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Enhancing Coping Skills in Adolescents: A Program Evaluation of the Middletip Program

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Abstract

In the last decade of the 20th century, several large-scale studies suggested that the developmental trajectory for students diagnosed with emotional disturbance is bleak. Middletip School (MTS) is an alternative day treatment program that serves emotionally disturbed (ED) students (ages 12-19) through a daily offering of academic classes, and counseling and treatment groups. Using individually tailored, strength-based programming, MTS is designed to help ED youth in the areas of emotion regulation and behavior management, with a focus on building coping, relational, social, and communication skills. This dissertation project was a program evaluation in a natural setting examining the processes of assessment, treatment, and integration of knowledge by MTS while serving their ED students. It examined whether MTS accounts for individual differences (IDs) when implementing their program to enhance coping skills. It was anticipated that results from the program evaluation will help MTS explore the extent to which their practices embody best practice standards in the field. The Utilization-Focused Evaluation (U-FE) model employed here was process-focused, improvement oriented, formative, and used primarily qualitative methods. Thirty-seven MTS staff members were recruited to describe assessments, educational and mental health interventions, and organizational communication practices at MTS. Results revealed that MTS appears to attain fidelity to best practice standards in their treatment process. Their prioritization of clinical services and inclusion of transitioned-aged services place them as innovators in the field. MTS also achieves fidelity in training; multidisciplinary inclusion throughout the assessment process; and their longitudinal approach to monitoring and reviewing student growth toward academic and clinical goals. MTS is a culturally competent program when engaging in assessments and treatment. MTS did not achieve fidelity in training for assessment or standardized methods of assessment. MTS needs to

improve in their use of assessments through increased training on monitoring, measuring, and documenting clinical growth. MTS also needs to have extensive, in-depth training in assessment and use standardized assessment measures to determine program effectiveness. MTS would further benefit from continued development in the implementation of a multidisciplinary and longitudinal approach, more reliable informal methods of communication, and an enhanced supervision model.

Keywords: Program Evaluation, Emotional Disturbance, Qualitative Study, Fidelity, Adolescents, Best Practice, Enhancing Coping Skills

Enhancing Coping Skills in Adolescents: A Program Evaluation of the Middletip Program

In the last decade of the 20th century, several large-scale studies suggested that the developmental trajectory for students diagnosed with emotional disturbance (ED) is bleak (Wagner & Davis, 2006). Adolescents with ED have been found to be disconnected from school with consequent academic failure, do not demonstrate an ability to adjust socially, and have a high probability of involvement with the criminal justice system (Wagner, 1995). Programs to effectively support adolescents with ED are fundamental to changing this trajectory. There are several effective models for helping ED adolescents improve their skills and prepare them for adulthood. Such models address the importance of meaningful relationships, focusing on the whole child, involving families in the process, accessing youth who are unlikely to receive services in particular sites, and involving educators in mental health programs (Paternite & Johnston, 2005; Wagner & Davis; Weist, Sander, Walrath, Link, Nabors, et al., 2005).

One effective model focuses on enhancing coping skills in adolescents with ED to address the characteristic social impairments that threaten success in all kinds of relationships for this population (Boekaerts, 2002; Cullinan, Osborne, & Epstein, 2004; Erikson & Feldstein, 2007). The literature review that follows discusses the importance of the coping skills model and how it is used effectively to help adolescents with ED. For the purpose of this evaluation, *Coping* is defined as an adolescent's response to demands placed on them as a result of an interaction in their environment (Lewis & Frydenberg, 2002). The goal of this dissertation project was to learn about the implementation fidelity of a program designed on the generalized competency-based model. It is especially important to do so to establish understanding of their practices compared to best-practices, because of the need for evidenced-based programs for working with the ED population.

Middletip Adolescent Treatment Services has been established as a result of collaboration among three of the primary youth and family mental health agencies in the State. One of the agencies is a leading human services organization that works with numerous state and local agencies throughout the country in the delivery of human services programs. The second is also a local system of mental health agencies, private practitioners, and provides other mental health services. The third local agency is a private non-profit organization committed to providing effective treatment for people with mental illness, developmental disabilities, emotional disorders, and substance abuse. In 1995, these agencies came together to strengthen programming for high-needs teens and their families. The project described in this manuscript is a program evaluation in a natural setting of "Middletip School" (MTS; not the real name), an integrated academic and emotional program for ED youth. The program evaluation had a particular focus on the theoretical frameworks that support MTS' program design and the ways in which MTS' practices embody best practice standards in the field.

Middletip's Students

The students at Middletip School (MTS; age range: 12-19 years) fall into one or more categories considered to be at-risk for failing to complete high school with a diploma or the equivalent. MTS students often present with multiple diagnoses, including learning, behavioral, and substance abuse disorders, but all have an individualized education plan (IEP) for emotional disturbance (ED). According to the State's Board of Education Manual of Rules and Practices (2007), emotional disturbance means a condition characterized by one or more of the following: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate types of behaviors or feelings under normal circumstances; (d) a general pervasive

mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. The term also includes schizophrenia, but does not apply to children who are socially maladjusted unless it is determined that they have some kind of ED. These are the same criteria enumerated in the federal Individuals with Disabilities Education Act (IDEA; Cullinan et al., 2004).

Use of the term "emotionally disturbed" vs. "at-risk." In much of the literature on adolescents with ED, the term at-risk is used broadly to include any condition that increases the risk for problematic developmental outcomes. Risk factors include family and other relationship conflict, death of family or friends, academic and social pressures, and coping skills (Frydenberg et al., 2004). Some literature pertaining to risk is very general with respect to both predictors and developmental outcomes. Other studies focus on more specific relationships between early predictors and later outcomes. For example, emotional disturbance is one of many risk factors for poor long-term outcomes (Wagner, Kutash, Duchnowski, & Epstein, 2005b). ED is a specific subtype of *at risk*, and where the original literature specifically studies ED as a risk factor, this dissertation referred to those studies using the term "ED."

Evaluation Model: Utilization-Focused Evaluation

Like other evaluation methods, Utilization-Focused Evaluation (UFE; Patton, 1997) involves systematic data collection focusing on a potentially broad range of topics. It differs from other evaluation models in that it is explicitly undertaken "for and with specific, intended primary users for specific, intended primary uses" (Patton, 2007, p. 23). The specific UFE design to be used in this evaluation was process-focused, improvement oriented, formative, and used qualitative analyses to examine and discuss results. The intended use of the program evaluation by Middletip was program improvement.

Process focused evaluation. Process focused evaluation concentrates on the "internal dynamics and actual operations of a program in an attempt to understand its strengths and weaknesses" (Patton, 1997, p. 206). Typical process questions could include: (a) what is happening in the program and why, (b) how do the parts of the program fit together, and (c) how do staff and students experience and perceive the program. The goal of this type of natural setting program evaluation is to determine how the program gets the results it does.

Formative evaluation. Formative or improvement oriented program evaluations are open-ended in gathering information about strengths and weaknesses with the expectation by all involved that both will be found (Patton, 1997). The use of this information is to build on strengths and improve identified weaknesses. In addition to questions about the program's strengths and weaknesses, the evaluator addresses how the program is moving toward desired outcomes within its processes, and identify the methods by which information is being transferred. Many questions are directed toward internal perceptions of the program, such as staff perceptions of program strengths, weaknesses, and desirable changes, what is happening that is expected or unexpected, and how the program's external environment is affecting the internal operations. In this evaluation, ideas for improvement uses were collected through surveys and interviews with program directors, clinical team members, and staff.

Literature Review

The literature review describes the background of emotional disturbance, presenting research to illustrate the developmental impact it has on individuals. A rationale for ED treatment is presented, including an introduction to coping theory and brief descriptions of alternative theories. A discussion of current research on effective interventions with individuals with ED, including specific strategies, follows.

Effects of Emotional Disturbance on Development

While staying in school does not improve or eliminate all risks associated with emotional disturbance, research suggests that dropouts experience a more problematic developmental trajectory than those who complete high school. When any individual chooses to remove themselves from school prior to receiving a diploma, they are placing themselves on a high-risk trajectory, with typically dismal outcomes (Newman, Wagner, Cameto, &, Knokey, 2009; Sweeten, Bushway, & Paternoster, 2009). Unfortunately, many young people make this choice. According to the Editorial Projects in Education Research Center (EPE, 2006), it is estimated that only 68.8% of public school students graduate from high school. In 2009, 8.1 million youth dropped out (United States [U.S.] Department of Education, 2011); as a result only 39% of these individuals were employed in 2009, compared to 56% of individuals who received a high school diploma and no college (U.S. Department of Labor, 2010). Of state prison inmates, 68% are dropouts, 50% of federal inmates are dropouts, and 60% of other jail inmates did not obtain their regular high-school degree (Harlow, 2003, as cited in Sweeten et al., 2009). Dropouts also make up a higher proportion of the death row population. Dropouts who don't find themselves behind bars are much more reliant on Medicaid, Medicare, and welfare compared to the general public (Levin & Belfield, 2007).

In summary, the literature overwhelmingly demonstrates that those who complete high school have a significantly better developmental trajectory than those who fail to complete high school (Newman et al., 2009; Trout, Epstein, Nelson, Reid, & Ohlund, 2006). Students who remain in school retain access to an environment that can nurture their social and emotional maturation and skill development, while they also continue to develop academic skills. This

entire array of skills protect against the likelihood of subsequent emotional distress, unemployment, criminal activity, or other negative impacts.

ED increases susceptibility to dropping out of school. Persons with ED have a greater chance of failing to complete high school than individuals with any other disability, and are much higher than the general student population (U.S. Department of Education, 2010; Zigmond, 2006). The traditional academic environment is saturated with factors that play on the vulnerabilities of emotionally disturbed youth, delivering a steady diet of punishment to their self-esteem (Cullinan & Sabornie, 2004; Sweeten et al., 2009). Youth with ED present with significantly lower social skills than peers with other disabilities and report greater struggles with self-identity and relationships than the general student population. These social challenges combine with academic difficulties to make dropout an appealing escape. Without some alternative positive identity, dropouts with ED remain at risk for delinquency and other maladaptive developmental trajectories (Cullinan & Sabornie, 2004). One of the most common reasons for dropping out reported by youth with disabilities is poor relationships with teachers and students (Wagner, M., Newman, L., Cameto, R., Levine, P., & Garza, N., 2006b).

Risk factors for ED youth. Outside of school, ED youth are significantly more likely than non-ED youth to live in single-parent households, in poverty, and in a household whose main parental guardian is not employed (Wagner, Kutash, Dutchnowski, Epstein, & Sumi, 2005b); all of these factors place them at greater risk of having problems in school. However, even when they remain in school, youth with ED experience increased risk of academic failure and other problematic outcomes. Adolescents with ED have been found to have poorer attendance (Redmond & Hosp, 2008; Weerman, 2010), lower grade point averages, higher rates of truancy, and higher rates of course failure than their non-disturbed peers (Redmond & Hosp,

2008; Wagner, 1995). They are also more susceptible to suspension and expulsion (Wagner et al., 2005b), and have double the risk of involvement with the criminal justice system while still in school, when compared to those without ED (Wagner, Kutash, Ducknowski, & Epstein, 2005a).

Dropouts' problematic developmental trajectories. The long-term outcome of ED, in the absence of treatment, is worse than that of any other disability. Dropouts with ED are even less likely than dropouts in general to be employed. Only half of dropouts with ED, compared to two-thirds of dropouts with other learning disabilities, report being employed three years later (Zigmond, 2006). In a study by Newman et al. (2009), emotionally disturbed individuals had a much harder time finding jobs, weren't able to hold onto the jobs they did get, and found themselves in and out of several jobs to survive. Over a two to three-year period, individuals with ED held 3.4 jobs, with an average duration of just 7.6 months, while youth with other disabilities held approximately 2.5 jobs post-graduation, each lasting an average of 10 months. During this same post-graduation period, the average duration of a job for the general population was 15 months. The challenges associated with ED are starkly reflected in dependence on economic and other social services. The average dropout can expect to earn an annual income of $20,241 (U.S. Department of Commerce, 2012). That's $10,386 less than the typical high school graduate, and $36,424 less than someone with a bachelor's degree. Additionally, dropouts experience a poverty rate of 30.8% (U.S. Department of Education, 2010b). These individuals experience elevated risk for poor health and early mortality (Davidoff & Kenney, 2005). The research leaves little doubt that becoming a contributing and successful member of society is "a burden and challenge for every youth with ED" (Zigmond, 2006, p.106).

With the support of local community agencies (including schools), families, and the youths themselves, individuals with ED can overcome the odds, and become successful and contributing members of society (Zigmond, 2006). One way individuals with ED can receive support is through smaller, more restrictive school environments. Research suggests that individuals with ED tend to be found disproportionally in large, public schools (Wagner et al., 2006), where, as noted above, they do not fare well. On the other hand, restrictive and protective environments, such as alternative day-treatment programs, can serve the ED population better than the public schools (Zigmond, 2006). Alternative day schools such as Middletip School can provide treatment opportunities for individuals with ED that are not possible in a public school system.

Treatment Programs for ED

The following section addresses how to approach working with emotionally disturbed adolescents. To begin, a need for training resources is addressed. Assuming a program has provided its staff with the necessary training, they can begin using proper strategies in their work, and several of these approaches are explained. The section concludes with a brief description of two successful models that have incorporated intense staff training and effective treatment strategies in their work with the ED population.

Addressing early warning signs. As early as in kindergarten and first grade, children identified with ED exhibit higher levels of problem behaviors and lower levels of social skills than their non-ED peers (Trout et al., 2006). ED youth would benefit most from expanded school-based services that have a theoretical foundation, group orientation, and are implemented at an early age, prior to children experiencing school failure or demonstrating identifiable psychopathology (Heathfield & Clark, 2004; Torres, 2002). To effectively achieve this, it is

suggested that early intervention programs be built on the strengths of the community, school, and families (Kibby, Tyc, & Mulhern, 1998).

Appropriate treatment strategies and resources. The need for appropriate resources in working with emotionally disturbed youth is well documented (Cook et al., 2008; Newman et al., 2009; Wager & Davis, 2006; Weist et al., 2005). The most appropriate school modifications for this population directly address deficits resulting from emotional dysregulation. For example, an effective intervention may be a behavioral plan, which may include one-on-one support, a strengths-based curriculum, or a quiet space or cool down area. More than half of students with ED in a general education class receive a somewhat modified curriculum. The most common modification made for emotional disturbance is to merely furnish the student with increased time for completing assignments and tests, which fails to address emotion or behavior (Wagner & Davis, 2006). Most general education teachers lack the skills or resources to implement truly effective ED-specific interventions. In one study, almost 40% of students with emotional disturbance were taught by teachers who reported “disagreeing” or “strongly disagreeing” with the idea that they were adequately trained for working effectively with them (Wagner & Davis, 2006).

A first step toward building a credible program requires developing, implementing, and sustaining appropriate training for staff (Lambros, Culver, Angulo, & Hosmer, 2007). With proper training, teachers can address social deficits experienced by students by helping them identify specific interpersonal goals (Cook et al., 2008). Environmental transitions can be hard for anyone, but for students with ED the challenges associated with transitions are intensified. The passage out of high school is a time of highest need for transition services that will prepare students for life after graduation, such as going to college, technical school, military, or

employment (Wagner & Davis, 2006). Regrettably, students identified with ED tend to experience a decline in services as they progress through the education system (Newman et al., 2009).

Intervention strategies: A multi-disciplinary approach. Effective treatment for ED adolescents incorporates support services to help teachers implement behavior programs in the classroom. To address factors at the micro (individual) and macro (collective) levels of the ED child's environment, a multidisciplinary approach is important (Hall & Torres, 2002). The multidisciplinary approach promotes collaboration among school, community, family, and mental health services (Heathfield & Clark, 2004). On the macro level, adolescents with ED have the best long-term outcomes when they have been exposed to some early intervention or promotion of mental health and have received more intensive supports such as social skills training and peer mentors (Newman et al., 2009; Weist et al., 2005). Adolescents with ED also receive long-term benefits from opportunities to develop positive relationships with adults in the community, and organizational support for their families (Cook et al., 2008; Newman et al.).

On the micro level, adolescents with ED benefit from an academic approach wherein resources are pooled from teachers, special educators, and school-based clinicians to implement accommodations during the school day. To support the social-emotional and academic challenges that ED youth face, teachers, special educators, and clinicians should collaborate to develop individual accommodations. Research suggests that a multidisciplinary approach, including strong relationships between mental health providers and educators lead to more effective service delivery (Heathfield & Clark, 2004; Weist et al., 2005).

Relationships with adults. The average youth has numerous opportunities for developing meaningful relationships with adults, whereas this task can be grueling for people

who struggle with social interactions. Opportunities for outreach support the pursuit of relationships. For example, engaging in community activities can provide opportunities for youth to meet people with like interests, develop new skills, and experience the satisfaction of shared accomplishments and of making a contribution to the community. Through this engagement, ED youth can be encouraged to develop relationships with adults whom they can later access for support (Newman et al., 2009).

Humor and playfulness. Humor is a supportive defense mechanism that can maneuver around some deficits associated with ED. For example, humor may reduce the amount of unhappiness adolescents with ED experience, or decrease their sense of struggle in relationships (Erickson & Feldstein, 2007). In large school environments, if an adolescent simply has a perception that humor is part of the school environment, they are more likely to sustain productive contact and remain willing to learn new coping skills (Boekaerts, 2002). When playful, adolescents generally exhibit a higher level of self-confidence, and feel better about themselves and their physical self. Together, the use of humor and playfulness can positively engage an otherwise discouraged youth.

Two Examples of Effective ED Treatment Models

Common elements of interventions with demonstrated efficacy for ED include early access (prior to high school), a focus on coping skills, addressing behavioral and emotional disturbances, coordination of educational and mental health services (Lambros et al., 2007), and a long view toward preparation for adulthood. School-based and expanded school-based mental health programs provide some good examples of successful models (Frydenberg et al., 2004; Paternite & Johnston, 2005; Wagner & Davis, 2006; Weist et al, 2005).

Two models use techniques that have accumulated some empirical support, and map closely onto the program at Middletip School. Project Re-Education of Emotionally Disturbed Children (Paternite & Johnston), and The Best of Coping: Developing Coping Skills Program (Frydenberg et al., 2004) are briefly described, including examples of how they have had a positive influence for a specific population of individuals with ED. The level of empirical support for these models will be addressed.

Project Re-Education of Emotionally Disturbed Children (Re-ED). Re-ED (Paternite & Johnston, 2005) provides strength-based, collaborative programming by placing an emphasis on teacher competency and building relationship. Project Re-ED focuses on enhancing skills rather than on problems, deficits, or emotional challenges (Paternite & Johnston, 2005). Project Re-ED is guided by 12 principles based on Hobbs (1982) as cited in Paternite & Johnston (2005): (a) life is to live now, (b) the group is important, (c) trust is essential, (c) competence makes a difference, (d) time is an ally, (e) intelligence can be taught, (f) the body is the armature of the self, (g) communities are important, (h) feelings should be nurtured, (i) self-control can be taught, (j) ceremony and ritual give order, and (k) a child should know some joy in each day (Paternite & Johnston, 2005). Collaboration with psychologists, social workers, and psychiatrists is necessary, but the central aspect of the Re-ED program is a strong therapeutic relationship between teacher and student (Paternite & Johnston, 2005). Research has shown that having a secure and trusting relationship enables a student with emotional challenges to have a chance at a successful school experience (McEvoy & Welker, 2000).

Project Re-ED has yet to be rigorously evaluated in an experimental paradigm, though it has accumulated substantial support in the three decades since its introduction. The Positive Education Program (PEP), for example, has been applying the principles of Project Re-ED for

more than 20 years. During the 2000-2002 years, the PEP Day Treatment Centers served more than 1,670 students. For each of the three years, statistically significant treatment gains were obtained on the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1994 in Paternite & Johnston, 2005). Three-fourths of the students remained in school with approximately 80% attendance rates. More than 75% of them maintained passing grades, and more than half avoided school suspensions. One indicator of the esteem in which this program is held among educators is its designation by the Office of Special Education and Rehabilitation Services as one of six outstanding U.S. programs serving children with severe emotional disorders.

The Best of Coping model. The second model supported by the literature is relevant to Middletip's work with the ED population and one they explicitly emulate. It is called, The Best of Coping: Developing Coping Skills Program (BOC; Frydenberg et al., 2004). The BOC is a cognitive-behavioral program focused on increasing positive coping skills (e.g., problem solving) that lead to productive adaptation to stressful situations, while also reducing nonproductive coping (Eacott & Frydenberg, 2008). This program is based on research and experience from the Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993), and is meant to be a follow-up intervention program to the ACS. The idea is that by teaching young people an optimistic coping style, they will feel better about themselves and be more successful. Individuals build skills by learning to regulate emotions, engage in healthy relationships, and increase engagement and motivation for education (Frydenberg et al, 2004; Hayes & Morgan, 2005). To date, this program has been offered to entire high school populations as a universal strategy, but there is reason to believe it could be particularly helpful with the emotionally disturbed population because of its emphasis on social-emotional development. It is known that

adolescents with ED struggle in these areas, and increasing competencies could improve their functioning (Cullinan & Sabornie, 2004).

The BOC was introduced in an Australian Metropolitan high school and a Melbourne high school over a two-year period, comprising four different studies (Frydenberg et al., 2004). Two studies were conducted in the same school on two occasions, using an intervention group and two control groups. In the Metropolitan high school (Studies 1 and 2), results showed a significant increase in Reference to Others coping for all groups. The at-risk population displayed a decrease in the use of Non-productive coping following their participation in the program (Frydenberg et al., 2004). In the second setting (Studies 3 and 4), results showed significant decreases in non-productive coping for the intervention group. In general, the findings provided moderate support for the program, specifically with the at-risk population. Notably, program impact was weaker when psychologists were not involved with teachers in the delivery of the program to students. The BOC has been evaluated in a number of school settings inside and outside Australia (Eacott & Frydenberg, 2008; Frydenberg et al., 2004; Frydenberg, Bugalski, Firth, Kamsner, & Poole, 2006 as cited in Eacott & Frydenberg, 2008). Outcomes of this program have included reduced deficits associated with emotional disturbance such as inappropriate behaviors, and fears or physical symptoms related to school problems. Results suggest potential for applying the program with ED students.

Middletip School (MTS)

Middletip Adolescent Treatment Services offer alternative education and day treatment through Middletip School (MTS). The school opened in 1995, and currently serves 32-38 students each day with emotional, behavioral, mental health, or special learning needs. MTS offers a daily program of academic classes, and counseling and treatment groups. The MTS

academic programming provides accommodations for attention difficulties, learning disabilities, and mild learning impairment. The day treatment components are designed to support students with anxiety, mood, and conduct disorders, family communication conflicts, and substance abuse. Individual treatment plans include social skills development, therapeutic recreational activities, community-based programming, family support, and coordinated case management. The goal is to help a wide range of students build skills in the areas of emotional self-regulation and behavioral management, with specific focus on self-control, problem-solving and decision-making, healthy teen and adult relationships, positive social skills, and communication.

Middletip Adolescent Treatment Services has a 61-member staff that includes clinical social workers and mental health counselors, a board-certified child psychiatrist, substance abuse clinicians, special educators and certified teachers, a rehabilitation counselor, program counselors, and clinical interns. One subgroup of these services is Middletip's Day Treatment School, which employs 45 of the 61-member staff. The Middletip Treatment Services Program Director described the school's mission as "using interdisciplinary, integrated approaches that attend to multiple, complicated, interactive challenges to meet the treatment needs for each individual" (Program Director, personal communication, October, 2009).

The students at MTS (age range: 12-19) fall into one or more categories considered to be at-risk for failing to complete high school with a diploma or the equivalent. MTS students often present with multiple diagnoses, including learning, behavioral, and substance abuse disorders, but all are referred with an individualized education plan (IEP) for emotional disturbance (ED).

Coping skills model. Middletip School's day treatment program is client focused, interdisciplinary, and integrated in its approach to support students. Students are expected to work toward improving in three areas: (a) understanding how to be in relationship, (b) creating a

sense of self, and (c) managing emotions. The staff is encouraged to be reflective, aware, and intentional in the work they do with students. They are trained to use their skills to assess the students' ability to manage coping challenges.

MTS incorporates the effective strategies described in the previous section, all gathered under the organizing framework of Lazarus and Folkman's (1984) Coping Theory. The centrality of coping to this program warrants a brief description of the theory, including its history as a framework for educational intervention. Lazarus and Folkman define coping as, "a constantly changing cognitive and behavioral effort to manage specific internal and/or external demands appraised as taxing or exceeding the resources of a person" (p. 141). Therefore, individuals must examine the context before determining which coping skills will facilitate adaptation to the stressor (Eacoot & Frydenberg, 2008).

Essential elements of the MTS program. Paralleling BOC, MTS uses its counseling teachers as instruments to provide students with an environment that is consistent, comfortable and familiar (Hall & Torres, 2002). MTS emphasizes the use of humor and playfulness to develop trusting, positive, attachments between counselor/teachers and students. A healthy attachment has been shown to be associated with adolescents using higher levels of support seeking and problem solving coping strategies (Merlo & Lakey, 2007). The focus of MTS' coping training is on the development of social competence, or the ability to regulate emotions and behaviors (Ewart, Jorgensen, Suchday, Chen, & Matthews, 2002), and maintain awareness of goals (Boekaerts, 2002).

Although there are several articulated elements of coping styles, three major categories in the research are relative to this proposal. These include Reference to others, Problem-Focused coping, and the Non-productive style (Frydenberg & Lewis, 1993). The Reference to Others

coping style is comprised of four specific strategies, including *Seek Social Support, Seek Spiritual Support, Seek Professional Help,* and *Social Action*. For example, those who turn to others for support including peers, professionals, or other family members would be using the Reference to Others style. Problem-Focused coping is comprised of eight strategies including (a) Seeking Social Support, (b) Focus on Solving the Problem, (c) Physical Recreation, (d) Seek Relaxing Diversion, (e) Investing in Close Friends, (f) Seek to Belong, (g) Work Hard and Achieve, and (h) Focus on the Positive. Problem-focused coping is occurs when a skill set is directed at a problem while remaining optimistic, relaxed and engaged socially (Frydenberg & Lewis, 1993). The Non-productive coping style is made up of (a) Keep to Self, (b) Seek to Belong, (c) Worry, (d) Ignore the Problem, (e) Wishful thinking, (f) Self-blame, and (f) Tension Reduction. Problem-focused coping typically yields more effective results than use of the Reference to Others or Non-productive Coping (Lewis & Frydenberg, 2002). The Reference to Others style can be helpful if used appropriately; however, this style can also reflect a maladaptive dependence on others. Adolescents sometimes turn to non-productive coping strategies if their original attempt to use Problem-solving fails (Lewis & Frydenberg, 2002).

Emotional regulation and goal framing. Research has found that adolescents choose productive coping strategies when they are supported in framing short- and long-term goals, recognizing and managing their emotions and coping capacities, and understanding their environment (Boekaerts, 2002). Boekaerts was referring specifically to adolescents coping with stressful situations with adults; however, goal framing and the meaning attributed to stressful situations are important elements of all coping. MTS provides each student with a support team that helps orient a student toward meaningful goals. They help measure the student's ability to manage and understand emotions, express empathy, and have emotional awareness and

regulation. Quarterly review meetings provide on-going opportunities to determine growth in a student's skills, and the capacity to manage situations. This type of support aims to facilitate a process where students frame their coping goals in ways that help improve their overall well-being.

Summary of Relevant Literature and Program Context

Emotionally disturbed adolescents are exposed to more stressors and developmental risks than the average adolescent (Wadsworth, Raviv, Compas, & Connor-Smith, 2005). These individuals present with multiple and complex problems, and have lower overall functioning including self-control, assertion, and cooperation skills (Wagner et al., 2005a). Recognition of social problems related to a lack of coping skills has led to a call for school-based programs to focus on the development of coping skills (Frydenberg et al., 2004). Effective programs involve the community, families, and students themselves in defining goals reflecting personal strengths, preferences, interests, and post-school opportunities (Wagner & Davis, 2006). Furthermore, effective interventions focus on social-emotional and behavioral problems, enabling students to improve competencies in these areas. MTS is an innovative educational program focused specifically on the needs of the ED population. This school aspires to incorporate many "best practices" as supported by the literature. The goal of this dissertation project was to help MTS examine the fidelity of its practices to its espoused model. In particular, it was important to identify the amount and content of training provided to support staff in implementing best practice assessment and treatment. It was also essential to investigate how they transfer information, use a multi-disciplinary approach, and employ standardized methods for measuring student growth, program effectiveness, and staff members' professional development.

Methods

In order to examine the practice of the Middletip School (MTS) model, a program evaluation in a natural setting was conducted to examine the processes of assessments, treatment, and integration of knowledge across offices/staff, and the extent to which MTS tailors intervention to individual student needs, strengths, and cultural context. Furthermore, MTS' in-house training process was evaluated to determine the effectiveness of their knowledge transfer practices. This included investigating staff members' perceptions of the adequacy of their training in relation to the demands of their roles. It was believed that evaluation results would help MTS understand how they are operating and the extent to which they are implementing best practices and evidence-based practices. MTS has an opportunity to use this knowledge to make changes and improve the effectiveness of their internal processes. In addition, the broader society could benefit from this research, to the extent that it yields generalizable results about the implementation of an evidence-based model for interventions with this population.

Best Practices

Understanding that evidence-based treatments are often controlled in studies and that the value of evidence-based treatments lies in its usefulness in the routine, clinical setting (Newnham & Page, 2010), MTS leadership stated explicitly that their goals were to achieve "best practice." Best practice occurs when implementation of treatment is done while integrating best available research. It refers to methods that are consistently used in the field and have been established as a benchmark. Best practice also goes beyond the science labs. It uses innovative approaches for matching appropriate treatments, monitoring progress, and measuring outcomes. Furthermore, it is a program evaluation conducted in a naturalistic setting where everything can't be controlled

(Newnham & Page, 2010). Through discussion with MTS stakeholders (i.e., clinical and school directors), it was decided that "best practice" would refer to integration of interventions that have been empirically supported in either school–based mental health or with the emotionally disturbed population (Weist et al., 2005) in a context of ongoing, quality monitoring to promote continual improvement (Driever, 2002).

Adhering to Patton's Utilization-Focused Evaluation

The program evaluation in a natural setting was grounded in a "Pragmatic" model of science. The model is an evaluative approach intended to inform and support program improvements in practice (Mertens, 2010). Mertens suggests that the utilization-focused evaluation model (U-FE) developed by Michael Quinn Patten provides the ideal methodological framework for achieving this. The major premise of U-FE is that program evaluations should be judged by their utility and actual use. Grounded by this principle, the first step was meeting with major stakeholders to educate them about U-FE. During the second meeting, stakeholders were challenged to think about how this program evaluation in a natural setting could be useful to them in improving their program, and achieving short-term and long-term goals. Following multiple meetings, stakeholders identified areas of their program they had questions about, and specific and intended uses of the information they would receive. This was the initial phase of a systematic gathering of information that would eventually help stakeholders become familiar with the fidelity of their operations and understand the program's strengths and weaknesses (i.e., processed-focused evaluation; Patton, 1997).

Once the intended users and uses of this program evaluation were identified, the information was incorporated in a second phase whereby a flexible, ideographic, qualitative design was developed, and eventually used for a responsive collection of information on MTS.

Because intended uses affect method choices, stakeholders were involved in methodological decisions. The use of focus groups was also initially discussed, but they were ruled out based on stakeholder's concern that having more vocal, tenured, or educated staff might diminish opportunities for others to speak thereby reducing the generalizability of the information. Stakeholders encouraged the development of an open-ended questionnaire and semi-structured interview. They felt that these methods supported the process-focused nature of this improvement-oriented program evaluation. In addition, stakeholders believed these methods would increase the confidentiality of data collection and, in so doing, would increase the reliability of the information provided by participants. Questions for these measures were developed with stakeholders and addressed the transfer of information, staff perceptions of the program, and overall program implementation compared to their desired product.

Evaluation Questions

The program evaluation questions were developed with stakeholders. Information obtained that addressed the first three questions is presented in the results section. The fourth question was meant to be a concluding question as the stakeholders wanted information compiled from the three previous questions and used to compare MTS to best practice. This fourth question is the focus of the discussion section where interpretations and a comprehensive conclusion is provided.

1. How closely do Middletip School's processes of assessment, treatment, and integration of knowledge (i.e., knowledge transfer) approximate the ideal represented in the program documentation and by leadership?

2. How does Middletip's program take individual differences (e.g., gender, age, socio-cultural background) into consideration when implementing the intervention, as is the best practice standard in regards to cultural competency?
3. What kind of training and expertise in the areas of coping, stress, and symptom management does the staff receive to support implementation of a theoretically grounded program?
4. What aspects of the research literature (i.e., best practice) support the methodology Middletip uses in their school's alternative day treatment program? (Addressed in the discussion section).

Sources of Information

During the 2011 to 2012 academic school year, program information was collected through two qualitative methods from MTS program directors, clinical team members, and staff. A paper/pencil questionnaire was designed to collect qualitative information from participants relevant to a formative program evaluation of Middletip School's day-to-day operations including strengths, areas of improvement, and transfer of knowledge. The information from the questionnaire was analyzed and used to inform probes in future face-to-face, semi-structured interviews. Follow-up semi-structured interviews were conducted to collect additional qualitative information from selected participants to learn more about MTS' internal dynamics, theoretical frameworks, and use of evidence-based practices. Based on the interviewees' previous questionnaire responses, additional follow-up questions were asked related to their role, knowledge, or perspective of a particular process.

Paper/Pencil questionnaire. The paper and pencil questionnaire included ten open-ended questions (see Appendix A) intended to address MTS' assessment, treatment, and

transfer of knowledge processes; perceived effectiveness of these processes; areas for improvement; culture; mission; and training. For example, questions addressed what skills staff have been taught, how knowledge is transferred within the organization, the strengths and weaknesses of the program, and the extent to which the respondent perceives the teaching methods they employ as effective for their target population. The questionnaire was used because it facilitates gathering of large amounts of information in privacy and without the time pressures of a face-to-face interview.

Semi-structured interview. Interviews were intended to facilitate broader exchange of ideas and experiences, and give a sense of safety in expressing conflicts or concerns (Robson, 2002). The interviews were semi-structured, with six predetermined questions that were re-ordered based on how the interview proceeded (see Appendix B). Questions that were considered inappropriate for particular respondents could be omitted. In accordance with the "Tree and Branch" interview pattern (Rubin & Rubin, 1995) the research questions were divided into equal parts with each part covering a main question. The research question was referred to as the *trunk* and the main questions were *branches*. Each branch dealt with a separate element of how MTS is implementing its program. Probes were used to ask the participant to expand on a response when the evaluator felt that there might be more the participant could give (Rubin & Rubin, 1995). Probes were intentionally used to gather anticipated information regarding Middletip's assessment, treatment, and transfer of knowledge processes, goals of the program, frameworks, areas of improvement, training, use of theory and research as a basis for interventions, and the program's cultural competency. An interview guide was developed to illustrate and summarize the key points from the interviews (see Table 1 for the Interview Guide).

Participants

Thirty-seven individuals were invited to participate: (a) 24 counseling teachers (CT), (b) 2 program coordinators (PC), (c) 2 special educators (SE), (d) 5 social workers (SW), and (e) 4 directors; all were adults. They were employed by Middletip School for the 2011-2012 academic year. Participation was voluntary and confidential. Twenty-five of the potential 37 participant sample were present when the questionnaire was distributed following a brief presentation at an MTS weekly scheduled staff meeting (August 8th, 2012). The other 12 prospective participants received the recruitment packet in their mailbox. The presentation introduced the program evaluation project and provided staff with an opportunity to ask questions. Twenty-two members of the 37-member target population returned completed questionnaires, for a 60% response rate. Representation of the sample including their role in the organization and years of experience at Middletip School, is summarized in Table 2. As intended, 10 staff were recruited to take part in a follow-up interview. Eight of the ten staff initially invited for interviews accepted. Two members of this initial group were never reached so two more participants from relevant stratified subgroups were randomly selected. This interview sample exceeded the original target of 33% of questionnaire respondents. The interview sample was larger than the original target in order to more adequately represent the entire spectrum of eligible staff.

Table 1

Interview Guide

Issue	Examples
1. Participant profile	Gender, role, years at CPS, professional goals, current experience & skills
2. Subjective Experience	View of CPS as a staff member Strengths of program Program effectiveness
3. Training	Skills learned at CPS Describe a training Effectiveness of trainings (structure and content), desired training
4. Communication	Methods (e.g., effectiveness, sources, efficiency) Supervision as a form of communication Helpfulness of information received
6. Areas of Improvement	How can training be more helpful? How can the transfer of knowledge be more helpful Describe supervision How could processes be improved (e.g., assessment, training, treatment)
7. Description of the Program	What makes this program successful (e.g., culture, staff, frameworks) Treatment Measuring improvement, outcome analysis Describe the population served, and what makes this program appropriate for working with stated population, Day-to-day operations, Use of relationship and/or humor
8. Cultural Competency	Accounting for individual differences (e.g., interventions, assessment, and transfer of knowledge, training)

Procedures

I was invited to deliver a brief presentation at a full MTS staff meeting to describe the purpose and intended uses of the program evaluation in a natural setting. Following the presentation, staff members were distributed a Recruitment Packet. This packet contained the informed consent (see Appendix C), questionnaire (see Appendix A), a letter of introduction (see Appendix D), and return envelopes. Those individuals who were not present received the packet in their work mailbox. Staff members were informed that they could be called for follow-up interviews and, as a result, their questionnaire responses would not remain anonymous, although steps would be taken by the evaluator to protect their identity in any description of the results.

Paper/Pencil Questionnaire. Participants were asked to return the questionnaires via the enclosed pre-addressed, stamped envelope within two weeks of receipt, dated August 22, 2012. Six reminders were provided for MTS staff from August 23rd, 2012 to October 17th, 2013, by which date a 61% response rate was obtained and that stage of the information collection was closed. Information from the questionnaires was sorted according to themes relative to the research questions, as described above. This preliminary role-ordered matrix was used as the foundation for the full matrix presented in Appendices E through O, which included both questionnaire and interview material. This information was also used to determine any necessary follow up with participants during interviews, and to understand any existing themes and patterns that could be examined further.

Paper/Pencil Questionnaires were sorted according to gender, experience, and roles to facilitate stratified random sampling. Using a random number generator, a total of 10 participants across these strata were selected for the interview pool. The first on the telephone list were selected for interviews. When a participant selected in the original number generation did not

Table 2

Sample Characteristics

Role	Questionnaire Participant(s)	Interview Participant(s)	Yrs of Experience as Staff at Middletip			
Social Worker	4	2	1	2	1	0
Counseling Teacher	11	3	3	4	3	1
Director	3	2	0	0	0	3
Program Coordinator	2	1	0	0	2	0
Special Educator	2	2	0	1	1	0
Total N	22	10	4	7	7	4

participate, the random number generator was used to select additional participants until 10 were secured for a 45% acceptance rate.

Semi-structured interview. Interviews took place at Middletip School or at an outside location (as the interviewee preferred) during daytime hours, between November 7th – 15th, 2012. Each interviewee was given the opportunity to choose an off-campus location to minimize breech of anonymity among colleagues; most participants chose to be interviewed at MTS. Times and location were scheduled by intentionally to minimize overlap or exposure of participants to other MTS staff. Interviews lasted approximately 45 minutes and were audio recorded with the consent of interviewees.

Minimizing Risk

The following steps were taken to minimize pressures on participants in this research. First, both the verbal presentation and the informed consent document emphasized the

participant's right to opt out of any question or the entire study at any time. Second, the decision about whether to participate and the completion of questionnaires was done privately. Combined with the opportunity to mail back the questionnaire, there was minimal risk of any peers or supervisors knowing whether or how the individual answered the questions. Third, in order to protect the confidentiality of participants, codes were used on documents (e.g., completed questionnaire and interview transcriptions) instead of recording identifying information. A separate document that links the study code to subjects' identifying information was locked in a separate location and access was limited to the primary researcher. Fourth, each stratified sampled subgroup consisted of at least five individuals to minimize the possibility that any information used or opinions expressed in relation to each theme were identifiable based on the role of the respondent in the organization. Fifth, participates were given the option to interview in a private office space offsite, and outside of MTS' working hours. They also had the opportunity to arrive and depart privately. Participants were counseled to refrain from discussing their participation in the study with colleagues. Sixth, and perhaps most important, all interview participants were offered the opportunity to review any material from their interview that would be proposed to included in my report, and either approve, revise, or veto its inclusion. These checks, and follow-ups ensured that information used was not only accurate but also acceptable to the participants. Finally, all the research materials are to be maintained in a locked location during and for five years beyond the study, at which point all documents will be destroyed. Only my dissertation committee and I have access to this information.

Attention to the Quality of this Study

Credibility. The credibility of the research was monitored through member checks and prolonged engagement. Credibility is considered to be parallel to the concept of internal validity

in research using quasi-empirical methods. Member checks occurred when I verified with participants (i.e., stakeholders) the developing themes as they were constructed from the data collected and analyzed (Mertens, 2010). Prolonged involvement by the evaluator reduced reactivity and respondent bias (Robson, 2002). Credibility was also addressed through the use of multiple participants who held a variety of roles, experience, tenure, and responsibility. Using multiple cases (Mertens), or in this case a variety of roles, enables the generalization of findings based on the assumption that this sample is representative of all staff at MTS. Therefore, it was assumed that the data and analysis that emerged around the fidelity of MTS' program was valid and reliable.

Transferability. Transferability is a process considered to be parallel to the concept of external validity (Mertens, 2010). In qualitative research, it is a means of assessing the value the findings of this study could have for other programs like MTS'. The transferability of this study's findings is founded upon "thick descriptions," as well as an extensive and detailed description of time, place, context and culture in which the evaluation took place (Mertens, 2010). This means that directors of schools similar to MTS, as well as program evaluators, can decide upon the utility and relevance of this study's results for their situation and objectives.

Confirmability. In order to deal with threats to confirmability (parallels "objectivity" in empirical methods) of the study, *community, attention to voice, and critical reflexivity* were addressed. Specifically, there was an awareness and understanding (i.e., critical reflexivity) of my involvement in the research, and the impact it could have had on the research process. The use of questionnaires provided a method of gathering information without interaction, and the use of a semi-structured interview format enabled the participants to answer pre-determined questions. This likely limited bias that may have otherwise occurred based on relationship status

with participants. Having prior knowledge of certain MTS operations enabled probes that resulted in participants providing relevant information, which otherwise may have been missed. On the other hand, analysis and interpretation was based solely on data provided. Having responses written by participants, and recording interviews, enabled accurate transcribing and adherence to the data (see *Audit trail*). The use of community also supported objectivity. As a previous employee, I had a great understanding of the community where the program evaluation in a natural setting was taking place, including those involved, so the results could be used for the benefit of the community (Mertens, 2005). It was believed that MTS would benefit most if results, interpretations, and recommendations were reported objectively; additionally, the benefits of this research and the generalizability of the results beyond MTS, were greatest with utmost objectivity. Moreover, attention to voice, through the aforementioned stratified sampling allowed those who might be marginalized, too shy, but whose voice would be significant, to be sought out.

Audit trail. A detailed audit trail increases the confirmability of the study, including a full record of all the activities with what was said in individual interviews, questionnaires, and observational activities. The trail for verbal data was audio recorded and transcribed. Transcripts contained raw data from interviews, and field notes from observations. A detailed schedule of the interviews was kept in order to record the chronological order of events.

Dependability. Dependability in qualitative research can be understood as the consistency of the results of analysis with what the participants meant. It can be considered as parallel to internal validity in quasi-empirical methods.

Member checks. Member checks are a process in which the researcher asks selected participants for verification that the researcher has captured what each meant. In this study,

member checks took place during and at the conclusion of the interview process and following the completion of the data analysis. The final member checks were made via telephone and were completed with 5 of the 10 participants. The general consensus among the interviewees contacted was an appreciation for member checks, and a feeling that the information that was shared with them covered and accurately represented the data through coding.

Evaluation Results

Examining the fidelity of Middletip's School program required interpretations of multiple stakeholder perspectives. It also required understanding their roles in and relationships with the assessment, treatment, and transfer of knowledge processes. The epistemological assumptions were that no individual account of the processes could be proven correct. Therefore, because the purpose of this study was concerned with interpreting human action and perspectives, an interpretative research process was used to explore and understand the true fidelity of MTS' program. This interpretation and analysis took place over four phases: (a) planning and preparation, (b) fieldwork, (c) transcribing audio taped interviews into text documents, and (d) aggregating the interpretive materials into interpretive matrices. As previously explained and demonstrated, the first phase of planning included meeting with Middletip leadership to identify a user-intended purpose for the evaluation; while preparation began with a literature review. The second fieldwork phase included the questionnaires and interviews as described in the Procedures section, above. Each audio version of the interviews was transcribed into analyzable text documents. While listening to the audio, words were typed into the document to accurately reflect the views of beliefs expressed by participants. Reduction of the information was accomplished first by coding interview transcriptions and questionnaires, second by developing role-ordered matrices, and third by analyzing themes and thematic patterns.

Narrative reflections obtained in interviews and gathered through initial questionnaires were coded according to eight *a priori* codes created before the questionnaires were distributed (see Table 3). Coding was organized by the following themes: participant profile, subjective experience, training, communication, areas of improvement, description of the program, and cultural competency. After the information from interviews and questionnaires was coded they were entered into a role-ordered matrix according to relevant a priori codes and more specific sub-categories (see Appendix section). Role-ordered matrices are tables that sort the study's information as texts organized according to the staff member's roles. The textual materials in the matrices used for this program evaluation were not differentiated according to the source of responses (i.e., Pencil/Paper Questionnaire or Interview). For illustration, an extract from the role ordered-matrix that shows a subset of the responses by themes and roles is presented in multiple tables throughout the findings. Theme-ordered matrices illustrate an overview of themes emerging from the data compared to ideals as expressed by leadership.

Materials collected during this program evaluation were analyzed according to research questions and staff roles within the organization. A systematic display of analyses is presented for each research question. It begins with a brief discussion of interpretations and quotes that were inserted into the role-ordered matrix, as organized by stakeholders (i.e., MTS' clinical staff [CMs], education leaders [ELs], and teachers [Ts]). Due to the large amount of data, a single matrix organized by research question was not feasible. One of the strategies used by qualitative researchers to analyze findings and illustrate them while also attempting to stay as close possible to the participants' actual statements, is progressive focusing and funneling of the information collected. Therefore, smaller interpretive matrices or tables for each research question were

Table 3

Defining A Priori Codes

A Priori Codes	Definitions
Expressed Effectiveness	Description of the program, including its target population, mission, staff experience, culture, training
Strengths	Program characteristics noted as positive, durable, powerful, and influential toward MTS' perceived success and effectiveness
Areas of Improvement	Program characteristics noted as challenges/ barriers to effective program implementation, desired improvements
Accounting for Individual Differences (IDs)	How and what IDs are accounted for, understanding the impact they have on program, strategies used to account for IDs.
Training and Expertise	Knowledge of coping, stress, symptom management; training process; effective and use of training program implementation
Transfer of Knowledge	Where info is received, and the quantity, quality, frequency, and effectiveness of communication processes
Assessment Processes	Referral and admittance, daily, weekly, monthly, yearly, post discharge, measuring achievement in students and program
Treatment Processes	Goals for students, staff, use of strategies and clinical frames
Use of Evidence Based/Best Practices	Literature used to support MTS' methodology. Strategies, frames, assessments, and staff expertise for program implementation

developed and used to interpret these materials; these can be found in the Appendix, and are referenced throughout the text as relevant. There were three roles, categorized by:

- Clinical Members (CMs), which referred to participants whose role at MTS is clinical director, MTS program director, or social worker;
- Education Leaders (ELs), which referred to participants whose role at MTS is school director, school program coordinator, or special educator;
- Teachers (Ts), which referred to participants whose role is counseling teacher.

Research Question 1: Fidelity of Middletip's Program Processes

The first research question examined how closely Middletip's (MTS) processes of assessment, treatment, and integration of knowledge approximated the ideal defined by leadership and MTS' programmatic documentation. First, data regarding participants' perspectives on the assessment process are presented with a focus on identified themes including intake; daily, weekly, and quarterly monitoring; and measuring staff growth toward professional development. This is followed by examination of the fidelity of the treatment process and role specific perspectives on frames for intervention, goals for MTS students, and the importance of relationship in programming. Participants provided information about the transfer of knowledge process, and the topics they addressed were formal trainings, other methods of communication, and supervision.

Fidelity of program assessment processes. In response to questions about Middletip's assessment process, comments from questionnaires and interviews revolved around student intake; daily, weekly, and monthly assessment of student progress; and measuring program achievement. Perspectives regarding these topics are presented by clinical members, education leaders, and teachers, respectively.

Perspectives on assessment by staff roles. The analyses revealed a range of responses regarding all MTS' assessment procedures, including intake; daily, weekly, and monthly assessments; and measuring overall staff and program achievement. Broadly, CMs focused on intake as well as their role in improving the daily, weekly, and quarterly assessment processes. ELs also keyed in on ways to improve the assessment process. They highlighted their continued struggle in understanding their academic role in a therapeutically driven program. Ts emphasized their struggles documenting academic growth, and with monitoring and measuring students' clinical growth. The role-ordered matrix in Appendix E extracted the various strengths and issues that staff members identified as major factors impacting the fidelity of the assessment process.

Clinical members. The key findings regarding CMs' perspectives on the assessment process at MTS were three-fold. The first finding was that the intake process was standardized. CMs explained the intake process and highlighted the need for improvements. For example, one of the clinical members stated:

> Intake is a process, if done well, that supports itself [sic]. At times it is more smooth [sic] and more coordinated than others and that is a function of…if it's hurried it's because we want to fill an open space and we want students to get in and get their needs met as quickly as we can. It's about balancing those out and sometimes there are logistical challenges like when can people meet.

While the directors engage in the same procedure for each intake, they indicated that it is only because of their longevity and experience in performing these intakes. They suggested that a new director would have no written guidance to support standardize replication of this intake process. CMs acknowledged that the intake process could be improved with more explicit written

description. To maintain consistency and fidelity of the process, CMs recommended documenting a standard process.

The second major finding from CMs was that they consistently engage in weekly and monthly assessments, and they understand how to measure clinical growth. CMs also expressed their awareness that many Ts and ELs seem to be confused about clinical assessments. During an interview, one CM stated "There are probably some teachers that do not have clarity on the goals and objectives. Teachers who start midway through the year, their training around that stuff is less clear." This CM suggested that additional efforts should be made by CMs to connect with non-clinical staff to enhance the latter's understanding of clinical assessments. All CMs reported that improved understanding for how to measure and document clinical growth would lead to more reliable data and increase validity in the clinical portion of the assessment process. The third key finding in CMs' responses was the absence of information regarding evaluating staff member's overall achievement. No CM responses made reference to this final aspect of assessment.

Education leaders. ELs have the richest background in education (i.e., specialized or advanced degrees) and greatest academic experience among the staff at Middletip. They are teachers who map out each student's academic path, coordinate educational planning (i.e., administrative tasks such as class schedules), and evaluate a student's growth toward IEP and State standards for graduation. Questionnaire and interview responses from ELs stated that their daily and weekly assessments are focused on academics that have a specific concentration on individual development. The majority of ELs commonly reported that there are two notable challenges they face in assessment. The first challenge they face is how to evaluate students on their concrete academic skills and learning based on the material in class. Though ELs expressed

the importance of evaluating students' academic achievement, they reported that they have not been provided with consistent criteria to use in those program evaluations. Two ELs agreed:

> We need a more collective mapping of where a student is and where they should be going. We need a consensus on what academic credit looks like and how to (measure) that…The tracking, documenting and selection of students' academic (progress) remains unorganized.

ELs shared their role in clinical assessment, specifically monitoring growth toward clinical goals (e.g., behavioral). According to EL responses, they use the daily sheets as a main method for acquiring data that they use to assess clinical growth, and adapt and refine the student's classroom activities. Typically, goals of the intake process for students focus on developing and improving interpersonal and coping skills, and enhancing self-esteem. Daily sheets remain in a student's daily sheet binder during his or her time at MTS and are completed throughout each day by Ts and ELs. Academic goals are documented, placed in the student's official file, and used at the beginning of each trimester by Ts and ELs for developing class plans.

The second challenge for ELs stems from confusion about the role of academics in this therapeutically driven program. ELs shared uncertainty around the expectations for when mental health takes priority over pushing students academically. As expressed by one EL:

> What best practice teaching looks like gets a little bit lost when the rest of the focus is on the mental health side of things in the work. I believe that there is a desire for more of that from teachers. More of a collective mapping of what a student should be learning is learning, and what teachers should be learning.

Teachers. Ts responses highlighted their frustration with the assessment process as a whole. Ts mostly expressed that the foremost challenge with daily academic assessments is the

lack of clarity, understanding, and structure currently informs the process. Ts responses suggest that ELs are not providing the information to Ts so they can successfully implement academic plans. According to one T:

> There is a lack of clarity of what another expects should be done with information they shared. Because of the lack of clarity, I have been in a situation where I have not asked for help (precarious line where too much of someone else's opinion/perspective can be daunting) and could have used it, but also [sic] ignorant that crucial information was missing.

Because there are so many different methods of assessment, Ts reported that there is no standard definition for what academic progress looks like, and this makes measuring growth very challenging. One T suggested an area that needed improvement, "Having fewer ways [one document] to document students' growth, progress, class participation, and attendance. It's about finding the balance between [building] individual class plan for each student and having a general process that we all follow for our classes. In their questionnaire responses, Ts also identified that they see confusion in how to monitor and measure both clinical and academic progress. One T's response is reflective on this confusion, "We could use more clarity on documentation. Everybody uses some form of documentation, daily assessment tool [sic]. Sometimes it's hard to know what to assess and we need more clarity on that."

Regarding clinical assessments, Ts also reported that they struggle with understanding long-term goals for students and how to identify growth in the context of shorter-term objectives. Finally, regarding their own achievements, some Ts identified a serious deficit in MTS' staff evaluation policies. One T commented, "We continue to struggle to document how we teach in a way that feels relevant and meaningful to staff. This challenge in documentation stems [from]

our integration of academics and therapeutic work, and our emphasis on flexible, individualized programming." Ts also referred to yearly reviews, called *360 Reviews*. A typical 360 review consists of feedback that comes from members of an employee's immediate work circle; it includes direct feedback from a staff's subordinates (if applicable), colleagues, supervisor, as well as a self-evaluation. At MTS, each staff member is subject to a 360 review where feedback is provided from supervisors and peers, and is presented in a feedback session with their direct supervisor. The staff is presented with the feedback and is also expected to bring their own self-assessment. This supervision session is used to explore growth toward previously identified goals and to establish a plan for continued growth toward specific professional development.

Fidelity of program treatment processes: Perspectives by staff roles. The analysis identified a range of responses regarding MTS' treatment process, including frames for intervention, goals for students, and the use of the relationship in treatment. Perspectives regarding these topics are presented by clinical members, education leaders, and teachers, respectively. Largely, CMs focused on frameworks for intervention, and the importance of relationship on students' motivation to learn new skills and achieve goals. ELs concentrated on student goals, and expressed their wish for greater clarity between academic and mental health goals. Ts described unconditional positive regard as a framework for intervention, goals for students and need for more training to more effectively support students in achieving goals. A role-ordered matrix (see Appendix G) extracted the various strengths and issues that stakeholders identified as major factors impacting the fidelity of the treatment process.

Perspectives of clinical members. CMs commonly indicated that MTS conceptualizes their work using the frames "intention, awareness, and understanding" and "skill, capacity, and

motivation." Frames are the overarching structure that shapes individual student intervention. One CM shared their use of frames:

> MTS conceptualizes the work we do with students in the following way: understanding, intention, awareness; capacity, motivation, skills. These frames help us stay grounded and maintain perspective in the face of the daily challenges of the work and the complex stories of the teen's lives.

CMs felt these frames facilitate the provision of intentional, effective treatment. CMs defined "understanding" as using a theoretical lens to look at a student's behavior. "Awareness" was explained as knowing why behaviors may be occurring and it comes from having understanding and a theoretical basis for treatment. For example, by using a trauma-informed lens, staff may recognize that an aggressive response is not a student intentionally being defiant but instead is resulting from a trigger that elicited anxious feelings, memories of a traumatic experience, and anger. "Intention" was defined as purposefully and meaningfully engaging in treatment, and this is mostly possible with a developing understanding and awareness.

In reference to "skill, capacity, and motivation," CMs stated that *skill* refers to the tools used by the student to complete a task. *Capacity* refers to the ability, given the tools, to complete a task. *Motivation* refers to a student's desire to complete a task. Interviews with all staff indicated a belief that they use these frames consistently and effectively while teaching relational, social, coping, and life skills. Increased understanding by staff members enables them to better assess a student's motivation and/or capacity to learn new skills. Additionally, staff members' relationships with students often leads to increased motivation to learn skills.

CMs shared that a third frame, the *relational frame*, is integral in their treatment because of its focus on helping students rework their negative sense of self. CMs believed that by having a strong relationship, students are more likely to open up to learning concrete skill sets.

> We use relationship because at core, it is the sense of self, and sense of other that fundamentally we are getting at. How does that young student understand themselves, how do they see themselves as a person? We intentionally respond in relationship to help them rework these underlying senses of themselves as incapable, unlovable, unlikable, and then as they feel that and experience that they open up to what we have to offer (which are particular skill sets).

CMs emphasized that helping students identify skills before teaching how to use them is a critical step toward helping students achieves long-term goals.

Perspectives of education leaders. Responses from ELs' questionnaires and interviews indicated that their clinical and academic practice is effective because core frames are consistent, informative, and relevant. ELs indicated that when a student's behavior becomes challenging, core frames help them maintain perspective of a student's goals without getting distracted by the day-to-day struggles and successes of a student. Furthermore, ELs believed this approach helps to preserve the nature of the therapeutic relationship. One EL described, "When you get caught up in relationship or there is a difficult situation, go back to these principles. My understanding can help a student use effective coping strategies." According to ELs, the relational frame suggests that building positive, reciprocal relationships with students will also facilitate the establishment of a structured, consistent, predictable environment. By establishing predictable routine and expectations, it leads students to be focused and motivated to learn new skills rather than spending energy on managing their reactions to the environment.

Though ELs generally felt their clinical and academic practice is effective because they use core frames, they are still confused about the balance between academic and clinical frames in treatment focus. One ELs response during interviews represented this confusion, "At what point do you sit with redundancy to build relationship and work on mental health…at what point do we say we are a credit-baring academic high school, and our student is not building math skills?" Most commonly, ELs expressed a desire to know when is it acceptable to sacrifice clinical progress in favor of academic progress. Responses indicated that ELs struggled with how to balance the therapeutic aspect with the academic aspect because their training is predominantly in the academic realm, and that is where their focus tends to be.

Finally, responses from ELs in questionnaires and interviews indicated a belief that MTS promotes the development and utilization of coping strategies among its students. ELs commonly communicated that the focus of student goals is on attunement, emotion regulation, self-esteem and confidence, and building social, life, and transition skills. ELs expressed a desire for more clarity between academic and mental health goals.

Perspective of teachers. Teachers' responses during interviews and on questionnaires focused on the unconditional positive regard framework. According to Ts, unconditional positive regard means that regardless of a student's behavior, staff responds to the student with respect and support. One T explained this framework: "We must provide students with hope regardless of what they do. We have to hold stuff until they are ready (to deal with it)."

Ts felt that providing students with hope, regardless of their behavior, is important to keeping them engaged and motivated to learn new skills to manage distress. Ts also communicated that MTS is effective in helping students accomplish emotion regulation and awareness. Ts

articulated that once students accomplish the goal of emotion awareness, it enables them to develop and achieve broader social, academic, and life skills.

> We do teach effective coping strategies—modeling, co-regulation, verbalize a lot of/naming what's going on; helps the student name it in their own head, and increase their own awareness of difficult emotions and when they come up. Once they are aware of the difficult emotions we can teach them and help them use different strategies (to manage them). We figure out which (strategies) work and don't, and work with (students) to make plans for when to use those strategies. This really is a multistep process from identifying 'I'm having a hard time right now' to 'this is what I should do when I feel like I'm having a hard time.

One final key finding was that T's relationship with students, as impacted by the unconditional positive regard, impacts students' motivation to engage in treatment. This sentiment was expressed by one T, "Our goal is to develop relationships with students that allow them to feel safe to freely to express themselves, take risks, and hear/accept positive and constructive feedback."

Examining perspectives on the fidelity of the knowledge transfer: Perspective process by staff roles. Transfer of knowledge means how information gets from one group of staff to another. The analysis of information revealed a range of responses regarding MTS' transfer of knowledge process including formal training, supervision, and other methods of communication. Perspectives regarding these topics are presented by clinical members, education leaders, and teachers, respectively. CLs mainly discussed the structure of formal trainings and their preference method of transferring information. The main focus by all staff was on Frameworks workshops that are focused on enhancing staff understanding and awareness

of mental health issues. These include trauma-informed care, mindfulness, anxiety, autism spectrum, collaborative problem solving, non-triggering communication, DBT, student in context, attachment, and educational topics. For example, training could focus on the support given during the learning process that is tailored to the needs of the student with the intention of helping students achieve learning goals (i.e., scaffolding). ELs highlighted the importance of effective trainings as a main method for transferring knowledge and their view on informal methods, while addressing areas needing improvement. Third, Ts' responses underscored the discrepancies surrounding supervision, and most preferred informal method for transferring knowledge. The role-ordered matrix (see Appendix I) extracted the various strengths and issues that staff identified as major factors impacting the fidelity of the transfer of knowledge process.

Clinical members' perspectives. CMs are part of a small group of individuals who typically develop and facilitate formal trainings. To achieve program goals, CMs shared that when they are leading training they provide two opportunities for staff to follow up, including making themselves available for questions and through a sometimes-optional follow up training. CMs view of successful is exemplified by one CMs questionnaire response, "Effective trainings have been clear, dynamic, presented with confidence, adapted to the audience (often a diverse audience), include humor, have follow-up or require follow through." CMs believed formal training is the most effective method for transferring knowledge because, as expressed by one CM:

> This method of continuous training in snippets of topics that show the crossover of counseling and teaching are effective in that they keep the purpose of our work present and at the forefront so that all that we do is done with intention.

CMs also stated that trainings provide staff with chances to synthesize and integrate information. In particular, CMs mentioned wellness groups and peer supervision groups. Wellness groups occur monthly and are designed to increase self-awareness, and are intended to make use of peer affiliation to support staff wellness, self-regulation, and distress tolerance. Peer Supervision is offered several times each month. It is defined as groups that allow for the integration and application of Frameworks topics, and for consideration of any situational or emerging dynamics that develop as the year proceeds.

In terms of informal communications methods, CMs agreed that email and face-to-face communication are the best and most used informal communication methods. CMs felt like these are efficient, reliable and accessible and believe this enables them to be more effective in implementing treatment. One CM commented, "We need information about our client to do our jobs well. It helps to increase understanding and intentions, broadens awareness of self and others, and creates additional context…" The importance of communication is that the student's behavior can be understood as a function of his/her recent experiences and placed in context rather than assuming it is defiant or oppositional.

Education leaders' perspectives. ELs are also part of the small group of individuals who frequently facilitate formal trainings. Similar to CMs, ELs felt that follow up is important, but they believe it's most helpful because of the integration with their daily work, "Trainings are most effective when information is current and we have opportunity to explore applications." Responses from questionnaires and interviews also highlighted the value ELs place on information that reflects the academic and mental health aspects of treatment. More than any other role, ELs find themselves providing clinical and academic treatment. ELs shared they are provided with case-specific applications and this is especially important given the complexity of

their role and responsibilities. As evidenced by one EL, “Every week we have a full education staff training. This training is focused on different educational and clinical frames. These trainings provide information as well as opportunities to apply these frames in case examples.”

Responses from ELs also frequently referenced the importance of having an effective transfer of knowledge process because it enables them to learn new skills, hear new perspectives, and gain ideas that inform the work they do with students; however, ELs consistently pointed out the need for improvement, “We need to integrate more fully the educational and therapeutic work that we do. How can we document and accurately describe the progress taking place? How are we articulating big picture planning?”

Teachers’ perspectives. Responses from Ts indicated a belief that formal training is the most effective method for transferring knowledge because trainings are often clearly presented, relevant to staff, include opportunity for follow up, and follow up is relevant the their daily work. One T explained the reason she feels comfortable and relies on trainings, “Working with the students of MTS often feels like approaching a moving target. New knowledge helps me keep pace with ever-changing issues and dynamics of our students.”

In terms of the second key finding, Ts were divided on the most effective other method of communication for transferring knowledge. Responses from questionnaires and interviews indicated that Ts use several different methods including email, GoogleDocs, informal check-in, telephone, and daily sheets. Ts felt that using email and online documents were the most effective; however, some responses from Ts indicated that they are overwhelmed by the amount of information, difficulty accessing a computer and Internet, and the number of knowledge transfer methods. One T stated, “There are challenges in some dissemination of information. We need more resourcing or professional development time to relay information and discuss

strategies/changes based on that information." Ts also reported that taking time to access multiple methods, such as checking email and updating binders, take away from organizing and planning classes for the day leaving some Ts feeling unprepared. The conclusion Ts made was that no one method is most effective and that can be frustrating.

A final key finding emerged from the analyses, regarding the inconsistencies in supervision. Unlike CMs, Ts responses drew attention to the varying reliability of receiving supervision. One T emphasized, "I rarely get knowledge and information one on one." Responses from Teacher's describing the rate in which supervision occurs ranged biweekly to once every six weeks. Despite the issue with reliability, a consensus among Ts was expressed around the quality of supervisors, "Supervisors lead by example and model honesty and transparency. We are given the knowledge we need to work with these kids and the support to do it well without getting burned out."

Research Question 2: Cultural Competency and Student Diversity

The fidelity of Middletip's assessment, treatment, and knowledge transfer processes were the focus for analysis of cultural competency and attention to student diversity. The major themes that were addressed included staffs accounting for differences in each process during daily program implementation. Perspectives by staff roles are presented to illustrate their views on the major student diversity elements at MTS, central goals associated with each element, and the degree to which current practices (as reflected in questionnaires and interviews with staff members) align with those goals.

Perspectives on cultural competency and student diversity at MTS by staff roles. The data analysis revealed a range of responses regarding MTS' cultural competencies for student diversity. Key findings emerged from all staff responses for each assessment, treatment,

and transfer of knowledge processing. CLs discussed the importance of accounting for individual differences (IDs) from the moment of intake, through assessment, treatment, and sharing of information. ELs identified strategies for accounting for student diversity. ELs also expressed hope that all staff are thinking about individual differences when working with students. Furthermore, Ts emphasized the importance and necessity of being culturally competent in all facets of the program. The role-ordered matrix (see Appendix K) illustrates the various strengths and issues that staff identified as major factors regarding accounting for student differences in assessment and treatment.

Clinical members. CMs reported that they begin accounting for IDs immediately following a referral (i.e., intake). When a case is assigned to a social worker following intake, he/she begins by reviewing the file to gain understanding of background including, socio-economic status; family structure, support, and parental monitoring; history of mental health services; nutrition; and family dynamics.

> We have to take into account the biopsychosocialspiritualenvironmental [sic] context of how does someone process information. There are multiple ways of learning, and how people have been in relationship, experienced relationship, and all of that is going to be part of what they bring.

Some CMs suggested that MTS needs a better system for sharing information about students' IDs as they move within MTS' program. However, in terms of accounting for student diversity in treatment, CMs commonly articulated a belief that all staff account for biopsychosocial, spiritual, and environmental contexts, and use this information to effectively build relationship and tailor treatment. During interviews with CMs, they shared some strategies they have used to achieve this:

> I try to read the mission case review to get an idea of background: SES, family situation, services, where are they coming from everyday, do they have proper nutrition, caring family home systems, do they have support and care or is it crazy chaotic, no parental guidance, household with drugs?

CMs stated that they believe these strategies help show they are relating with a student and that helps students feel connected with staff. Regarding the transfer of knowledge process, CMs indicated that culture and student diversity is sometimes a focus, but not always. One CM stated, "We've had multiple trainings on Autism/Asperger's that were helpful in describing presentation of traits with males vs. females and also strategies for working with clients on the spectrum. That also translates well to many of our other clients."

Education leaders. ELs shared that IDs in assessment are taken into account throughout the workday. Responses showed that not only do ELs account for IDs skill level, they also consider SES, educational status, relational skills, strengths, interests, and a student's "biopsychosocial." During one interview, an EL emphatically responded, "Where don't I take individual differences into account?" ELs expressed a belief that daily assessment considers IDs and that the continuity in which they focus on IDs enables them to make informed treatment decisions. This is especially important when faced with moment-to-moment assessment and monitoring of treatment response, which is likely given the complexity role of ELs. Said on EL, "That is by definition at Middletip. I take it into account in everything I do. Skill level, content level, delivery of information (educational); relational—approach to them, how I set limits, stature, tone, what questions I ask them, how I establish report with them." ELs uniformly agreed that they are constantly paying attention to ID. They said they use this knowledge to inform decision-making, individual class plans, classroom structure, and environment. The

consensus from ELs was that MTS not only succeeds in developing and maintaining cultural competency, but that staff consciously attends to it during treatment implementation.

Teachers. Ts shared that being able to develop individualized, strength-based, and interest-based classes enables them to consider individual differences. Ts acknowledged their constant awareness of IDs in student competency, goals, and learning style allows them to tailor lesson plans and be more effective in academic and clinical interventions. One T explained, "We have the flexibility to create interest-based classes. Working one on one with students to develop relationships-student centered approach allows students to reach personal goals, develop new interests, make healthy relationships in a safe environment." The consensus among Ts was that they assess for the ability to engage in academics, school history, personal strengths and interest. They felt that accounting for student differences in treatment**,** Ts frequently expressed that the only way to be effective in implementing treatment is to account for individual differences. One T exclaimed, "You have to take into account individual differences! I think about their background, what I know of their background, history at school, what they have responded to in the past, and if we have the information from sending schools."

A majority of Ts expressed a belief that having even more information about students would enable them to provide better and more effective interventions. When it comes to transferring knowledge, there were few responses indicating the level of accounting for student diversity. They expressed a need for more focus on cultural competency and diversity. One T discussed training and highlighted student-focused as a strength, "Good trainings are well organized, bring background knowledge, and are student centered."

Research Question 3: What kind of training and expertise does staff have concerning coping, stress, and symptom management that supports the implementation of a theoretically grounded program?

The third research question examined how effectively MTS' training process supports its staff in implementing a theoretically grounded program. While training has been discussed previously as part of the transfer of knowledge process, this section is focused on the extent training is founded by theory and research, acts as an educational source for information regarding mental health and schools; and the degree it lends itself to staff's ability to learn, integrate and synthesize the information to provide best practice.

Perspectives on the kinds of training and expertise they receive that supports the implementation of a theoretically grounded program. The data analysis revealed a range of responses regarding three major topics: formal training opportunities for staff; chance for facilitation, integration, and synthesis during training; and training topics. CLs mainly discussed the focus of trainings, benefits of different trainings, and discussed what makes trainings effective in transferring knowledge. ELs comments mainly targeted Frameworks, including their desire to have more follow-up opportunities to enhance integration and synthesis of information. Ts' shared many of the same feelings of CMs and ELs, especially the idea that the most effective trainings facilitate integration and synthesis. However, Ts expressed different beliefs regarding which methods are best for integrating and synthesizing. The role-ordered matrix (see Appendix M) illustrated the various views from staff regarding the kind of training and expertise they have, which they feel supports the implementation of a theoretically grounded program.

Clinical members. According to responses from CMs, Frameworks is a research-based training that is designed for staff that possess a basic knowledge of mental health and are looking

to develop and apply advanced skills. The focus of this training is clinical in nature, specifically coping, stress, and symptom management. Wellness uses a biopsychosocial frame to structure an opportunity for professional peer affiliation and support wellness, self-regulation, and distress tolerance for staff. Only one CM referenced Wellness groups and described it as, "An opportunity to reflect on the complex stress that emerge from working at MTS." One CM described peer supervision, "Peer supervision groups allow for the integration and application of frameworks topics and for consideration of any situational and emerging dynamics that develop as the school year proceeds." In terms of integration and synthesis, CMs explained that effective trainings are tailored to the staff, facilitated with confidence and competence, and include follow up. Follow up was described in multiple questionnaire responses, similar to this one CM's comment, "Sometimes an optional, smaller group discussion held later in the week about the topic; other times it is a hand out that facilitates the next week's large-group discussion." CMs identified Frameworks' "Out of the Brain and Into the Body," as an embodiment of training that facilitates synthesis. Interviews with CMs also revealed that trainings on motivational enhancement and differentiated instruction were affective because they enabled all staff to account for student factors when planning and delivering academic and clinical treatment. In the future, CMs would like to replicate this training and made suggestions for future trainings. For example, CMs would like Frameworks to be used to present staff with a clearly defined approach for teaching students effective coping skills, using relationships, and understanding the fundamental skill sets that each student needs to develop.

Education leaders. ELs described Frameworks as a 90-minute training led typically by directors, special educators, or program coordinators. One EL expanded during the interview:

> Frameworks is a 1 hr meeting (mandatory) training. Every week we have this full education staff training. This training focuses on different educational and clinical frames (e.g., attachment affiliation, students in context). These trainings provide information as well as opportunities to apply these frames in case examples.

The consensus between ELs was that Frameworks trainings are developed using current, relevant academic and mental health resources. Similar to CMs, responses from ELs suggested that Frameworks is primarily focused on clinical frames. ELs made no reference to wellness or peer supervision.

ELs expressed a belief that trainings are effective because they include activities for staff participation, opportunities to explore perspective and relevance to the work, integrate current mental health practice with core frames, and use various methods for learning. Examples of trainings that ELs identified include Dialectical Behavior Therapy and Non-triggering Communication. ELs suggested these trainings provide conceptual and theoretical underpinnings to their work, and generate practical skill development in conjunction with application strategies. They believed this could lead to more effective treatment and monitoring of student progress. While ELs described opportunities to synthesize and integrate information within the training experience, they expressed a desire for more follow up opportunities. One EL explained why, "Trainings could improve if they have more follow up afterwards [sic] to help determine next steps for using this strategy with each students' different needs, learning styles, capacity, etc..."

ELs commonly indicated that chances for future follow up increase the informative nature of the training, because there is an avenue to learn the necessary steps for implementing a strategy addressing students' needs, learning styles, and capacity. This information is not always provided within the initial training. ELs highlighted Out of the Brain Into the Body as a

successful training and suggested that many trainings are not always as sound in their structure or presentation. One EL shared, “The training process could be improved by a better understanding in full group meetings of whether we are in full on discussion or getting it done mode.” ELs also indicated that they would like to have outside, expert facilitators, more trainings focused on assessment, and more topics that address the integration of mental health and education.

Teachers. As a group, Ts described formal trainings, and specifically Frameworks, as a professional development opportunity that focuses on therapeutic interventions and strategies for implementing treatment. Throughout questionnaires and interviews, Ts described why formal trainings are so useful. As evidenced by one T who stated, [Trainings are helpful because] it’s information that is directly relevant or useful for best serving our students.”

In terms of facilitation, integration, and synthesis, Ts echoed the responses of CMs and ELs indicating that effective trainings include opportunity for synthesis, inform their work with students, and are research-based. Ts overwhelmingly communicated the best trainings for synthesizing and integrating information balance the focus between their specific experiences and general research topics. One T summarized this view:

> I appreciate training and find it successful when it has direct implications on how to perform my job and can improve the quality of work I do. Finding meaningful and relevant connections between trainings and my day-to-day work/overall frame of the work is most effective and useful to me.

Ts reported synthesizing and integrating information in several ways including, using core frames to better monitor growth toward goals, and understanding the impact of trauma on student functioning. While Ts frequently indicated that synthesis occurs, responses varied in terms of the

best structure to support this process. Some Ts shared their appreciation for small groups because they feel more connected and learn better; however, other Ts stated they prefer larger groups because of the opportunity to have more perspective on a topic. Ts highlighted trainings on body language, diversity, trauma, and like ELs—non-triggering communication. Echoing ELs, Ts said these trainings support self-awareness, and enhance their ability to support students with identifying, developing, and maintaining coping, social, and relational skills. Ts expressed a desire for several improvements to enhance synthesis and integration of knowledge in trainings. These include having more outside, expert facilitators, more interactive trainings, and qualitative trainings (e.g., a personal reflection by a staff member about a student, interventions, and outcome).

Discussion

The purpose of this evaluation was to examine MTS' program process in order to implement practical and useful changes to improve their program. MTS achieves fidelity in many areas in assessment, treatment, training, and transfer of knowledge; however, there were areas where the program did not appear to have fidelity and criteria for best practice was not met. These are opportunities for MTS to continue to enhance their program, particularly in assessment and transfer of knowledge. This evaluation was improvement oriented and intended to provide MTS with information that allows them to progress. This section begins with the findings that summarizes the results and it is followed by interpretations and conclusions. Next is a future directions discussion for this research project, including enhancing the generalizability of the sample, reducing researcher bias, obtaining additional information following data analysis, and using quantitative analysis. A research reflection concludes the section as this research project was a culmination of my experience as an evaluator, former counseling teacher, and former

clinical member at this alternative day treatment program.

Findings

Within assessment, treatment, and transfer of knowledge, MTS engages in several daily processes that support program implementation. A summary of the findings, organized by these commonly addressed topics, is presented. These summarizing sections represent the second phase in the systematic data reduction and analysis that commonly occurs in qualitative result reporting (Huberman & Miles, 1983). The major assessment elements at MTS, central goals associated with each element, and the degree to which current practices (as reflected in questionnaires and interviews with staff members) align with those goals were identified through qualitative analyses (see Appendix F, H, J). Role-specific perspectives were compared and contrasted, and operational definitions of the fidelity of treatment, assessment, and transfer of knowledge processes were extracted. A synopsis about strengths and weaknesses as expressed by all staff was also included.

Research Question 1: Summarizing the data on the fidelity of MTS' assessment process. Based on analysis of data from questionnaires and interviews, MTS' process consists of a clinical and academic assessment of students, and assessment of staff's growth toward professional development. Staff participants verified that the procedures for individual assessments identified by MTS' leadership and in its documentation are in place; however, fidelity was only fully achieved for intake. The ideal for the assessment process, as documented and expressed by leadership, is that all staff assess and document each student's academic and clinical progress; according to their role, staff are expected to examine the documentation and assess a student's growth daily, weekly, and quarterly so students' growth can be reassessed. As expressed by all staff, the clinical portion of assessment focuses exclusively on the mental health

functioning of students. CMs engage in clinical assessment, which takes place at intake, daily when providing services to students, weekly, and in quarterly reviews. Academic assessment has a strong focus on education and also accounts for students' mental health. As a result, ELs and Ts monitor and document students' growth toward mental health goals. ELs and Ts also are responsible to develop and assess students' academic functioning, which occurs daily when providing academic services to students, at quarterly reviews, and at the end of each academic trimester.

Intake. Middletip's intake process is a new student's initial assessment and is administered by the clinical and program directors. The ideal intake model was described as a structured and standardized process that enables a student's team to identify his/her problems, strengths, capacity, and skills. It should result in the development of a treatment plan to achieve personalized goals, and establish a baseline for monitoring a student's progress. MTS appears to achieve fidelity in their intake process as it operates as the clinical director and overall program director intended. As described by CMs, clinical intake is comprised of interviews and is followed by a meeting involving the student's care team. Interviews take place between the directors, student, and family, while the team meeting consists of directors, assigned social worker, sending school representative, student, and family. During the team meeting, the team reviews all assessment information, establishes long-term goals, and develops the treatment plan. Based on the treatment plan, the student's social worker (i.e., clinical member) immediately develops short-term objectives that a student can meet on a daily basis. The social worker is expected to document all intake information and transfer goals and objectives to a daily sheet. In addition, a special educator develops academic goals based on information gathered during intake, the individualized education plan (IEP), and according to State standards.

Daily, weekly, and quarterly assessments. Following intake, student assessments continue through daily, weekly, and quarterly review, which occurs for the clinical and academic portions of the program. Best practice standards, as described in Chapter 1 of this paper, encourage frequent assessments and suggest that these assessments be reflected in the intervention planning. In an effort to meet these standards, MTS' expressed goals are to have Ts monitor students' daily growth, and CMs and ELs reassess a student's growth toward their clinical and academic goals. Interview respondents in all roles reported that assessments do occur frequently, as intended by leadership. Mainly Ts and ELs perform monitoring of students' daily clinical progress, while weekly and monthly monitoring is completed by CMs. Ts and ELs also perform academic assessments. Although monitoring regularly, ELs and Ts expressed that variable foci of assessments and procedures across staff limit the utility of academic assessments in assembling a coherent picture of a student's academic progress. They indicated that this limits the transferability of those assessments to broader intervention planning. In terms of clinical assessment, all staff indicated they would like improvements. CMs, ELs, and Ts commonly believed that MTS does not have as successful a system in place for monitoring and documenting the broader picture of student progress. There are standard forms for documenting clinical growth and staff members generally understand what is supposed to be assessed; however, Ts and ELs expressed confusion regarding how to measure change and properly document it.

Measuring staff growth toward professional development. The program's clearly articulated goals and methods for measuring program effectiveness is central to "best practice" standards. One main way to measure a program's overall achievement is by observing the growth of individual staff members in their professional development. MTS places value on

monitoring staff growth throughout the year by including it among its methods for evaluating the MTS' program effectiveness. Leaders at MTS indicated that the achievement of this ideal could best be accomplished by monitoring enhancements in staff capacity (primarily knowledge from formal trainings). The interpretations of participants' responses to questionnaires and interviews revealed that MTS uses two methods to measure staff growth. Staff members' felt their growth is adequately assessed during regular supervision and allows for consistent evaluation of staff improvement. Responses from all staff also indicated they felt 360 reviews provide sufficient information to determine where they are at in their professional growth.

Summarizing the fidelity of Middletip's treatment process. Three primary themes emerged from the data on the fidelity of MTS' treatment process: frameworks for intervention, treatment goals for students, and use of relationship in programming. The ideal, as documented and expressed by leadership, is that all staff engages students in academic and therapeutic treatment using a trauma-informed frame. Specifically, CMs are responsible for engaging students in therapy and use multiple theoretical perspectives including object relations, psychodynamic, behavioral, and cognitive. ELs and Ts provide clinical treatment through their therapeutically based, trauma-informed approach while providing daily academics. They will also support students in using deep breathing or relaxation (i.e., coping skills), model an effective way of communicating, and engage a student in a calm, positive, unconditionally supportive manner. Fidelity was achieved as intended by leadership and documentation. This was evidenced by a consensus from staff members indicating MTS' employment of a flexible, dynamic, responsive, well-trained staff; having leaders who model collaboration; and use of theoretically sound interventions. Staff members have a strong understanding of the treatment process. There was consensus that staff member's understanding of strategies for intervention, unified view of

treatment goals, and use of relationship in implementing treatment are strengths of the treatment process.

"Frames" for intervention. Middletip would like their frames to be grounded in theory and research, provide a lens in which to understand student's educational and clinical presentation, and be comprehensible to staff. MTS' goals are to use training and supervision to develop staff competence of frameworks, remain consistent with the use of core frames, and integrate other, necessary frames to enhance treatment. Responses from questionnaires and interviews showed that the majority of staff members perceive that skill, motivation, and capacity; and the understanding, intention, and awareness frames underlie MTS' treatment process. Additionally, the consensus among staff members was that the relational frame was vital to providing effective treatment. Responses from all staff members implied that when students have stronger relationships with staff they are more motivated to learn new skills.

Goals for MTS students. Responses from questionnaires and interviews suggested that identifying goals for students is an important aspect of implementing effective treatment. In order to build a treatment process that matches best practice as defined in Chapter 2, ideally staff need to be teaching students a variety of different academic and therapeutic skills to improve students' ability to cope while at MTS. The consensus from all staff responses was that MTS staff helps students develop goals such as developing a positive self-identity, an ability to form their own values, and skills to achieve them. One of the ways that staff members do this is by developing strong relationships and a safe environment where students can explore themselves and identify individualized coping strategies that work for them. Once students develop these coping strategies they move on to accomplish goals including internship, job shadowing, community service, and community-based learning. Staff felt that these experiences not only

support students in accomplishing a task, but also enable students to experience being a positive, impactful member of the school and local community.

The importance of relationship. CMs, ELs, and Ts unanimously agreed that providing relationships through which students can explore and find their potential strengths is necessary to effectively engage students in academics and clinical treatment. MTS wants to support staff to model healthy relationships among themselves, and use relationships to help students build positive self-identify and concrete skills to succeed in life. While approaches were slightly different, the purpose of their approach was the same; all staff agreed that the goal is to use relationship to help students develop strategies to manage their mental health in ways that open them up to learning more concrete skills sets and receiving an education.

Summarizing the fidelity of Middletip's knowledge transfer process. According to MTS' leadership and program documentation, Middletip's ideal knowledge transfer process would consist of well-designed trainings that communicate information; reliable and dependable supervision; and accessible and reliable other methods of communication. Staff members reported that, as intended, formal trainings are MTS' most effective process and they enable successful inter-staff communication. The second most effective method of communication is the use of informal methods, which includes email, face-to-face communication, staff meetings, telephone, online documents, and daily sheets and binders; however, staff reported that these methods are not always reliable or accessible. Staff identified supervision as the third most effective method for communication. While MTS staff agreed that supervisors are of good quality, they disagreed on the effectiveness of the process of supervision.

Formal trainings. The Frameworks, Wellness, and Peer Supervision groups are formal trainings that are coordinated to optimize integration and synthesis of new learning material.

MTS' first goal was to provide weekly trainings that are structured toward one or more staff learning styles including cognitive, psychomotor, and affective. The second goal was for formal trainings to incorporate strategies that facilitate the synthesis and integration of knowledge. MTS achieved fidelity; responses from staff indicated that training is effective because it supplies common language along with new knowledge and this allows staff to keep pace with the ever-changing issues and dynamics of students. According to all staff, "Out of the Brain and Into the Body" is a model training for achieving these goals. This training examined how emotional and physical trauma affects different parts of the brain at different stages of life. Reflecting best practice as described in the literature review, Frameworks consisted of multiple, back-to-back trainings that were led by a variety of facilitators who geared the presentation towards multiple learning styles and included student-focused applications relevant to the current student population. The presentation used a combination of lecture, video, question and answer, and small and large group discussion to enable the integration of material. Opportunities for synthesis included role-plays, case vignettes, and a packet of strategies in the form of handouts for later use.

Fidelity of knowledge transfer: Other methods of communication. MTS' staff members are expected to use other, non-formal methods to effectively obtain information for implementing treatment. MTS would achieve fidelity in this process would be achieved by having efficient, reliable, manageable, and accessible non-formal methods. According to CMs, ELs, and Ts, the MTS staff uses email, face-to-face communication, staff meetings, telephone, online documents, and daily sheets for communicating. Using these methods, MTS staff participants said that they felt they are able to obtain necessary information for adjusting treatment plans to ongoing student needs. Despite their convenience; however, staff responses

suggested that having to navigate multiple methods to obtain information can be time consuming and overwhelming. Although email is an efficient, convenient way of communication, staff also indicated poor connection and limited computer access makes the Internet an unreliable method. Inconsistency among methods regarding reliability, accessibility, manageability, and efficiency has left staff feeling like the sharing of information could be more streamlined, thereby preventing the process from becoming wearisome.

Supervision. MTS had three main goals to achieve the ideal supervision process, including receiving direction and structure, having open dialogue, and being supported by supervisors who are aware of supervisees needs. In actuality, an unpredictable supervision schedule leads a majority of staff feeling the need to seek consultation outside of supervision to acquire information they need to implement the most effective treatment and assessment. All staff viewed supervisors as skilled, accessible, supportive, available, and individuals who set the tone for the school.

Research Question 2: Summarizing cultural competency and student diversity at MTS. Responses from questionnaires and interviews from all staff indicated that MTS has fidelity in their assessment and treatment processes in terms of accounting for individual differences, which produce diversity in the student body. Appendix L depicts the major student diversity elements at MTS, central goals associated with each element, and the degree to which current practices (as reflected in questionnaires and interviews with staff) align with those goals. Limited information from staff responses regarding cultural competency and student diversity in the transfer of knowledge process restricted the ability to accurately assess fidelity.

Accounting for student differences in assessment. The clinical directors and school directors would like to see individual differences (IDs) accounted for throughout the intake

process and in the development throughout treatment plans to ensure cultural competency. There was consensus among all staff members that socio-economic state, relational skills, family, and biopsychosocial are considered in treatment; and that individualized programming enables this information to tailor treatment.

Accounting for student differences in treatment. MTS leadership would like staff to be aware of IDs and tailor treatment to meet student needs. Middletip's goal is to use the information from assessments and provide targeted interventions. Staff members believed this could be achieved through developing and maintaining cultural competency. Being culturally competent means recognizing and understanding factors that may have an impact on treatment engagement including gender, education level, nutritional and relational differences, environment, culture, ethnicity, and socioeconomic (SES) status. Staff members felt that having this understanding enables them to build therapeutic rapport, one of the crucial factors in providing effective interventions.

Accounting for student differences in the transfer of knowledge process. To provide best practice in assessment and treatment, MTS would like its transfer of knowledge process to include information about IDs and specific strategies accommodating these differences during program implementation. MTS intended to account for IDs in trainings, supervision, and when using other methods of communication. It is unclear whether MTS achieves its ideal or fidelity in this process, because few staff made references to this topic. CMs and ELs highlighted a variety of IDs they believe are accounted for in the transfer of knowledge process, including gender, mental health diagnoses, and physiological traits and biopsychosocial characteristics. Although Ts did not identify any specific IDs, they concluded that the transfer of knowledge typically incorporates student-centered topics. In terms of supervision, only CMs made reference and they

noted that their supervisor occasionally incorporated IDs when discussing cases during supervision. CMs, ELs, and Ts agreed that, when accounting for IDs, formal trainings provide a knowledge base that enables staff to learn and use specific strategies for intervention. The consensus among staff members was that inclusion of student diversity when sharing knowledge through supervision, as well as other methods of communication, would enhance their program interventions.

Research Question 3: Summarizing formal training opportunities provided to staff. To be effective in providing staff members with the tools necessary for achieving best practice, formal trainings at MTS should have a balanced focus on educational and clinical frames; be accessible, organized, and meaningful to staff; and empirically supported. MTS' goals are to provide research-based training opportunities targeting work with emotionally disturbed youth, and improving staff's ability to provide client-, strength-, and interest-based programming. A variety of trainings at MTS including Frameworks, Wellness, and Peer Supervision groups, indicated that training is a priority. They are coordinated to optimize integration across formal trainings and synthesis of information so they can apply it to their day-to-day work. The consensus emerged from all staff that formal trainings are heavily focused on the clinical aspect of the program, are accessible, meaningful, and grounded in theory and research. Appendix N illustrates an overview of the opportunities that exist for training, facilitation of integration and synthesis in training, and training topics offered at MTS; the central goals associated with each of these training elements; and the degree to which current practices (as reflected in questionnaires and interviews with staff) align with those goals.

Facilitation of integration and synthesis of formal training. A successful school-based mental health program should have formal training opportunities that are informative, accessible,

and meaningful to staff. To achieve this, MTS expressed that their ideal training process needs to be effective in presenting information to staff in ways that facilitate integration and synthesis. Trainings were described as having balanced facilitation, geared towards specific learning styles, discussion, follow up opportunities (i.e., handouts, consecutive trainings), and student-focused applications relevant to the current student population.

***Supporting a theoretically grounded program: Training topics*.** For MTS to achieve best practice as a program, training should be informative and relevant to the staff and the population at MTS. Best practice research for working with emotionally disturbed youth suggests focusing on coping, stress, and symptom management. As expressed by ELs and CMs (i.e., leadership who typically facilitate trainings), MTS strives to accomplish best practice with trainings. MTS also strives to incorporate topics that are pertinent to the integration of academic and clinical practices. Staff members identified a wide variety of topics and a broad range of reasons these trainings support MTS in engaging in best practice. As anticipated, MTS provide trainings focused on coping, stress, and symptom management.

Interpretation and Conclusions

Assessment, Treatment, and Knowledge Transfer: Fidelity and Uses of Best Practices

MTS has met criteria for best practice, and has achieved fidelity, in multiple ways in their assessment, treatment, and transfer of knowledge processes. Appendix O illustrates major elements of best practice, the degree to which MTS' current practices (as reflected in questionnaires and interviews with staff) align with best practice. In evaluating Middletip's processes, MTS was being compared to evidence-based practices found in school-based mental health or emotionally disturbed research. When the literature referred to treatment and assessments of ED youth, and school-based mental health, best practice was often identified as

evidence-based. Fidelity was defined by how closely implementation of a program adhered to the outlined procedure. There were a few areas where MTS could be further developed and specific recommendations will be outlined.

Adherence to best practice and achievement of fidelity: Discussing assessment. MTS achieves best practice, and fidelity in their assessment process in two ways. MTS includes clinical and educational staff, student, and family members; and has a longitudinal approach to monitoring and reviewing student growth toward academic and clinical goals. MTS does not meet criteria for best practice in training for assessment, standardized methods of assessment, and outcome measures. MTS did not achieve fidelity in training for assessment or standardized methods of assessment.

MTS needs to improve in their use of assessments to accomplish best practice through increased training on monitoring, measuring, and documenting clinical growth. All staff members are concerned because this is a major aspect of MTS' treatment program, and they are expected and held responsible for doing it effectively and efficiently. Although CMs appear to be confident and skilled in this area, ELs and Ts want higher competence and more skills to engage in such tasks, because they have limited understanding and awareness about clinical diagnosis, symptom presentation, and symptom reduction. Responses from CMs suggested that they were unaware ELs and Ts felt ill equipped to implement this portion of the program as intended, and that this was problematic (i.e., lack of fidelity). Departing from this best practice could potentially diminish the reliability and validity of assessment (Evans, Allen, Moore, & Straus, 2005; Evan, Langberg, Raggi, Allen, & Buvinger, 2004).

In order for MTS to start moving towards best practice, MTS needs to have either extensive, in-depth training in assessment or use standardized assessment measures that are

easily learned and accessible to staff. There is consensus that MTS does not have such measures; incorporating this aspect of best practice could strengthen the accuracy of the data representing student growth and limit doubt as to whether staff are engaging in valid evaluation. ELs and Ts substantiated these concerns, as they expressed experiencing difficulty in interpreting a student's academic progress because there is no clear definition for growth. ELs and Ts felt that the absence of a standardized measure limits their ability to meaningfully engage in the academic assessment process, limits the transferability of the information, is time consuming, and leaves them questioning the reliability of the data. A few ELs and Ts enjoy having the freedom to develop their own academic assessment tool; however, they acknowledge that these tools are not tested for reliability and validity. Clinically, a majority of ELs and Ts covet a structure that provides more understanding for measuring, monitoring and documenting clinical growth; while more senior ELs, Ts, and all CMs feel comfortable with autonomy. MTS needs a standardized method for assessment in order to measure student growth according to best practice.

The final area where MTS fell short of best practice was in employing an evidenced-based outcome analysis technique to determine program effectiveness. Outcome measures are important so MTS can examine their effectiveness in a longitudinal manner. Based on the responses from CMs, MTS does not use any specific analysis to examine all of the information they have on student growth. MTS currently does not have a method for assessing student outcomes and program effectiveness (Newnham & Page, 2010), and this limits their ability to show their efficacy to potential stakeholders, referring school districts, and students and families. As the only participants to comment, program directors are aware of the importance of measuring program effectiveness and are unsure of how to successfully implement this component. Although there are discrepancies regarding the nature of clinical and academic

assessments, all staff commonly indicated that the process for monitoring, measuring, and documenting student growth could be improved. While acknowledging that this process could be improved, they were indecisive about how to do so.

How MTS can readily achieve best practice. MTS is well positioned to achieve best practices in training, methods of assessment, and outcome measures. First, while MTS does not meet best practice in having sufficient trainings in clinical assessment, trainings addressing assessment will adequately educate the staff. Most of the literature examining school-based mental health programs looks at a uniquely academic sample and conclude that low rates of reliability are common in teachers' assessments of students' behavior progress because they are not trained in evaluating clinical behaviors (Evans et al., 2004). MTS is unique in their practice of training academic staff to be competent in also understanding mental health; with more extensive training, MTS will easily have more inter-rater reliability and validity than is typically found in the research.

Secondly, while MTS does not use a standardized method to monitor growth toward academic or clinical goals, they already engage in the consistent monitoring and documentation that is necessary for best practice. An advantage of using a standardized measure is that MTS could train their staff on the specific assessment method; this would enable staff to collect meaningful and reliable data regarding the magnitude of change and direction of change. This is important because when staff members say they are competent in using appropriate assessment methods, it enhances their understanding of the relevance of assessment in their daily work (Weist et al., 2005). In addition, by engaging in this evaluation MTS has already positioned themselves to learn ways to improve their program. MTS will be informed of the significant of using empirically sound outcome analysis and recommendations for different techniques.

Together with well-trained staff and standardized use of measurements, MTS should be well situated to evaluate the outcome and effectiveness of their program.

Adherence to best practice and achievement of fidelity: Discussing treatment. Every aspect of Middletip's treatment process reflects best practice. MTS has established a culture that values collaboration and communication, and empowers staff through training so they can use their skills to implement theoretically supported, strength-based programming that is focused on social-emotional development and emphasizing skill building over deficits (Frydenberg et al, 2004; Hayes & Morgan, 2005; Paternite & Johnston, 2005). Fidelity was achieved as evidenced by MTS' employment of a flexible, dynamic, responsive, well-trained staff; having leaders who model collaboration; and use theoretically sound interventions. MTS' program is well prepared to be an innovative leader in the treatment of emotionally disturbed youth by placing greater emphasis on the mental health component of their program and on incorporating transitioned-aged services.

Although MTS achieves fidelity in all of the customary best treatment practices, fidelity was questioned and discrepancies were found in two areas where MTS goes beyond what is expected in traditional practice. First, MTS has always believed in the importance of mental health and, since its inception, they have intentionally designed their program with the emphasis on mental health while integrating education. The consensus from all staff was that MTS employs treatment with an imbalanced focus toward mental health over academics. Most staff members want clarity about the imbalance and also desire a shift to a more balanced approach. Their departure from traditional practice is an adaptation from the more traditional and long-established focus on academics. Only recently has a national movement and belief existed in the association between educational achievement, societal outcomes, and positive social-

emotional development (i.e., mental health; Kutash, Duchnowski, & Lynn, 2006). So as the importance of mental health in school is just beginning to grow in the literature, it's becoming clear that MTS is an innovator having long prioritized their clinical services. A possible way to convey this new empirical evidence of the importance of mental health in schools is for MTS to create a training focused on this topic.

The second area where MTS appears to depart from traditional practice is in their intentional focus on, and inclusion of, transitioned-aged services into their programming. Most academic institutions fail to provide research indicating the need for more intensive services to improve the otherwise bleak post-high school outcomes of ED youth (Bullis & Cheney, 1999; Cullinan & Sabornie, 2004; Zigmond, 2006). MTS exceeds best practice in this area, acting as leaders in providing a framework and structure that offers some of the finest programming for a traditionally underserved, transition-aged, emotionally disturbed youth. This evaluation revealed that MTS focuses on transition and life skills in traditional programming; tailors additional offerings directly to this age group; and offers a specific, academic framework for engaging and motivating transition-aged youth through its *Proficiency Based Graduation* (PBG) curriculum. MTS has quality programming; however, they could improve the fidelity of their treatment process by increasing staff' awareness of the availability of resources. For example, staff do not believe they currently have a variety of frames for working with transition-aged clients, strategies for keeping students engaged, and resources for supporting students in identifying goals and developing plans to achieve them. Fidelity will be improved when staff understands that these are readily available.

Adherence to best practice and achievement of fidelity: Discussing the transfer of knowledge. In order to achieve best practice in their transfer of knowledge process, MTS must

have best practice training, supervision, and other methods of communication. MTS meets best practice in training because they are theoretically sound, provide opportunity for integration and synthesis, and are directed toward one of more of the cognitive, psychomotor, or affective learning domains (Weist et al., 2005). In addition, fidelity exists in training. On the other hand, MTS does not meet necessary criteria, does not have fidelity, and could benefit by improving their supervision and use of other methods of communication.

Training. As previously discussed, assessment is the only area of training that needs improvement at MTS. Some ways in which they could improve include incorporating more training on assessment and using more accessible measures for assessment. This will ensure that the staff is consistent and well educated in the practice of assessment. Despite some minor issues in assessment, this does not detract from MTS meeting best practice in training.

Supervision. MTS staff indicated that their supervisors are knowledgeable and establish a supervision environment built on trust, confidentiality, and support where supervisees can expect constructive feedback, a sense of safety, and opportunities for self-care and professional development. It is in these ways that MTS is on the cusp of fully achieving best practice in their supervision process (National Association of Social Workers [NASW], 2013). Best practice supervision must also be reliable and dependable, and this is where staff indicates MTS' process breaks down. Although CMs expressed having supervision regularly and without interruption, discrepancy emerged among ELs and Ts who indicated a range of dependability and reliability for supervision. Supervision could take place ranging from every 2 weeks to every 6 weeks; and supervision could be rescheduled or cancelled unexpectedly depending on emerging events during a particular day. The risk of departing from best practice in this way is that supervision cannot act as an effective method for transferring knowledge; and given the number of

responsibilities and time constraints, many staff indicated that missed information may not always be obtained elsewhere.

Other methods of communication. Best practice for other forms of communication methods enable staff to effectively identify, understand, and address each student's strengths and needs (Glisson & Hemmelgarn, 1998). Staff has expressed concern about the expectation to retrieve information using multiple communication methods. Discrepancies appeared on the most effective and reliable other method of communication. Based on the wide variety of responses there is no single most reliable or effective method at MTS. Staff sometimes use trial and error to find the most effectively method to communicate. Not having meeting best practice in this area impacts staffs' ability to identify and understand students' strengths and needs; inhibits their ability to share information; and limits the reliability and efficiency of obtaining information. Another risk of these departures from best practice is that student treatment plans may be impacted as a result of staff not being as fully informed.

The importance of accounting for individual differences and cultural competency in Middletip's assessment and treatment processes. One of the key components in a program that engages in overall best practice is the level of cultural competences that exists in the program and its staff. This includes awareness and accounting for IDs that may impact the success of assessment and treatment. This evaluation revealed MTS to be a highly culturally competent program when engaging in assessment and treatment. When engaging in assessment, MTS achieves best practice in all the critical features including: the active avoidance of stereotyping and drawing upon a broad understanding of diverse cultures; use of culturally relevant, balanced, constructive, timely, and student-focused assessment measures; and having knowledge and understanding of student individual differences, academic experience,

motivation, and prior access to services (Skiba, Knesting, & Bush, 2002; Sue, 1998). In terms of treatment, MTS meets best practice in all areas of treatment including: sensitivity to the diversity of its students and families, commitment to involving the family in defining problems and creating solutions, focusing on strengths, paying attention to family dynamics, understanding the underlying of a student's behavior, and attending to student's school history (Cartledge, Kea, & Simmons-Reed, 2002).

Although the concept of culturally competent care for individuals with emotional disturbance is continuing to develop (Pumariega, 1996), increasing diversity within the ED population means that attending to individual differences has never been more important (Newnham & Page, 2010; U.S. Department of Education, 2011b). MTS is, and will continue to, benefit from the advantages of implementing culturally competent practices, including the ability to use relevant and appropriate assessment measures that match treatment to individual needs and maximize the potential for mental health interventions and an individual's developmental capacities (Cartledge et al., 2002; Lambert & Hartsough, 1968).

Examining individual differences (ID) and cultural competency in Middletip's knowledge transfer and training. To achieve overall best practice a program should incorporate appropriate training so staff have skills, knowledge, and attitudes to provide culturally specific interventions for working with ED youth and families (Cartledge et al., 2002; Pumariega, 1996). In addition, in the transferring of knowledge about a student staff should include information about IDs such as communication and learning style; interpretation of behaviors; and their understanding of interpersonal skills and of the family's values as it relates to relationship, academics, and behavior (Cartledge et al, 2002). Unfortunately, staff responses did not have information on the frequency in which trainings focus on ID or the types of ID that

were the focal points; nor how IDs are incorporated in supervision and other, less formal methods of communication.

Staff indicated that they are trained on the importance of accounting for ID and having CC. Despite questionnaires and interviews asking for information on transfer of knowledge directly (see Appendix B), responses did not consist of the necessary information to accurately approximate where Middletip's transfer of knowledge process meets best practice and where it departs. It is very possible best practice exists, but this evaluation failed to establish that, and so it remains an area ripe for future examination.

Recommendations

The key to best practice assessment: Standardizing the process. MTS falls short of best practice assessments because they currently do not use standardized process for measuring longitudinal growth in academics or mental health. Longitudinal data reviews operate most effectively when quantifiable and measurable goals are developed during intake (i.e., establish a definition of growth). MTS will benefit from using a standardized measure because it would increase the reliability and validity of their assessment data, and could expand the effectiveness of treatment (i.e., transferability of information for broader intervention programming). This will also impact the third area where MTS currently does not meet best practice, which is in the training of staff in assessment. By having all staff use the same measures, training can focus on identifying the specific behaviors/skills staff should be monitoring, understanding how to recognize growth, and accurately documenting their observations. It is recommended that MTS look into using The Scale for Assessing Emotional Disturbance (SAED), which was developed to operationalize and measure emotional disturbance. It is a standardized, norm-referenced instrument that uses educator-supplied information to measure each of the five characteristics of

ED in the IDEA definition (Epstein, Cullinan, Ryser, & Pearson, 2002). MTS will also benefit from researching the TerraNova/Comprehensive Tests of Basic Skills (CTBS5) Survey Plus, a norm-referenced achievement test, standardized for monitoring growth in academics (Zvoch & Stevens, 2008). For monitoring clinical growth, MTS should review various clinical measures including the highly reviewed Adolescent Coping Scale (ACS; Frydenberg & Lewis, 1993) or Coping Scale for Children and Youth (CSC-Y; Brodzinsky, Elias, Steiger, Simon, & Gill, 1992).

While MTS' assessment process is strong in their consistent monitoring and measuring of student growth, this process could be further enhanced by using psychometrically sound instruments to examine social, academic, and behavioral competencies to measure outcome of interventions (Reddy & Richardson, 2006). Having an instrument that provides valid outcome data may provide MTS with a better understanding of program effectiveness. It is recommended that MTS look into using an empirically sound data analysis technique such as pre- and post -treatment data analysis, core components analysis, path analysis, or multivariate analysis (Evans et al., 2005; Newnham & Page, 2010; Schinke, Brounstein, & Gardner, 2002; Weist, Nabors, Myers, & Armbruster, 2000). Of course, depending on the knowledge of the clinical staff in data analysis, MTS may need assistance from outside experts to support implementation.

Achieving best practice: Improving knowledge transfer by enhancing supervision and other methods of communication. MTS does not achieve best practice in their transfer of knowledge; to position themselves to do so, MTS should examine ways to increase the reliability and dependability of their supervision and other methods of communication processes. First, while MTS' staff expressed high regard for supervisors, staff desired increased access to, and consistency in, supervision. MTS would benefit from finding ways to increase opportunities for the collaboration and communication that takes place during formal supervision. MTS would

find that enhanced supervision leads to more effective treatment implementation (Kutash et al., 2006; Reddy & Richardson, 2006). There are three models of supervision (i.e., administrative, supportive, education) that focus specifically on level of functioning on the job, reduction in job stress and increasing self-efficacy, or professional concerns and issues that come up about specific cases (Schinke et al., 2002). It is recommended that MTS identify the supervision model(s) that fit their program; and develop an infrastructure that enables staff to obtain regular, dependable supervision. Two research projects, *School-Based Mental Health: An Empirical Guide for Decision-Makers* (Kutash et al., 2006) and *Science Based Prevention Programs and Principles* (Schinke et al., 2002), have excellent information for beginning the improvement process and their suggestions can result in improved, program-wide, implementation.

Secondly, MTS' other methods of communication process could be further developed because the number of methods to use is overwhelming and their reliability is unpredictable. It is recommended that MTS work on developing a communication system that is even more organized and structured, where each method is given a clearly identified purpose (Glisson & Hemmelgarn, 1998). It is also recommended that MTS consider the use of incentives to encourage staff to improve their role in transferring of knowledge, and to become a part of the team that develops ways to improve organization, structure, and accessibility (Glisson & Hemmelgarn, 1998). In particular, incentives have been found to increase the motivation of staff to seek out information, even when it is not always easily accessible or time efficient.

Achieving best practice through continued evaluation: Beyond establishing program effectiveness. MTS has taken an important step towards achieving best practice by engaging in a process-focused evaluation to examine the fidelity its program. The second type of evaluation that is important in this endeavor is outcome evaluation. This type of evaluation examines

whether the program is impacting factors that are identified to be important for the program and the population it serves (Weist et al., 2000). Having process and outcome evaluations can provide MTS with evidence of program effectiveness and potentially enable MTS to serve as a model program for a field in need.

There is a growing population of youth who experience the unpleasant effects of ED; however, because of the challenges and risks associated with engaging in these types of evaluations, methods for best practice school-based mental health services are understudied (Kutash et al., 2006; Weist et al., 2000). Those with emotional disturbance represent 5% of the youth diagnosed with a mental health disorder. This population suffers from a mental health problem that interferes with their ability to function socially, academically, and emotionally (Reddy & Richardson, 2006). Implementing effective, best practice programs for these individuals is invaluable. If one can demonstrate that certain programs, like MTS, improve the functioning and adjustment of emotionally disturbed youth, then their potential for advancing the field (and impacting these youth), is limitless (Weist et al., 2000). MTS could begin by researching Program Evaluation and Educational Research Associates (PEER; http://www.peerassociates. net/), because they are local and engage in the same utilization-focused assessment model that was used for this dissertation.

Future Directions

One of the most significant indicators of best practice and evidence-based programming is the level of cultural competency (Cartledge et al., 2002). While this evaluation addressed how MTS accounts for student differences when implementing their program, it did not adequately do so in terms of training. Additionally, this evaluation did not attend to how MTS accounts for ID at the employee level and its impact on the functioning of the organization. This information will

be helpful to MTS if they want to foster an understanding about diverse cultures at a level expected in successful mental health school-based programs (Greenberg, Weissberg, O'Brien, Zins, Fredericks et al., 2003). A factor in this program evaluation that could be improved in the future was the inability to obtain additional information following data analysis, which resulted in limited information regarding several key areas. For example, had participants been able to be further questioned following data analysis, more information regarding ID in training may have been gathered. This may have led to a more accurate approximation of where MTS' transfer of knowledge process meets best practice and where it departs. For future evaluations, it will be beneficial to both evaluator and the program to plan and schedule for follow up throughout the entire process.

There were also concerns regarding the generalizability of the sample. Disparities in the transfer of knowledge and assessment processes might have less impact on the general functioning of the program because of the smaller staff member size. An evaluation of a larger school or system may have revealed more significant and/or negative impact, which may have gone unnoticed at MTS; therefore, broad scale communication was not a point of discussion within the construct of this process evaluation. This is important in the context of finding, evaluating, and introducing programs that could serve as models for the field. There was an intended focus the discussion section with this future direction in mind. Also, the potential for researcher bias in the semi-structured interviews, and in the analysis, is a methodological limitation. An attempt was made to manage these biases by using member checks during data collection and analysis.

One additional future direction is to examine Middletip's fidelity of their process using quantitative analysis to analyze different aspects of the program. For example, one of the

confines of previous research on program effectiveness with the emotionally disturbed population was the limited use of measurable data that would facilitate evidenced-based outcomes. In addition to having a qualitative analysis indicating the level of fidelity according to staff members' report, a quantitative measure would provide data on whether MTS is engaging in the process at the level they believe. Similarly, MTS could benefit from more regular evaluation of themselves through the use of an objective measure of staff members' professional development. Future directions could include the use of the Index of Interprofessional Team Collaboration for Expanded School Mental Health (IITC - ESMH) Inventory. It is a 26-item scale with four major areas: (a) reflection on process, (b) professional flexibility, (c) newly created professional activities, and (d) role interdependence. A quantitative tool, the IITC-ESMH measures the functioning of interprofessional teams (Mellin et al., 2010).

Researcher Reflections

I was aware of my influence in the community and the impact my presence may have had on the outcome data. Using reflexivity, personal issues were written down while undertaking this research. First, having been an employee at Middletip School, this was an opportunity, as part of the school's action based research, to provide data for the improvement of their alternative day treatment program. Given previous roles at MTS, the use of peer evaluation was very important in making sure there was no conscious researcher bias involved in any part of the research process.

Academic advisors were asked to act as gatekeepers and help guide the research to prevent potential role conflicts. Respondents were re-interviewed and the transcript was reanalyzed for any potential bias (Robson, 2002), and none were found. The author does recognize that even if preconceptions and biases are known and acknowledged, it can be very

difficult to avoid them during the research process. These were taken into consideration during the analysis of results. Member checks, understanding the community, critical reflexivity, and attention to voice were implemented to ensure validity and reliability in the study.

Overall, MTS' program is innovative and demonstrates cultural competency and awareness of students that other programs fail to provide. MTS can continue to enhance their program by making some improvements in assessment, transfer of knowledge, and further evaluating the incorporation of assessment and cultural competency in training. MTS has a great foundation to build and grow into one of the most outstanding programs in the country.

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Appendix A

Paper/Pencil Questionnaire

Dear Staff Member,

Please complete and return this questionnaire by TBD. Below you will find 10 open-ended questions. Please write out your answer as comprehensively as possible. Thank you.

1) How many years you have been employed as a staff member at Middletip School?
2) What position do you currently hold at Middletip School (e.g., counseling teacher, social worker, director)?
3) Please describe your general overall experience as a staff member in the program at Middletip School?
4) What goals are you trying to achieve as a staff member at Middletip School?
5) What skills have you been taught while a staff member at Middletip School in order to achieve these goals?
    a. Please describe one of the trainings you received.
    b. Describe how this training was effective/ineffective.
    c. How could the training be different, and most helpful to you?
    d. What training do you need that you have not received?
6) Please describe the process of how you receive knowledge in order to perform your role effectively.
    a. Who do you receive your knowledge/information from?
    b. How often do you receive this transfer of knowledge from you supervisor?
    c. In what form of communication do you receive this knowledge?
    d. How often do you receive this transfer of knowledge from your peers?
    e. In what form of communication do you receive the information?
7) How is the transfer of knowledge process helpful to you?
    a. How can the process be more helpful to you?
8) Are the methods of communication effective for providing you with the information needed to work with your students?
9) Please describe the strengths of your program.
10) Please describe parts of your program that could be improved.

Appendix B

Semi-Structured Interview

1. Please describe Middletip's Alternative Day treatment program to me.
    a. What areas of your program have been successful for you toward teaching the students effective coping strategies?
    b. What has made them successful? Not successful?
    c. What areas of your program could use improvement?
2. What individual differences do you take into account when implementing your program?
    a. How have you used research to structure your program in order to provide effective implementation?
    b. How do individual differences affect your student's goal-frames and motivation in the program?
3. What, if any, formal training or expertise do you have in the areas of coping, stress, or symptom management?
    a. If you have not had any formal training, what training could benefit you in establishing a framework?
    b. What is your framework, and how does it change from year to year?
4. What provides your basis for believing your program is effective in what it sets out to do?
    a. What are your goals for the program?
    b. What exactly do you do to make sure your goals are achieved?
    c. How do you measure positive achievement in the students as a result of your role in the program?
5. What makes the Middletip program appropriate for this population?
    a. Are their specific areas you address as a result of the background of your population?

Appendix C

Documentation of Staff Informed Consent

Name _____

Dear Middletip Staff:

Researchers at Antioch University New England are conducting an evaluation of Middletip School's alternative day treatment program process.

The study will examine Middletip School, with the evaluator looking to gather information on how Middletip operates, including assessment, evaluation, and treatment processes, the day-to-day strengths and weaknesses, and the effectiveness of transfer of knowledge. We selected you based on your involvement in Middletip School's program. We are asking you to participate in a one-on-one interview with an evaluator from Antioch that will last approximately 1 hour. We are also asking that you participate by filling out a Questionnaire that should take approximately 45 minutes to complete. We will ask you to respond to a variety of topics that address your experiences with the program and your views on the ways in which the school's program operates. Many people find the questionnaire as a safe method to express views about an experience, and the interview as an enjoyable way to talk about and reflect on their experiences.

Your responses will remain confidential.

No reports about the study will contain your name or your students' names. We will not release any information about you without your permission. Your name will remain on the Questionnaire in order to provide the evaluator with information for requesting follow up interviews. All interviews will be recorded using a digital recording device.

Taking part is voluntary.

If you choose not to take part, you will not be penalized. This evaluation is taking place based on conversation with directors of the program in order to improve your organization. Your participation is encouraged. This evaluation is an opportunity to give your perspective in an effort for the Middletip organization to continue improving and work toward operating according to best practice.

If you have questions about the research evaluation, please contact Melody Frank at Antioch New England Graduate School, mfrank@antiochne.edu. If you have questions about your rights, please contact the Director of Research, Department of Clinical Psychology, Antioch New England Graduate School, at (603) 357-3122.

_____ _____

Middletip Staff Signature Date

Appendix D

Letter of Introduction

Dear Middletip Staff Member,

My name is Melody Frank, a doctoral candidate at Antioch University New England. I am currently writing my dissertation, which includes an evaluation I am conducting of Middletip's alternative day treatment program. I have been meeting with your supervisors to discuss the evaluation, which they have allowed me to conduct in order to gain information for your organization. This information will be used in an effort to continue making improvements in order to consistently engage in best practice and support the students you serve.

In the last decade of the 20th century, national studies were conducted and authors began to put together a picture of the developmental trajectory for students who had been diagnosed with a learning disability (Wagner & Davis, 2006). Specifically, it became evident that the developmental trajectory for young adults with emotional disturbance (ED) appeared bleak. For example, adolescents with ED were found to be disconnected from school with consequent academic failure, did not demonstrate an ability to adjust socially, and were involved with the criminal justice system. Programs to effectively support adolescents with ED are fundamental to changing this trajectory.

Middletip's school has a program that can change the trajectory of its students with ED. This evaluation is an opportunity for you to express your views, and provide your perspective on the program you work for, and the experience you have had. I am interested in every staff member's perspective, as each is unique and can provide me with valuable information for my evaluation. Most importantly it will help me evaluate and provide valuable information to your organization. They will be able to use this information to continue to work toward developing the most effective program for the adolescents it serves. Enclosed is an informed consent sheet that you must sign in order to participate. A questionnaire is enclosed for you to fill out. Please return the questionnaire as soon as possible. You may be called for a follow-up interview, which will take place during a time convenient to you. Thank you for your participation. I look forward to hearing about your experience as a staff member at Middletip School.

Sincerely,

Melody Frank
Doctoral Candidate 2012, Antioch University New England

Appendix E

Excerpts from Role-ordered Matrix Regarding MTS' Assessment Process

Roles at Middletip	**Intake**	**Daily, Weekly, Monthly Assessments**	**Overall Staff Growth and Program Achievement**
Ideal as expressed by leadership and documentation	-A structured, standardized process that enables a student's team to identify problems, strengths, capacity, and skills -Develop a treatment plan to achieve individual goals	-To assess and document each student's academic and clinical progress -Examine the documentation and assess a student's growth at the end of each week -Meet for *Quarterly Review* to reassess a student's growth toward their IPC and IEP goals	-Accurately assess staff growth, including understanding and integration of the knowledge from formal trainings. -Accurately assess student achievement to provide better outcome data for measuring program effectiveness
Clinical Members	-"Upon intake, we develop what are we looking at them achieving, and how will we know when they've achieved it. Goals are designed to be measurable." -"We have a standardized intake. The structure and the frame is the same, which is there is an informational meeting with the team, a case management meeting with a team, a clinical intake, and then there is the admission."	-"Quarterly reviews – these are team meetings that include the sending school, family, and any one else who is involved in the students life. This is where they review the progress in the therapeutic and academic realms and continue to look at what's next, and are they there." -"I measure by daily sheet (tracking, every block a student has with a teacher is documented – Did they participate? If so, what did they achieve? How long did they participate? Social Workers review all of the daily sheets and look at their progress."	None
Education Leaders	None	-Assessment occurs in "a lot of ways depending on the skill and how it makes sense for a student to demonstrate that: comparing work samples from the beginning to later samples (comparing to self rather than peers for growth), tracking students quarterly in the narrative format, looking at particular skills (ex: reading comprehension, fluency, support provided to student with	-"We use understanding, intention and awareness in what we are doing, maintaining perspective in that, and have a collective direction – that's how we know we are effective in what we do, and how we make sure our goals are achieved."

Roles at Middletip	Intake	Daily, Weekly, Monthly Assessments	Overall Staff Growth and Program Achievement
		reading)." "There are documents online, a learning plan document that is by student, and each teacher goes in and fills out their section, for all campuses. At the beginning of each semester, a special educator will send out an update of where the student is and what direction you should be moving in." -"Binders keep track of individualized goals. Teachers at end of each block track progress on IPC's using the daily sheet."	
Teachers	None	-"We use written and verbal assessments; rubrics for academics. We use visual progressing and documentation. The binder is very effective for assessment." -"We look at how they were when they started, and look at where they are, help them to stay on task, stay focused." -"I have a prep journal in culinary arts that students answer questions in (e.g., what help do they need when they needed it; attendance, and participation."	"Staff receive 360 reviews" – includes supervisor review and feedback from colleagues

Appendix F

General Overview of Themes Emerging from Assessment Process Data

Assessment	Ideal as expressed by MTS	Reality as Observed in Data (themes from analyzing all staff responses)
Intake	-A structured, standardized process enabling a student's team to identify problems, strengths, capacity, and skills -Develop a treatment plan to achieve personalized goals	-A standardized process that identifies measurable academic (IEP) and clinical goals (IPC) -Each student has an ongoing document with an IEP & IPC -Develop a plan to assess progress -Document goals
Daily, Weekly, & Monthly	-To assess and document each student's academic and clinical progress -Examine the documentation and assess a student's growth at the end of each week -Meet for *Quarterly Review* to reassess a student's growth toward their IPC and IEP goals	-Consistent daily, weekly, monthly assessments -No standardized assessments measures used -Inconsistent, unorganized tracking, measuring, & documenting academic progress -Process lacks relevancy & meaning -General ambiguity about the structure of the process
Measuring Staff Growth Toward Professional Development	-Accurately assess staff growth, including understanding and integration of the knowledge from formal trainings. -Accurately assess student achievement to provide better outcome data for measuring program effectiveness	-No data exists regarding measurement of staff growth -MTS uses two foundational frames for measuring program achievement: understanding, awareness, intention; & maintaining perspective -MTS struggles to effectively assess student achievement, resulting in uncertainty regarding understanding of program achievement

Appendix G

Excerpts from role-ordered matrix regarding MTS' treatment process

Role at MTS	Frameworks for Interventions	Treatment Goals for Students	Use of Relationship in Treatment
Ideal as expressed by leadership and documentation	-Frameworks for interventions are grounded in theory and research -Provide understanding for students educational and clinical presentations -Comprehension by all staff -Consistent use of core frames Integrate additional, relevant frames to enhance treatment	-To develop and use effective coping strategies -To develop a positive self-identity, an ability to form own values, goals, and the skills to achieve them.	-Support staff to model healthy relationships among themselves -To rework student's self-identity -Teach skills to succeed in life
Clinical Members	-"The core frames are understanding, intention, and awareness as an overarching way of looking at the work. We need to have a theoretical lens for looking at the behavior (i.e., understanding), staff wellness in making sure we maintain awareness in order to maintain perspective (i.e., intention)." -"The frames are pretty consistent. These frames (understanding, intention, awareness; skill, capacity, motivation) help us stay grounded."	-"We start with using our skills to get it so students are open to learning more concrete skill sets (e.g., social skills such as collaborative problem solving, social thinking, emotional regulation and emotional awareness)." -"Real social skill sets, executive functioning." -"Living healthier lives. Hope to cope and manage. To have more confidence and less symptoms."	-"We use relationship because at core, it is a sense of self and a sense of others, that fundamentally we are getting at." -"We intentionally respond in relationship to help them rework this underlying sense of themselves as incapable, unlovable, unlikable, and then as they feel that and experience that they open up to what we have to offer (i.e., particular skill sets)."
Education Leaders	"Understanding, awareness, and intention; skills, capacity, and motivation. It's a holistic grounding principle. When we get caught up in relationship or there is a difficult situation, we go to our principles." -"My understanding can help a student use effective coping strategies." -"Our frames are consistent from year to year. We have a set of core values that remain the same. There are several frames	-"The goal is to leave the program…Obstacles are in the way for this student living the life they want to live. We accept, work, move past, or conquer those obstacles." --"Overarching themes: label and express emotions, social skills (e.g., collaborative problem solving, conflict resolution), life skills and transition skills, coping strategies	-"With the social anxiety piece that most students come with, the relationship piece unlocks the doors for students to learn and build skills and grow." -"Have a defined goal. Don't go beyond it. Don't look for ways to change it early on. Be predictable and may be a bit boring."

Role at MTS	Frameworks for Interventions	Treatment Goals for Students	Use of Relationship in Treatment
	you use over and over: unconditional positive regard with conditional response, the other 18 hours and maintain perspective.	related to managing emotions."	
Teachers	-"We use unconditional positive regard. We provide students with hope, regardless of what they do. We hold their stuff until they are ready (to deal with it themselves)." -I use humor. It goes a long way. You can have a really lousy situation, and I remind myself that you can find humor in this situation. Everything has a beginning and everything has an end. You may be in a really lousy situation, but it's not going to last forever. It comes and it goes. Sometimes the trick is being able to wait it out."	-"Goals are different for each kid. For some, it's to get them back to public school, others it is to graduate from MTS, some are more specific…you and your child and sending school will sit down and identify priorities and we as a school will work to help you child achieve those priorities you've identified." -"Leave the school and be successful in life. Self worth…leave with tools and strategies' to manage challenging feelings, see goal and break it down to achieve it." -"Provide students with goals to manage life. To be able to be in relationship…and understanding expectations and consequences in relationships.	-"Students are not trusting a lot, especially of adults. The people who have been trusted haven't come through in their lives." -"Everybody is extremely flexible around knowing that kids have special needs. Their needs are usually right with them at the door. We (meet their needs) by developing relationships with students." -"Every day should be a welcoming day because they are not going to trust you if that doesn't happen." -"Relationships. That comes up all the time. They are in the students' goals all the time. Building and maintaining healthy, supportive relationships. Otherwise, we'd just be another academic institution if we didn't develop relationships with students.

Appendix H

General Overview of Themes Emerging from Treatment Process Data

Process	**Ideal as expressed by Middletip staff**	**Reality as Observed in Data (themes emerging from multiple staff)**
Frameworks for Intervention*	-Grounded in theory and research -Provide understanding for students educational and clinical presentations -Comprehension by all staff -Consistent use of core frames -Integrate additional, relevant frames to enhance treatment	*Staff is sufficiently trained and competent in incorporating frames. *Consistent, informative, & effective for teaching students relational, social, coping, and life skills while helping them achieve larger IEP and IPC goals. *Staff is equipped w/ tools to achieve program goals. *Based on theory -Intention, awareness, and understanding; and Skill, capacity, and motivation are consistent frames
Treatment Goals for Students*	-Develop and use effective coping strategies -Develop a positive self-identity, an ability to form own values, goals, and the skills to achieve them, "well after they have departed from MTS."	*Develop and enhance coping strategies: social, emotional, & life *Program design including staff flexibility, individualized programming, and focus on providing a safe space and relationship enables students to achieve goals around self-identity
Use of Relationship in Treatment*	-Support staff to model healthy relationships among themselves -To rework student's self-identity -Teach skills to succeed in life	*The relational frame is vital to providing effective treatment *Relationship is the foundation for connecting with students and helping students achieve academic and therapeutic goals.

Note. * = Fidelity exists

Appendix I

Excerpts from Role-Ordered Matrix Regarding MTS' Transfer of Knowledge Process

Role at MTS	Formal Training	Supervision	Other Methods of Communication
Ideal as expressed by Middletip staff	-Provide a variety of trainings that meet staff needs and learning styles -Incorporate opportunities for integration and synthesis	-Provide regularly scheduled individual and group supervision to all staff members *Knowledgeable, approachable, supportive supervisors	-Use a variety of communication methods to transfer knowledge to staff in a timely manner -Allow staff to be appropriately informed for daily interactions
Clinical Members	-"Frameworks is a weekly meeting in which information is specific to (topics) and is presented and incorporated into experiences, with the staff to help us reflect on and inform the work we do with students." -"Topics range from motivational enhancement, group dynamics, trauma and the brain, differentiated instruction, and more…This method of continuous training in snippets of topics that show the crossover of counseling and teaching are effective in that they keep the purpose of our work present and at the forefront so that all we do is done with intention."	-"Supervision happens weekly, both 1:1 and in a group clinical team meeting. I also consult with my supervisor regularly when something comes up." -"The type of knowledge transferred at these times is typically in regard to case management or communication." -"The supervision I receive, both individual and group, is excellent and adds to the overall positive experience of working here."	-"Staff communicate to social workers, observations of behaviors or needs that appear to come up for students so they may be in communications with families. This is done in written "daily sheets," email, and phone calls." -"Peers/co-workers are helpful with specific questions. We talk 1:1, sometimes hold meetings about how to work with a specific client (i.e., case review meetings)." -"I find that email is a mixed experience. It's convenient, but it is (hard) to have expansive discussion."
Education Leaders	-"Frameworks includes weekly presentations or reviews of valuable clinical and educational themes in the work." -"Frameworks is a 1-hour mandatory training. Every week we have this full education staff training focused on different clinical and educational frames (e.g., attachment affiliation, students in context). These trainings provide information as well as opportunities to apply these frames in case examples." -"We have clinical work that happens (for students). The crossover happens in that	-"Supervision is different with each person. Supervision needs to be developmentally matched. People are here for very different reasons and have different goals." -"I have found support in my supervisor. I think leadership team establishes a culture of respect and integrity that allows for experiencing the challenges of the job in a share-free way." -"With the supervision model,	-"We receive information from many sources, in morning meetings, clinical and educational updates stored on our intranet. We also have bi-weekly staff meetings." -"Email. A lot of information gets shared through email. All staff are expected to check their email at least once." -"The sharing of information about client academic progress is not yet systemized." -"The process could be more helpful is

Role at MTS	Formal Training	Supervision	Other Methods of Communication
	communication of (the clinical goals), which may be utilizing coping strategies. Sometimes there is a breakdown. A teacher may see that and offer coping strategies they know as a teacher, but there could be more communication around these. Are there specific strategies that the student's are working on?"	when things get busy, often supervision will not happen." -"Supervision is infrequent due to scheduling conflicts, so most pertinent information is provided at weekly meetings (either planned or impromptu)." -"Better informed = better decisions. Sometimes consultations aren't available and I know I'm making less informed decisions.	we had more computers available and an internet service that is more reliable." -"Methods of communication are not entirely effective. Staff have to prioritize what it is they need to complete on a daily basis. Because of the time issue, I am not always able to check my email, or have to skim it quickly. It can be a challenge to retain all of these updates and the detailed information."
Teachers	-"Frameworks is a weekly all staff meeting where we discuss various aspects of the work and review and learn frames for doing the work." -"Working on strengths-based and collaborative problem-solving environment as it relates to students, and supply a common language for use as staff." -"I was impressed…I left with a far better understanding…" -"It informs how I work with students, teams, stuff, and how I am supporting others to work with students, teams, and staff."	-"I rarely get knowledge and information one-on-one." -"Supervisors lead by example and model honesty and transparency. We are given knowledge we need to work with these kids and the support to do it." -"We all have regular supervision check-ins that have helped me grow professionally." " MTS could improve with more formalized supervision."	-"Most of the time methods of communication are effective for providing me with the information I need to work with the students." -"The biggest thing we could improve on is the way that we document student progress and share amongst other people." -"Need an easier way to read updates without have to find a computer." -"It would be helpful to see all the information compiled as it is at team meetings, to perhaps learn trends or things working for the student."

Appendix J

General Overview of Themes Emerging from Knowledge Transfer Process Data

Process	**Ideal as expressed by MTS**	**Reality as observed in data (themes emerging from multiple staff)**
Formal training*	-Provide a variety of trainings that meet staff needs and learning styles -Incorporate opportunities for integration and synthesis	*Offered in the form of Frameworks, Wellness, and Peer Supervision *Cover a variety of topics that inform day-to-day programming *Effective trainings incorporate strategies that are directed toward more than one learning domain and therefore are useful in transferring knowledge *Formal training, specifically Frameworks, is an effective method for the transfer of knowledge
Supervision	-Provide regularly scheduled individual and group supervision to all staff members *Knowledgeable, approachable, supportive supervisors	*High quality supervision -Supportive, hones, transparent, knowledgeable supervisors
Other methods	-Use a variety of communication methods to transfer knowledge to staff in a timely manner -Allow staff to be appropriately informed for daily interactions	*Employ a variety of methods including: (a) email, (b) daily face-to-face communication, (c) staff meetings, (d) telephone, (e) internet (f) daily sheets and binders *Information is provided with adequate time to integrate it into treatment -Sharing of academic progress is not systemized; unorganized

Note. * = Fidelity in the process

Appendix K

Excerpts from Data Emerging on Individual Differences MTS' Processes

Roles at Middletip	Assessment	Treatment	Transfer of Knowledge
Ideal as expressed by leadership and documentation	-"Individual differences (ID) are accounted for beginning with the intake process" -"ID are used to provide an individualized treatment plan" -"Staff are trained to constantly assess a student to inform their intentional interventions"	-"Staff awareness of individual differences (ID) and tailor treatment to meet student needs." -"Staff should look for certain differences known to impact treatment effectiveness: gender, education level, culture, ethnicity, and socioeconomic (SES) status."	-"Formal trainings are student centered, and account for differences that may impact the approach to treatment." -"The only transfer of knowledge method referred to in the data was Frameworks."
Clinical Members	-"I try to read the mission case review to get an idea of background: SES, family situation, services, where are they coming from everyday, do they have proper nutrition, caring family home systems, do they have support and care or is it crazy chaotic, no parental guidance, household with drugs?" -"We have to take into account the biopsychosocial spiritual environmental context of how does someone process information. There are multiple ways of learning, and how people have been in relationship, experienced relationship, and all of that is going to be part of what they bring."	-"The blanket approach is to consider individual differences and approach the student where he/she is at." --"I like to challenge staff that they can work with anyone who comes through the door without knowing anything about them. If they come at it from this place of curiosity, trying to understand, and take into account this idea that there is a range of ways of being." -"Every kid has got a whole set of experiences that they have had that have influenced their person…"	-"We've had multiple trainings on Autism/Aspersers that were helpful in describing presentation of traits with males vs. females and also strategies for working with clients on the spectrum."
Education Leaders	-"I use myself to scaffold the energy in the room for a student. It's all in the assessment of the individual in the moment. I take into account what I know of their experiences." -"We account for learning style,	-"I would like to think people are broadly attentive to individual differences. I think we do a decent job of holding that broad awareness – biopsychosocial, and other 18 hrs. The idea of what are you paying attention to…what are using to build class	-"There has been a movement to talk more about race and ethnicity and its challenging in such a monocultural school, but it doesn't mean it shouldn't be addressed. That is something we

Roles at Middletip	Assessment	Treatment	Transfer of Knowledge
	interest, strengths, could be in the way a class is structured, community vs. classroom; students determine what is brought to the table."	plans, how are you making decisions in the class." -"Where don't I take individual differences into account?" -"That is by definition at Middletip. I take it into account in everything I do. Skill level, content level, delivery of information (educational); relational – approach to them, how I set limits, stature, tone, what questions I ask them, how I establish report with them." - "I'm sure I do take into account ethnicity or gender. I am sure we do, that I do; the one I feel most aware of is with SES, class and educational status of students' family. I'm aware of my own responses to that and my own bias to that. Next one would be gender, the society's view of gender; dealing with things very differently based on gender. For example we would deal with relational challenges with females differently than with males."	could do better at."
Teachers	-"My job is to help them get credit and learn, and the way I do that may differ based on competence and goals. Some kids will pick it up quicker, and I'll push them harder; other kids may need a gentler approach." -"It's a blanket approach for me, at least. We don't hand pick the students. I can recommend students for certain things. A lot of the information around individual differences I don't have and I would rather not know it."	-"You have to take into account individual differences! I think about their background, or what I know of their background, history at the school, what they have responded to in the past, and if we have the information from sending schools. -"I think about the things that get them really excited or interested, or that will motivate them. IPC's different for each students; IEPs past classes, old unit's; socioeconomic status, we are an interest based program."	-"Good trainings are well organized, bring background knowledge, and are student centered."

Appendix L

Accounting for student diversity in Assessment, Treatment, and Knowledge Transfer

Process	Ideal as expressed by MTS	Reality as Observed in Data (themes emerging from multiple staff)
Assessment*	-Individual differences (ID) are accounted for beginning with the intake process -ID are used to provide an individualized treatment plan -Staff are trained to constantly assess a student to inform their intentional interventions	*ID are accounted for as means of understanding a student's skill level, maintaining awareness of student's capabilities, and informing their intentional intervention *SES, relational skills, family environment, & biopsychosocial are accounted for *Individualized programming enables staff to use data from assessments to tailor interventions
Treatment*	-Staff awareness of individual differences (ID) and tailor treatment to meet student needs. -Staff should look for certain differences known to impact treatment effectiveness, including gender, education level, culture, ethnicity, and socioeconomic (SES) status	*Staff emphasize the importance of learning about their interests, identifying common interests, and using that information to provide more effective treatment *Staff account for differences when implementing the academic programming, specifically looking at gender, socioeconomic status, environment, biopsychosocial, spiritual, nutritional, and relational differences
Knowledge transfer	-Formal trainings are student centered, and account for differences that may impact the approach to treatment. -The only transfer of knowledge method referred to in the data was Frameworks.	-Staff are trained to consider individual differences -Certain trainings incorporate a diversity aspect -Major frames are used in training for accounting for ID

Note. * = Fidelity in the process

Appendix M

Excerpts from Role-ordered Matrix on Training: Supporting a Theoretically Grounded Program

Roles at Middletip	**What opportunity exists for training***	**Facilitation of integration and synthesis***	**Training topics***
Ideal as expressed by leadership and documentation	-Provide research-based training opportunities for all staff to help inform and increase the effectiveness of their practice	-Research-based -Includes theoretical application -Enables staff to engage in best practice -Use a variety of structures to enhance application, including small and large group discussion, lecture, and Q&A's -Geared toward various learning styles -Includes practical application so information can be absorbed	-Include topics pertinent to academic and clinical practices
Clinical Members	-"Weekly frameworks are presented as a series of optional training workshops that will help to inform and increase the effectiveness of our practice." -"Frameworks series addresses each of these (coping, stress, management), uses research and theory for the work." -"Wellness groups are designed to increase our self-awareness."	-"Peer supervision groups allow for the integration and application of frameworks topics and for consideration of any situational and emerging dynamics that develop as the school year proceeds." "This method of continuous training in snippets of topics that show the crossover of counseling and teaching are effective in that they keep the purpose of our work present and at the forefront so that all that we do is done with intention."	-"Topics range from motivational enhancement, group dynamics, mental illness and mental health, trauma and the brain, differentiated instruction, and more… -"There are no academic frameworks on the schedule; these (issues) are addressed in supervision. We talk about integrating the clinical frameworks with the struggles or challenges teachers are facing. Ninety-nine percent of the problems teachers talk about in supervision are about engaging students in the process not about lesson plans.
Education Leaders	-"Journal club – This is an opt in experience for staff members. Each member brings in an article relevant to their work and discusses the	-"Covering student expectations (what do you mean) and staff responses to different scenarios. It's information that is directly relevant or useful for best serving our students." -"I appreciate a variety of modalities of delivery	-"Understanding current mental health practice." -"DBT, non triggering communication, attachment affiliation, students in context,

Roles at Middletip	What opportunity exists for training*	Facilitation of integration and synthesis*	Training topics*
	findings. This was present last year, but hasn't begun yet this year." -"Frameworks is a 1 hr meeting (mandatory) training. Every week we have this full education staff training. This training focuses on different educational and clinical frames (e.g., attachment affiliation, students In context). These trainings provide information as well as opportunities to apply these frames in case examples. -"Leadership, but also other staff, facilitate frameworks meetings. They are based off of what we (observe) and also research."	from lecture to hands-on to group discussions." -I would like more training on Assessment strategies, and on how to work with students to be part of their growth through assessment." -"It would be helpful to have more follow up afterwards to help determine next steps for using strategies with each students' different needs/learning styles/capacity/etc." "Trainings allow us to learn skills ranging from conceptual and theoretical underpinnings to our work, to practical skills building, with application and rehearsal to activities and interventions to increase self-awareness."	teaching strategies, brain based strategies, attunement."
Teachers	-"Trainings occur through presentations, interactive activities, small group work, articles and 1:1 discussions." -"Frameworks is a series of trainings which varies greatly in its effectiveness depending on the topic." -"Frameworks is a weekly professional development meeting on different interventions and strategies."	"I appreciate training and find it successful when it has direct implications on how to perform my job and can improve the quality of work I do. Finding meaningful and relevant connections between trainings and my day to day work/overall frame of the work is most effective/useful frame of the work is most effective/useful to me." "The 18hr. training helped put into perspective what students go through outside of school and how this really does have an impact on the work that we do with them inside of school. It was a good way to be reminded of the population of students that we do work with.	-Body Language -Verbal vs. nonverbal behavior -90% of frameworks is on mental health, sometimes on revamping the VT State Standards -Diversity, trauma, trainings on the brain, the other 18 hours, non-triggering communication, diversity (it touched on differences that are less overt)."

Appendix N

Overview of Training as it Supports a Theoretically Grounded Program

Training Process	**Ideal as expressed by MTS**	**Reality as Observed in Data (themes emerging from multiple staff)**
What opportunity exists for training*	-Provide research-based training opportunities for all staff to help inform and increase the effectiveness of their practice	-Formal training is a priority -Frameworks, Wellness, & Peer Supervision groups are coordinated to optimize integration & synthesis of info. *Accessible, informative *Grounded in theory and research -Clinical frames are prioritized
Facilitation of integration and synthesis*	-Research-based -Includes theoretical application -Enables staff to engage in best practice -Use a variety of structures to enhance application, including small and large group discussion, lecture, and Q&A's -Geared toward various learning styles -Includes practical application so information can be absorbed	*Research-based *Enable staff to engage in best practice. *Meets staff learning needs, dynamic, balance facilitation -Optimal synthesis of information occurs when training includes case vignettes, question and answer, handouts, role plays -The percent of trainings that are perceived to be effective is unknown *Variety of structures are used in trainings including lecture, small and large group discussion, video, etc.
Training topics*	-Include topics pertinent to academic and clinical practices	*Focused on coping, stress, and symptom management *Topics are added that are informative and relevant *provide conceptual and theoretical underpinnings to the work

Note. * = Fidelity in the process

Appendix O

Comparing Findings from Middletip's Core Processes to Best Practice

Core Process	Best Practice as determined by literature	MTS' practices as Observed in Data (themes emerging from multiple staff)
Assessment	-Appropriately trained staff does assessments -Process includes clinical members, family members, student, and educators. – -Longitudinal with times for review -Accurate and reliable -Use of standardized measures	-Core frames service as foundation for assessment -Assessing a student's skill, capacity, and motivation provide understanding & awareness; effective implementation of treatment –No references to theory & research supporting frames *Longitudinal with times for review -No standardized measures -Collective belief that MTS does not have efficient, effective systems in place for engaging in clinical or academic assessments
Treatment*	-Based on theory and research -Trained staff doing interventions -Coping, stress, and symptom management frames incorporated into programming -Research literature would support the methodology for implementation -Focus on social-emotional development targets ED deficits	*Based on relevant theory and research *Staff have an understanding of the strategies in clinical and academic treatment *Staff are appropriately trained for interventions *Relationship is important *Structure meet the needs of its ED students
Transfer of Knowledge	-Trainings are research-based, & inform program implementation. -Supervision is reliable and dependable, supervisors are knowledgeable, establish safe environment, provide opportunities for professional development -Other methods of communication: these methods should enable staff to effectively identify, understand, and address each student's strengths and needs	*Trainings are research-based, enable best-practice program implementation in most areas (staff don't feel competent in assessment) *Supervisors are knowledgeable, trustworthy, establish safe environment with professional development opportunity -Supervision is NOT dependable or reliable -Concerns exist around using multiple communication methods -Staff sometimes use trial and error to find the most effectively method to communicate -No single reliable method, inhibits staffs ability to share information; limits reliability & efficiency of obtaining information

Note. * = Fidelity in the process