, according to Stronge (2010b), teachers who are just as motivated and enthusiastic about the personal/social emotional and developmental needs of their students as they are about the content that they teach are considered to be more effective teachers. It appears that the teachers who responded to the survey for this program evaluation feel more equipped to employ strategies learned in the areas of classroom management and student engagement though they are lacking the self-efficacy in employing instructional strategies. However, their commitment to continuous improvement and continuous learning is an important attribute of professionalism that motivates those teachers who are considered effective to monitor and strengthen the connection between their own professional development and the development of their students (Stronge, 2010b). Due to the fact that 21% of participants are new to the profession of teaching with five years or less experience, a focus on the professional development and support of teachers is vital to student outcomes but also to the efficacy and retention of teachers in the profession. The District could do some research on how to embed instructional pedagogy into professional development centered around social emotional needs of students or the SESS program goals could be revised to emphasize the professional development's impact on teachers' perceptions of their ability to engage students and create classroom management structures that are effective.

**Policy/practice recommendation 3.** Teachers' perceptions of the SESS program were positive, yet poignant factors for consideration were mentioned. Those factors include, but are not limited to, difficulty scheduling professional development, difficulty with teacher buy-in due to competing interests and vast teacher needs, the importance of

relevant and practical topics for professional development, and the need for more emphasis on strategies to help students in crisis rather than just preventing behavior issues. As a result of those factors of consideration, the District should consider a policy or protocol for schools with the SESS program that requires teachers to attempt strategies learned, identify and document the purpose of using those strategies, the individual student outcomes, and next steps. Although this is currently a district practice that is a part of the tiered system of supports, it would be of more value if the expectation and requirement was clear versus an option for teachers to attempt strategies learned from professional development received from SESS clinicians. This recommendation will assist teachers with the continuous reflection, improvement and growth mindset necessary to elicit positive outcomes for students.

As mentioned previously, Chapter 2 of this study notes the need for a commitment to continuous improvement and perpetual learning as a key attribute of professionalism that motivates effective teachers to monitor and strengthen the connection between their own development and the development of their students (Stronge, 2010b). Continuous school improvement includes professional development that encompasses a variety of specialized training, formal education, or advanced professional learning that is intended to instruct, guide, and empower teachers in their practice so that their professional knowledge, competence, skill, and effectiveness can be improved (Rebora, 2011). It is recommended that the district consider school based professional development plans that are aligned to the district's strategic plan that directly address the issues that teachers presented (e.g. difficulty scheduling professional development due to competing interests, difficulty with teacher buy-in due to vast student and teacher needs, relevant and practical topics for professional development, and the need for more emphasis on strategies to help

students in crisis rather than just preventing behavior issues). In addition to more robust professional development plans the District would be remiss if it did not consider the teachers' perceptions of the need for more clinicians in order to have a greater impact on individual schools and the climate of the district as a whole.

**Policy/practice recommendation 4.** Due to the nature and diversity of both student and teacher needs, professional development with a social emotional or mental health focus should be more intentionally embedded within district and school-based professional development so that administrators and teachers can make a connection to teaching practices and student outcomes. As cited in Chapter 2, SEL programming in schools has been found to improve student achievement on test scores (Payton et al., 2008), decreases in absenteeism and tardiness (Gall et al., 2000), and decreases in dropout rates (Brown & Bolen, 2008). Making the connection between teaching practices with embedded SEL and mental health strategies will also assist with helping teachers to feel like professional development in these areas are not another add-on or extra thing to do. Just as SEL is a component of school based mental health programs, the professional development provided to teachers should be central to the education of students, rather than supplemental or peripheral. As mentioned in Chapter 2, this is important because social emotional skills form the foundation of interpersonal relationships that are necessary in schools, family, community, and society at large. If school districts subscribe to the philosophy of Pellitteri and Smith (2007), it would be understood that teaching and learning are social processes, and as such, SEL must be embedded within those learning processes for teachers and their students.

### **Additional Recommendations**

It is recommended that the SESS program supervisor explore ways to engage specific teacher groups in differentiated and meaningful professional development based on years of experience and by school. The feedback and follow through specific to the professional development component of the program will be beneficial for evaluations of SESS clinicians and identification of discrepancies in program implementation. The program supervisor currently sends out a survey to determine future program needs, so an added emphasis to the existing survey on professional development should suffice. More intentional relationship building and annual focus groups may add value to the survey and further inform the district on the needs of students and staff that allow for improved strategic planning and coordinated efforts with other programs. Although the majority of teachers from the sample size of respondents found the program to be helpful (81.8%) the more opportunities created to engage the 18.2% who are not finding the program helpful will have a greater impact on students and program improvement. It is highly recommended that as a result of the small sample size that components of the survey and focus groups be included as a part of the district's annual survey to staff who work in schools with the SESS program. According to the district, the average response rate to their annual survey is 55-60% of teachers and staff who work in schools with the SESS program therefore with a higher response rate and added merit from the district's survey, there should be an opportunity to determine how teachers' level of efficacy is influenced by the professional development that they receive and their perception of the program.

### **Recommendations for Future Research**

The context for this program evaluation study was the six schools in a school district implementing the SESS program. School district leadership began making future plans

for the program and chose to change the program model by having one clinician per school versus the two-person team of SESS clinicians. Additionally, several more positions were subsequently added to the SESS complement beginning in the 2018-2019 school year. As a result, SESS services will be provided in a total of 18 schools. One future evaluation could reflect the implementation of the SESS program in the new schools in the district that will also have access to the SESS program. Professional development might be explored further as to how it relates to teacher efficacy. A better response rate during a more opportune time of the year may reveal additional successes and challenges of teachers or may provide more clarity regarding the difficulty that teachers face specifically with embedding SEL into the instructional strategies that they implement. Due to the response rate to the survey (21%) and even smaller response rate of teachers who responded to both the survey and focus group questions (7%), it should be clearly noted that any changes made to the professional development component of the SESS program (as a result of the recommendations of this study) would be solely based on the 25 respondents to all data sources. Additionally, an evaluation of the implementation of therapeutic counseling and other direct service provision to students would provide a more complete picture of the district's program for district leaders and school-based mental health experts.

### **Summary**

The long term intended outcomes of the SESS program goals are that SESS should create a school environment where students can be engaged in rigorous educational experiences, their attendance should improve, and they should exit public education prepared for employment and/or post-secondary education. With a minimum of three to five years of implementation with fidelity, it is recommended that the SESS program be

studied to evaluate the long term goals of the program. These are very important goals, and evaluating school-based mental health programs with a professional development component for teachers should provide valuable insight into the strengths and weaknesses of the program as well as recommended changes to improve the quality of the program. The attempts to bring successful educational programs with a mental health and SEL focus to scale as part of school reform have been disappointing. Based on the experiences of the Collaborative for Academic, Social, and Emotional Learning (n.d.) and reviews of literature addressing implementation failures, observations about failures to scale up are a reality for public education. The inadequate attention given to social emotional support programs by those responsible for school reform in order to prepare young people for a workforce that is yet to exist is no longer acceptable. The SESS program being implemented by the district makes a concerted effort to equip educators; yet additional research on the need to incorporate school-based mental health and SEL as an integral part of high quality instruction is imperative. The ways in which equity, opportunity, and diversity provide an ever-changing context for implementation of such a program is another reason to explore further research to enhance an understanding of how to authentically prepare young minds and souls academically, socially, emotionally, and mentally for tomorrow's world.

## APPENDIX A

### TEACHERS' SENSE OF EFFICACY SCALE (LONG FORM)

<b>Teacher Beliefs</b>	<b>How much can you do?</b>									
<p style="font-size: small; margin: 0;">Directions: This questionnaire is designed to help us gain a better understanding of the kinds of things that create difficulties for teachers in their school activities. Please indicate your opinion about each of the statements below. Your answers are confidential.</p>	Nothing	Very Little	Some Influence	Quite A Bit	A Great Deal					
1. How much can you do to get through to the most difficult students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
2. How much can you do to help your students think critically?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
3. How much can you do to control disruptive behavior in the classroom?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
4. How much can you do to motivate students who show low interest in school work?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
5. To what extent can you make your expectations clear about student behavior?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
6. How much can you do to get students to believe they can do well in school work?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
7. How well can you respond to difficult questions from your students ?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
8. How well can you establish routines to keep activities running smoothly?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
9. How much can you do to help your students value learning?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
10. How much can you gauge student comprehension of what you have taught?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
11. To what extent can you craft good questions for your students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
12. How much can you do to foster student creativity?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
13. How much can you do to get children to follow classroom rules?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
14. How much can you do to improve the understanding of a student who is failing?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
15. How much can you do to calm a student who is disruptive or noisy?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
16. How well can you establish a classroom management system with each group of students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
17. How much can you do to adjust your lessons to the proper level for individual students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
18. How much can you use a variety of assessment strategies?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
19. How well can you keep a few problem students from ruining an entire lesson?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
20. To what extent can you provide an alternative explanation or example when students are confused?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
21. How well can you respond to defiant students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
22. How much can you assist families in helping their children do well in school?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
23. How well can you implement alternative strategies in your classroom?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
24. How well can you provide appropriate challenges for very capable students?	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	



## Directions for Scoring the Teachers' Sense of Efficacy Scale<sup>1</sup>

**Developers:** Megan Tschannen-Moran, College of William and Mary  
Mary Anita Woolfolk Hoy, the Ohio State University.

### Construct Validity

For information the construct validity of the Teachers' Sense of Teacher Efficacy Scale, see:

Tschannen-Moran, M., & Woolfolk Hoy, A. (2001). Teacher efficacy: Capturing and elusive construct. *Teaching and Teacher Education*, 17, 783-805.

### Factor Analysis

It is important to conduct a factor analysis to determine how your participants respond to the questions. We have consistently found three moderately correlated factors: *Efficacy in Student Engagement*, *Efficacy in Instructional Practices*, and *Efficacy in Classroom Management*, but at times the make-up of the scales varies slightly. With preservice teachers we recommend that the full 24-item scale (or 12-item short form) be used, because the factor structure often is less distinct for these respondents.

### Subscale Scores

To determine the *Efficacy in Student Engagement*, *Efficacy in Instructional Practices*, and *Efficacy in Classroom Management* subscale scores, we compute unweighted means of the items that load on each factor. Generally, these groupings are:

#### Long Form

<i>Efficacy in Student Engagement:</i>	Items 1, 2, 4, 6, 9, 12, 14, 22
<i>Efficacy in Instructional Strategies:</i>	Items 7, 10, 11, 17, 18, 20, 23, 24
<i>Efficacy in Classroom Management:</i>	Items 3, 5, 8, 13, 15, 16, 19, 21

## APPENDIX B

### FOCUS GROUP QUESTIONS

**Introduction:** Thank you for participating in the focus group discussion. As a reminder, our topic is to discuss the Social Emotional Support Services (SESS) program that is offered at your school and how that program impacts your teaching practice through the tiered system of supports and professional development that are provided. For the purposes of this focus group, professional development is defined as workshops/staff meetings, professional learning communities, consultation, and/or coaching. The results will be used for a dissertation study conducted by Nyah Hamlett as well as for recommendations for program improvement. You were selected because you teach in a school that has the SESS program and you participated in the initial survey.

#### Guidelines

- No right or wrong answers, only differing points of view.
- You don't need to agree with others, but you must listen and respond respectfully as others present their views.
- Please listen and respond carefully in the discussion to ensure that sufficient dialogue is occurring.

#### Question One (Introductory Question)

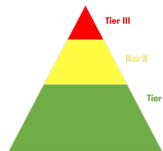
What do you think about the professional development provided by the SESS clinicians in your school?

#### Question Two (Introductory Question)

Do you feel more or less equipped to handle challenging student behaviors and mental illnesses since receiving professional development and having access to the SESS program?

#### Question Three (Tiered Systems of Supports)

Have the tiered systems of supports provided by the SESS program improved your teaching practices; why or why not?



#### Question Four (Use of Strategies and Skills)

Have you used or attempted to use strategies learned from professional development provided by SESS clinician(s) in your classroom with your students?

#### Question Five (Successes and Challenges)

What successes and challenges do you face in implementing the skills and strategies that you have learned from the SESS clinicians?

## APPENDIX C

### PARTICIPANT INFORMED CONSENT FORM

I, \_\_\_\_\_, agree to participate in a research study regarding your experiences with the Social Emotional Support Services (SESS) program offered in your building; more specifically the professional development provided by the SESS clinicians through training, consultation, and coaching and your attitude and beliefs about your ability to address student needs with this unique skill set and information. The purpose of this study is to inform stakeholders who make decisions about program implementation and to gain teachers' perspectives on the knowledge and skills acquired as a result of the professional development provided by the clinicians of the SESS program.

As a participant, I understand that my participation in the study is purposeful and voluntary. All teachers of schools with the SESS program will have the opportunity to voluntarily participate in the survey. Others will also have the opportunity to participate in one (1) structured focus group interview based on a combination of survey scores and participant interest.

I understand that the interviewer has been trained in the research of human subjects, my responses will be confidential, and that my name will not be associated with any results of this study. I understand that the data will be collected using an audio recording device and then transcribed for analysis. Information from the audio recording and transcription will be safeguarded so my identity will never be disclosed. My true identity will not be associated with the research findings.

I understand that there is no known risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation at any time. I agree that should I choose to withdraw my consent and discontinue participation in the study that I will notify the researcher listed below, in writing. A decision not to participate in the study or to withdraw from the study will not affect my relationship with the researcher, the College of William and Mary generally or the School of Education, specifically.

If I have any questions or problems that may arise as a result of my participation in the study, I understand that I should contact Nyah Hamlett, the researcher at 804-475-2152 or [ndhamlett@email.wm.edu](mailto:ndhamlett@email.wm.edu), Dr. Peggie Constantino, Committee Chair at 757-221-2323 or [meconstantino@wm.edu](mailto:meconstantino@wm.edu) or Dr. Tom Ward, Chair of EDIRC, at 757-221-2358 or [EDIRC-L@wm.edu](mailto:EDIRC-L@wm.edu).

My signature below signifies that I am at least 18 years of age, that I have received a copy of this consent form, and that I consent to participate in this research study.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

Signature of Researcher

Date

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON JUNE 4, 2018 AND EXPIRES ON JUNE 4, 2019.

## APPENDIX D

### DEMOGRAPHIC QUESTIONS FOR SURVEY

#### **Total Years Teaching Experience**

0-5  
6-11  
12-18  
19-24  
25+

#### **Teaching Level**

Elementary  
Middle  
High  
Alternative Ed

#### **How often do you participate in professional development (to include coaching, modeling and classroom support) facilitated by a SESS clinician?**

Never (0 times this school year)  
Rarely (1-3 times this school year)  
Sometimes (4-6 times this school year)  
Often (6-8 times this school year)  
All of the time (9+ times this school year)

#### **Please check all of the types of professional development that you have received from a SESS clinician (check all that apply).**

Adverse Childhood Experiences (ACEs)  
Trauma Informed Teaching Practices  
Restorative Practices  
Mindfulness  
Self- Care Strategies for Teachers  
Other: \_\_\_\_\_

**Collective teacher efficacy** is defined as a staff's shared belief that, through collective action, they can positively influence student outcomes, including those students who are considered disengaged and/or at-risk of school failure.

#### **Do you believe that collective efficacy has developed as a result of receiving professional development and support from the SESS clinician(s)? Why or why not?**

#### **If you answered yes to the previous question, does the collective efficacy have a positive impact on student outcomes (academic and/or discipline)? Why or why not?**

#### **Would you be willing to participate in a focus group following this survey?**

The focus groups will inform the researcher on additional information in reference to the professional development provided to you, the impact that it had on your teaching practices and successes and challenges that you have faced as a result of implementing what you have learned from the professional development and coaching provided by SESS clinicians.

YES  
NO  
MAYBE

## APPENDIX E

### TEACHER RESPONSES TO FOCUS GROUP QUESTIONS

#### Successes

- Taught the students alternate ways to calm down and how to express their feelings appropriately.
- My biggest success is individual successes when you see students who have previously had challenges and triggers but they've learned to step away on their own and learned to control themselves.
- Once a critical mass of students engaged, I did see students using some of the cool down techniques and our classroom language reflected some SESS vocabulary, such as discussing teen brain development and controlling our breathing to help our emotions. We did a lot of work with the fight, flight or freeze reaction as well.
- I have had success implementing what I have learned for the most part.
- Strategies learned are working to a certain degree.
- It is helpful to know who the program supervisor is and know that she comes in to check on us and the program. At least we know that there is some type of monitoring system in place.

#### Challenges

- I used calm.com with my advisory block, some students didn't enjoy it because it was different, so they did not want to do it again. Need to find other strategies for mindfulness so we have a variety of techniques.
- My biggest challenge is time especially when we are expected to meet all of the other criteria (i.e., testing, curriculum, lesson planning, etc.).
- I struggle with buy-in, and I think I pass this on to my students, who also struggle with buy-in.
- The cool down box and kit have been a challenge for me because there are so many small pieces in it and my students need them, but they have torn it apart. That has been a challenge, keeping physical things for them in the classroom and we need more support in building boundaries for them.
- It is also hard the days that our SESS person is in meetings because when an administrator responds (granted they can come for support), when the kids see the administrator they worry about getting into trouble but when they see the SESS clinician or School Counselor coming they relax and know they are about to get help where it is needed. When the administrator comes students put up this block and their behavior can spiral really quickly.
- There have been times where we have been in major crisis situations and all the "important people" who can make the final decisions or support the students to de-

escalate the situation were in meetings together and it was dangerous. The same thing happens during testing when everyone is booked.

- Scheduling is an issue. A lot of times our SESS person isn't there in the mornings, but it is hardest for a lot of students in the mornings because either they haven't had breakfast or they have to get themselves out of bed or some something happened over the weekend and Monday mornings are always the hardest.
- The SESS clinician's caseloads are too high. Some have 17 students and others have 25 or more students. There is no way they can be impactful when they have to be in 25 different places when students are having a crisis situation.
- Some students who have internalizing behavior don't get the attention and support until it is too late. It is usually the ones with the outward behavior that gets the attention.

### **Summative Statements**

- Time is everything. I cannot say that I implemented everything taught, but I have done my best. What I used, worked.
- A few students last year had atrocious behavior, they slept a lot in class and I took a lot of time to deal with them. I learned that I tried everything and nothing worked. I backed away to let someone else step in to see if they could help. I need to learn when I have reached my limit and need to get help. I am also learning to pick my battles. If a child is not able to read close to grade level by middle school, they are in jeopardy of becoming "hooligans". The system needs to "save" the student in elementary school by teaching them coping skills.
- I feel successful doing what I do.
- Mental health needs of our students were larger than life and SESS strategies were helpful but merely surface. Some of our students need more than what SEES is equipped to help us manage.
- It is not fair that the alternative school with the students that all have trauma and crisis situations are staffed the same way that other schools are. We need more staff for support. It's a high volume of crisis situations in certain schools and so those schools should not have the same amount of support as a school who is pretty cool.
- I think there is a stronger support system needed to teachers in the beginning of their career who have not been at a SESS school. Some type of mentorship program or something to guide them along the way. I felt like I was kind of "knit picky" after conversing with some other people I realized that I wasn't recording some of the data because I felt like it was so minor but as the year progressed I realized that those small, tiny things at some point would spiral into something larger. And having that support system is important.



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