CLASSROOM TEACHERS AND SCHOOL-BASED MENTAL HEALTH PROFESSIONALS:

A MULTI-CASE STUDY

by

Andrea Spangler Leonard

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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APPROVED BY:

Meredith Park, EdD, Committee Chair; Methodologist

Ben Tickle, EdD, Committee Member

ABSTRACT

The purpose of this qualitative, multiple-case study was to understand the pedagogy and attitudes of teachers when faced with the presence of school-based mental health professionals in the classrooms in two schools in southwestern Virginia. Semi-structured interviews, with open-ended questions, document analysis, and participant observations were utilized to collect data. The theory that guided this study was Bandura's (1993) theory of perceived self-efficacy as it related to an individual teacher's sense of how capable he or she is of creating an environment conducive to learning. The research centered around understanding how a teacher addresses necessary changes to pedagogy and attitude, given the deviations in the dynamics of the classroom. Three research questions in this study addressed the role of school-based mental health service presence in schools on teachers' classroom practices and approaches, and more specifically, pedagogy and attitudes toward the classroom environment and students. The data collection occurred at one high school in the Virginia Mountains region. The schools chosen for this study were currently collaborating with school-based mental health programs. Data consisted of interviews, classroom observations, and document analysis. The results of this study provided information on the attitude and pedagogy of the participants as they experienced teaching with School-Based Mental Health professionals in the classroom. The empirical, theoretical, and practical implications were also discussed.

Keywords: attitude, pedagogy, school-based mental health, self-efficacy, theory of perceived self-efficacy

Copyright Page (Optional)

Dedication

I dedicate my dissertation research to my family and friends, without whom I would not have gotten this far. They provided me with love and support, and the occasional pep-talk, when I was feeling overwhelmed and underprepared. While completing my dissertation journey, I experienced health problems that were completely debilitating at times, but several things remained constant in my life: The love of God, the love of my husband, son, and parents, and the push to the finish line that I received from all of my friends, who stood by me in times of celebration, and in times of deep pain.

To my amazing husband, Frank: This dissertation is dedicated to you. You have been there since the days of my undergraduate and graduate degrees. Now, two homes, one child, fifteen jobs, four promotions, an eleventh anniversary, and a huge victory over breast cancer later, I love you more than I could ever imagine.

To my son, Griffin: This dissertation is dedicated to you. You have provided me with comic relief when I have had some dark days and nights. You are the reason that I push myself as hard as I do, because I want to instill in you a love for learning and a stick-to-it-ness when times get tough. You may be too young to remember mom doing homework, but when you are older I will remind you that you used to scoot your Vtech desk beside me at the kitchen table and announce that you, too, had homework to complete.

To my parents, Don and Rebecca: This dissertation is dedicated to you. You both have edited countless papers, listened to late night crying, and pushed me to trudge on when I was so tired. It is with such joy that I can make you proud. Thank you for everything you have done for me, and the roles you have played in my life.

To my friends: This dissertation is dedicated to you. Thank you for sticking by me in the hard times, because many of you also had a hand in getting me through this dissertation. I have counted on some of you to edit or provide me with a word of encouragement. Others of you watched Griff so I could study or write. You are loved and appreciated, as well.

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List of Abbreviations

Alternative Education Center (AEC)

American Academy of Pediatrics (AAP)

American Medical Association (AMA)

Advancing Wellness and Resilience Education (AWARE)

Attention Deficit/Hyperactivity Disorder (AD/HD)

Community Mental Health Act (CMHA)

Community Mental Health Centers (CMHC)

Community Support System (CSS)

Department of Behavioral Health and Developmental Services (DBHDS)

Department of Education (DOE)

Department of Medical Assistance Services (DMAS)

Developmental Disability (DD)

Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-V)

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Education for All Handicapped Children Act (EAHCA)

Emotional Disability (ED)

Family Assessment and Planning Team (FAPT)

Free and Appropriate Public Education (FAPE)

In-School Suspension (ISS)

Individualized Education Plan (IEP)

Individuals with Disabilities Education Act (IDEA)

Institutional Review Board (IRB)

Intellectual Disability (ID)

Least Restrictive Environment (LRE)

Managed Behavioral Health Care (MBHC)

Melvin County Public Schools (MCPS)

Mental Health First Aid (MHFA)

National Association for Mental Illness (NAMI)

National Institute of Mental Health (NIMH)

New Freedom Commission on Mental Health (NFCMH)

Northern Virginia (NOVA)

Other Health Impairment (OHI)

Out of School Suspension (OSS)

Physical Education (PE)

Positive Behavioral Interventions and Supports (PBIS)

Request for Proposal (RFP)

Rest of State (ROS)

School-Based Mental Health (SBMH)

Social and Emotional Health (SEH)

Social and Emotional Learning (SEL)

Social and Emotional Well-Being (SEWB)

Speech and Language Disability (SLD)

Standards of Learning (SOL)

Student Assistance Program (SAP)

Student Time Out Period (STOP)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Talented and Gifted (TAG)

Teacher-Student Relationships (TSR)

Therapeutic Day Treatment (TDT)

United States Department of Health and Human Services (USDHHS)

Virginia Department of Education (VDOE)

Virginia High School Youth Risk Behavior Survey (VHSYRBS)

World Health Organization (WHO)

CHAPTER ONE: INTRODUCTION

Overview

High schools in the United States appear to be increasing their participation in partnership with mental health professionals by offering support for students who are experiencing emotional, behavioral, and psychological difficulties in the classroom setting through school-based mental health (SBMH) services. Chapter One provides a framework for this qualitative study which focused on a brief history of mental health care in society and schools, and its relevance to the historical, social, theoretical aspects, including Bandura's (1993) theory of perceived self-efficacy. A thorough examination is provided of the relationship between my research and my current situation, vocationally and educationally, including my personal interests in the area of study, and the chapter explores Creswell's (2013) four philosophical assumptions and the applicable research paradigms. The problem statement provides an overview of the research goals and the importance of this study. The purpose statement provides research that may help readers understand the pedagogy and attitudes of high school teachers when faced with the presence of mental health professionals in the classroom.

The empirical, theoretical, and practical contributions of this study are discussed in Chapter One. I show how this research might add to existing the literature on the topic, provide further validation to Bandura's (1993) theory of perceived self-efficacy, and supply foundational material for professional development exercises for educators. The remaining sections of Chapter One include the research questions and key definitions.

Background

The roles of teachers are increasing in the classroom. They are tasked with more than presenting lessons and assigning homework as more students are being diagnosed with mental

illnesses, which media outlets blame for the surges in bullying, school shootings, and teen suicides. Within the last 25 years, a documented increase in student-initiated violence in schools has led to the adoption of several acts of Congress to keep children safe and make schools gun-free and drug-free zones.

The evidence of the relationship between teachers and SBMH professionals may necessitate a change in the teacher's pedagogy or show changes in teachers' attitudes, which can be seen in their actions and facial expressions. This has not been explored and is currently missing from literature. A look into the historical context of this study includes contextual examples intermingled to show chronology, and the social context for this research incorporates a discussion about how a student's mental health diagnosis may negatively impact him or her academically and socially at the school-level and community-level. The theoretical context for this study is based on Bandura's (1993) theory of perceived self-efficacy.

Historical Context

SBMH programs began in the early 20th century. School nurses were noticing that when children were in poor health, they were not able to learn, which led to increased measures to address health concerns in the school setting. Nurses had been able to administer tests for vision and hearing and ensure that students were being immunized regularly. The students that needed additional medical attention beyond the scope of the school nurse were referred to outside medical practices (Flaherty et al., 1996). The mid-1950s saw a staggering increase of over half a million mentally ill children and adults institutionalized, a thirteen-fold increase since the late 1800s. It was not uncommon for an individual (child, adolescent, or otherwise) with schizophrenia, for example, to remain in a psychiatric hospital for 11 years or more (Sheffield, 2016).

Prior to the deinstitutionalization movement, children and adolescents who were diagnosed with a mental health condition or mental retardation (now referred to as an intellectual or developmental disability) or who were born with other afflictions beyond the scope of care that parents felt they could provide were placed into child care institutions (Herczog, 2017). After the New Freedom Commission on Mental Health (NFCMH), children (individuals under the age of 22) were provided with early and periodic screening, diagnosis, and treatment (EPSDT) benefits through the state where they resided. This meant that children and adolescents with mental illnesses were diagnosed, evaluated, and treated by the local organization in closest proximity to their residence (Shirk, 2008).

The Community Mental Health Act (CMHA) of 1963 was signed by former President John F. Kennedy to restructure the delivery of mental health services (The National Council for Behavioral Health, 2019). Mental health organizations were built as alternatives to hospitals and institutions, which offered individuals in the community outpatient options to treatment rather than stints in hospitals (Kupers, 2017). The act of getting individuals out of psychiatric hospitals, providing treatment options in the community, and assisting patients with assuming more independence away from residential treatment was termed deinstitutionalization, a creation of early pioneers in the psychiatry field (Breakey, 1996; Caplan, 1970; Kupers, 2017). The mental health organizations served individuals in their catchment areas and were supposed to be subsidized through federal funding (Kupers, 2017) which was occurring prior to the mid-1950s (Shirk, 2008). A catchment area in a city, for example, is the area that a mental health facility served and is the closest location for patients to receive treatment. The facility and its practitioners assumed that individuals seeking help would travel to the location closest to their residence, meaning that which fell into their catchment area (Zinszer et al., 2014).

When former President Johnson succeeded Kennedy as President of the United States, he signed into law the bills that led to Medicaid and Medicare (CMS' Program History, 2018). At the time of its enaction in 1965, Medicaid was only for individuals between the ages of 21 and 64, at a time when states were aggressively pursuing funding for various programs (Shirk, 2008). States were specifically requesting that Medicaid match funds for services provided by mental health organizations previously received from state and local governments (Shirk, 2008). Medicaid continues to be the primary source of funding for mental health services, but individual states and local agencies are responsible for providing the clinical services (Andrews et al., 2015; Shirk, 2008).

In the late 1960s in the United States, professionals in the field of mental health and psychiatry gave attention to the deinstitutionalization movement. Also known as the anti-psychiatry movement, deinstitutionalization was a time when mental health professionals in the community were becoming critical of the care and treatment that individuals with mental illness were receiving while incarcerated or hospitalized (Tuntiya, 2003). Additionally, the group of individuals against psychiatry were made up of former psychiatric patients who wanted better care from the psychiatric system (Murray, 2014). The community was beginning to realize that state mental health hospitals were only adding to the isolation of patients from the community beyond the restrictions that their illness already brought on, which only served to further increase and amplify their disabilities (Mechanic, 1969). The complaints of the psychiatrists included overcrowding in residential facilities and hospitals, isolation of the patients from the community, treatments that patients did not seem to understand, and inhumane treatment through extreme measures like that of solitary confinement (Kupers, 2017; Tuntiya, 2003). The patients were often described as having "eccentric behavior" or "unconventional thinking," and the patients

who were lucid expressed concern about being medicinally managed to regulate or normalize

their behaviors (Murray, 2014).

The late 1960s and into the 1970s saw an increased interest in adolescent health. The

increase in interest was attributed to the influx of the "baby boomer" generation, whose children

were students in the 15- to 24-year-old range (averaging between 15 and 18 years of age)

(Flaherty et al., 1996). Former President Kennedy signed the Community Mental Health Act in

1963 which addressed community-based mental health care and was deemed a bold approach to

treatment outside of an institution. States received funding grants which allowed them to shift

their financial resources from institutions toward the construction of Community Mental Health

Centers (CMHC) (Sheffield, 2016).

Former President Ronald Reagan, who was the governor of California during the 1970s,

agreed with deinstitutionalization, and his contribution was to begin downsizing state mental

hospitals. The rationale behind this decision was that individuals with mental illness would be

released from institutions and receive care in their own home and community. The individuals

would receive the assistance of community-based programs with trained clinicians providing

one-on-one care and group support. The federal funding did not materialize for the mental health

programs, which led to letters being written to Reagan by the clinicians. Reagan responded by

saying that the state did not have any money to give. What happened in California could have

been generalized to the rest of the states in America: Not enough money was being allocated for

community-based mental health programs (Kupers, 2017).

In the 1980s, the schools began adding comprehensive services to what the school nurses

were already providing. The comprehensive service would address psychological and emotional

behaviors that came with unintended teen pregnancy and parenting. As the programs were

developing and addressing the needs of adolescents, there was a noticeable decrease in teen pregnancies and reduced obstetric problems. The decrease was noticed by the American Academy of Pediatrics (AAP) and the American Medical Association (AMA), who provided an endorsement of the program (Flaherty et al., 1996).

In the 1990s, Former President George H. W. Bush declared the period of 1990 to 1999 the Decade of the Brain. This declaration highlighted the advancements of brain research and its contributions to the treatment of mental illness. The Library of Congress and the National Institute of Mental Health (NIMH) sponsored activities, projects, and publications that were geared toward introducing members of Congress and their staffs, as well as the general public, to the ethical approaches to brain research which included a look into mental illnesses (Library of Congress, 2000).

The Healthy People 2000 program strove to address the health needs of children by the year 2000. The overarching goals of 2000 were to increase the lifespan of healthy individuals, reduce health discrepancies among individuals, and provide individuals with access to preventative health programs and services. The health concerns of students were now being addressed in school, which had the endorsement of several major medical/professional societies, as well as former Presidents George Bush and Bill Clinton, and the public was beginning to see the improvements in their children (Flaherty et al., 1996). For instance, the study findings of the United States Department of Health and Human Services (USDHHS) reported that in 1990, 11.1 adolescents (per 100,000) between the ages of 15 and 19 years old committed suicide. In 1995, the number was 10.5 adolescents (per 100,000), and in 2000, the target number was to have fewer than 8.2 (per 100,000) (USDHHS, 2000). The actual number of adolescent suicides in the 15- to 19-year-old population decreased beyond the target to 7.4 (per 100,000) in 2000

(USDHHS, 2010). Another study reported that the high school dropout rates in 2000 were three percent lower than those recorded in the 1980s (Jordan, Kostandini, and Mykerezi, 2012). Despite the progress, there were still areas that needed attention: (a) drop-out rates of students in urban areas, (b) adolescent suicide and homicide, and (c) problems with teen risk-taking behaviors that extended beyond pregnancy to sexually transmitted diseases and drug and alcohol use. A plan was needed to address the mental health concerns of children and adolescents, thus school-based mental health programs were established (Flaherty et al., 1996).

The New Freedom Commission on Mental Health (NFCMH) was created in 2002 by Former President George W. Bush (Shirk, 2008). Bush stated, "We need a health care system which treats mental illness with the same urgency as physical illness" (Hogan, 2003, p. 1467). The commission reported that "the system is in shambles"; some were critical of the strong language used, but most stated they were relieved that "finally, someone was telling it like it is" (Hogan, 2003, p. 1469). Bush intended for the Commission to address mental health beyond the scope of the federal government, making the change visible at the state and community levels, starting with the delivery of services and transforming the understanding of mental health as an essential component of overall positive health and well-being (Hogan, 2003).

The Free and Appropriate Public Education (FAPE) act currently being followed in public schools states that students with special education needs have the right to a free and appropriate public education with their peers in the least restrictive environment (LRE) possible (Bateman & Cline, 2016; Flaherty et al., 1996). FAPE led to the birth of SBMH programs, as special education programs were costly and administrators and school districts looked for ways to save money or reallocate funds to make the budget sustainable (Flaherty et al., 1996). This called for a plan to reduce the number of special education students with identified behavioral

and/or emotional needs. The thought behind inviting mental health service programs into schools was that students who were receiving special education services through an Individualized Education Plan (IEP) would have their needs addressed promptly with the assistance of an outside agency. The agency may have more resources than the school would be able to provide and may be able to intervene before students were identified with an emotional disability (ED) (Flaherty et al., 1996).

SBMH is also commonly referred to as therapeutic day treatment (TDT) by those in the mental health field who are currently offering the Medicaid-funded service. TDT is offered by Qualified Mental Health Professionals (QMHPs) in the school setting. Therapeutic day treatment for children and adolescents is regulated by the Department of Behavioral Health and Developmental Services (DBHDS) which sets the policies and procedures governing businesses as they offer this service in schools. Children age 17 and under, or age 21 and under in some cases, who are experiencing/have been diagnosed with/are at risk for emotional disorders/disturbances, substance abuse issues, or co-occurring disorders are the target population receiving services. Individuals receiving this service would also be provided with a combination of psychotherapeutic evaluation and intervention, education and literature on substance abuse, mental health disorders, and medication management. Individuals were also helped with increasing activities of daily living, interpersonal skills, behavior regulation through therapeutic techniques, and individual, family, or group counseling (Chapter 105, 2011).

Former President Barack Obama started the Project Advancing Wellness and Resilience Education (AWARE). The Project AWARE grant program was designed to bring awareness of mental illness among school-aged youth to the forefront, provide training to educators that would provide them with the tools to identify and address mental health issues, and connect children

and families of children experiencing mental illness and/or behavioral health issues with services within their community (SAMHSA, 2018). In Virginia, the Department of Education (DOE) was awarded two Project AWARE grants in 2014, to be used over five years, totaling almost $13.3 million dollars. The grants were used to teach over 750 educators about mental health awareness through courses such as Mental Health First Aid (MHFA) and Positive Behavioral Interventions and Supports (PBIS) (Thomas, 2014; Superintendent's Memo, 2016, #103-16).

Advances in mental health awareness and treatment have evolved over the past several decades, where mental health professionals, politicians, citizens, families of afflicted individuals, and the individuals themselves are now able to receive help for their diagnosis(es) on an outpatient basis. The stigma of having a mental illness appears to be increasingly reduced with efforts to increase public awareness and normalize conditions that were once referred to as "crazy," "mad," and "insane." The implementation of student wellness programs and increased training and education for teachers helps to also make student mental health issues more socially acceptable.

Social Context

An individual's mental health impacts academic outcomes, especially when a student is displaying negative behaviors or externalizing problems (Suldo, Gormley, DuPaul & Anderson-Butcher, 2013). Past events such as the school shooting at Columbine High School were considered tragic by most individuals, but there did not seem to be the sense of urgency as has been in more recent years toward addressing the underlying causes of students' and adolescents' destructive behavior (Noguera, 2007). The first recorded school shooting occurred on November 12, 1840 in Charlottesville, VA, where a law student shot his professor at the University of Virginia (John Anthony Gardner Davis, 2016), although one study reported the first school

shooting occurred in 1764 as the Pontiac Rebellion School Massacre where ten children were murdered out of the 13 children enrolled in the school (Dixon, 2005; Paolini, 2015). Moving ahead to the 21st century, there have been close to 240 school shootings in the United States occurring between 1999 and 2018 (Otero, 2018) with 100 occurring between 2013 and 2018 (Hafner, 2018). The year 1999 was known for the Columbine High School Massacre, when two students went into their high school and killed 13 of their schoolmates, wounded 21, and then killed themselves (Brooke, 1999).

Academic achievement can also affect a student's mental health as the student may internalize problems (Suldo et al., 2013). Mental health and academic achievement are interdependent, and it is incumbent on schools to promote both, as each play a role in the development of productive and functioning members of society (Lai et al., 2016; Suldo et al., 2013). Schools are taking steps to promote social and emotional well-being of students because research shows when students are encouraged toward achievement in school it adds to their positive adolescent development (Barry, Clarke & Dowling, 2017; Domitrovich et al., 2016). It has been established in literature that SBMH programs can help students improve their social and emotional learning (SEL) – also referred to as social and emotional health (SEH) or social and emotional well-being (SEWB) – which can lead to decreased numbers of risky behaviors (Barry et al., 2017; Suldo et al., 2013; Weare, 2015). Teachers are the catalyst for SEL because they not only teach students about SEL in the classroom but also serve as models of their own social and emotional well-being (Schonert-Reichl, 2017).

Studies by Sanders & Harvey (2000) and Henderson & Mapp (2002) addressed partnerships that schools made with community organizations and incorporated data regarding the connection between school and community from various resources, including student

perspectives. Henderson & Mapp (2002) suggested several ways that schools and communities can build strong connections, one of which was to provide mental health services. Schools have been identified as the prominent location for mental health diagnosis and treatment for adolescents, thus making the relationship between student mental health (illness or wellness) on school success and community interaction an observable correlation (Bruns, 2004). When support is provided for students with mental health diagnoses, the community may be able to benefit by having more stable citizens who may become productive, contributing members of society.

Theoretical Context

The theoretical context of this study is based on Bandura's (1993) theory of perceived self-efficacy. Bandura (1993) stated, "there is a marked difference between possessing knowledge and skills and being able to use them well under taxing conditions" (p. 119). Bandura (1993) believed that the cognitive processes of an individual, and the individual's relationship to self-efficacy, extended beyond possessing skills to the self-belief of efficacy. Bandura (1993) also discussed the role of perceived controllability, which "concerns people's views about the extent to which their environment is controllable" (p. 125). Individuals can control their environment by exerting personal efficacy through pooling their resources, showing perseverance, and demonstrating capabilities (Bandura, 1993).

Teacher self-efficacy is "one of the most studied aspects of the classroom context" (Miller, Ramirez, & Murdock, 2017, p. 260). The importance of the relationship between teacher and student has been more frequently researched because a positive, working relationship between the two has been shown to increase the student's ability to succeed academically and make the necessary school adjustments (Tsigilis, Gregoriadis, Throdorakis, & Evaggelinou,

2019). The relationship between teachers and students has been significantly associated with negotiating problem behaviors, academic skills and achievement, and engagement in learning. When students have a relationship with at least one caring adult, and teachers qualify as that adult, the student is more likely to have increased academic and developmental growth (Tsigilis, 2019. Teachers can use their relationships with students as a currency with which to negotiate change in the classroom, since the teachers have the greatest control and influence (Hattie, 2012; Huson, 2019; Tsigilis, 2019). Additionally, the quality of the relationship between the student and the teacher is important as to how much influence a teacher has and how receptive a student is with receiving support. Currently, the bulk of research focuses more on children in early childhood education and less on children in the early adolescent/adolescent stage. It is unclear if children in middle school and high school rely on their teachers as a point of security as much as children in elementary school do; however, older children are still influenced by their teachers, just with a different, more comfortable relationship (Tsigilis, 2019).

I completed interviews with 12 teachers to determine the impact on their teaching practices when SBMH professionals are present in the classroom. Teachers were asked to report on their perception of personal self-efficacy, and how that translated to their pedagogy and attitudes toward the presence of SBMH professionals in the classroom. This study adds to the existing literature on Bandura's (1993) theory of perceived self-efficacy, as well as provides an additional demonstration of theory in action in current research.

Situation to Self

My goal in conducting this study was to meet with teachers and determine if the presence of SBMH professionals has caused the teacher to change the way they conduct their classroom, in pedagogy or attitude. As a mental health professional working for a privately-owned mental

health company for eight years, I was able to work with adults and children in their homes, as well as in court-mandated placements, hospitals, and schools. While employed as a direct service provider to children, adolescents, and adults with mental illness, I was working towards the completion of a master's degree and licensure in teaching, focusing on special education. Post-graduation, I reduced my involvement in private mental health sector from full-time to part-time and began teaching full-time for a local public-school system. My teaching career ended after seven years, and I returned to privatized care of individuals with intellectual and developmental disabilities.

Based on my employment history and work experience, I have an interest in both mental health and education. Beyond that, I find both fields interesting and with limitless options for research, as they are both at the forefront of development and improvement. It seemed natural for me to combine the two, as I have experiences with SBMH programs and classroom teaching, both as separate services and participating as part of the working relationship between the two. Experiences in both fields sparked the initial interest in providing a voice to teachers who may have changed the way they deliver instruction and approach the task of managing a classroom full of students. My intention for this study is to set the stage for future research and writing on the topic of SBMH programs and professionals and their connection to educators. In addition, the findings of this study may potentially provide educators like myself with ways to enhance their pedagogical skills to better address the needs of students who receive SBMH services.

Ontology

An ontological assumption means multiple realities stem from multiple forms of evidence. Not only is a defining characteristic of ontology the ability of the researcher to see reality through a different view, but the researchers conducting a case study are tasked with

reporting the varied perspectives and themes that develop from the case study findings (Creswell, 2013). Therefore, multiple realities are brought to the research by participants' different perspectives and the variety of evidence collected.

This research corresponds with Creswell's (2013) explanation of ontological assumption because there will be multiple forms of evidence collected for this study. I conducted informal interviews with teachers, analyzed documents related to both the teaching and mental health professions, and observed teachers during instructional time. The three types of evidence that were gathered provided me with varied perspectives on SBMH and teachers in a collaborative educational setting. Varied perspectives and realities shown in evidence gathered amongst the individual teachers that are participating may be present, as well as between each of the classrooms that I observed. Furthermore, I viewed and documented the physical classroom as part of the analysis, specifically looking for anything that teachers may have on their walls, floors, or overall space that provided a glimpse of their teaching practice.

Epistemology

The assumption of epistemology can be explained through the following questions: (a) what can be counted as knowledge? (b) how do individuals know the knowledge is correct? and (c) what is the relationship to the researcher and what he or she is researching? Creswell (2013) also stated that the participants provide subjective information during the research, and the researcher must bridge the gap. Findings are reported through direct quotes from the participants, and the researcher gathers supplemental data by spending time with the participants in the field, garnering an insider's perspective (Creswell, 2013).

The epistemology of this research was demonstrated through my interpretation of the interviews that will be conducted with teacher participants. Conclusions were drawn based on

the information gathered and then provide examples of supporting evidence through direct quotations taken from the informal interviews. The direct quotations aided me in bridging the gap between the teacher and what was being researched, to gain a better understanding of the nature of the data (Grbich, 2013). Supplemental data was gathered as the researcher spent time in the field with the teachers, recording observable behaviors as the teachers worked with SBMH professionals and students in the classroom.

Axiology

Creswell (2013) stated that the question of axiology centers on the role of values. For instance, the researcher recognizes there is value to what he or she is researching and in what the participants have to say. The researcher discusses his or her interpretation of the findings while acknowledging the presence of biases in the research. The researcher compares participant interpretations and his or her understanding of what shaped the participants' values (Creswell, 2013).

As I conducted interviews with the teacher participants, I recognized that what is communicated during the interviews – both directly and indirectly – should be applied to the overall findings and recognized as valuable. I showed respect to the individual perspectives of each teacher and realized that what the teachers each experience has led to the development of the values they have created for their method of educating students. I discussed my own values and interpretations of the findings, placing great importance on bracketing myself out of the research, so that there is little to no bias present in the interpretation of the findings.

Methodology

The methodological assumption had questions about both the process and language of research. Methodology requires inductive logic, context, and emergent design based on the researcher's experiences with data collection and analysis (Creswell, 2013). The methodology is referred to as the lens, and I looked through that lens to make decisions about certain aspects of the study, such as research questions or time spent in the field (Harrison, Birks, Franklin, & Mills, 2017). I began with a set of research questions and was prepared to update them to fit the needs of the study as I spent more time in the field and the knowledge that I gathered developed (Creswell, 2013). Denzin and Lincoln (2011) noted that there is fluidity in the methodology of case study research, allowing for such updates to questioning. Additionally, according to Creswell (2013), the researcher should be open to making changes to the data collecting strategies to accommodate the evolving body of research and question modifications. I also analyzed the data by following a procedure, or methodology, for increasing and detailing knowledge gained about the research through teacher participant interviews (Creswell, 2013).

Based on the information regarding ontology, epistemology, axiology, and methodology, my study was dictated by an epistemological assumption with pragmatism as the research paradigm. An epistemological assumption was appropriate for this study because I conducted semi-structured interviews with participants and observed the participants in the field while the participants were working. The data collection methods are important as they provided additional insight into the research topic. Guba and Lincoln (1988) described this engagement as "objective separateness" where the researcher remains objective but attempts to gain first-hand information (p. 94).

Research Paradigm

The research paradigms that guided this study were pragmatism and social constructivism. I chose a combination of the two because there are specific elements of each paradigm that I applied to the body of research. Pragmatic researchers "use multiple methods of data collection…focus on the practical implications of the research, and…emphasize the importance of conducting research that best addresses the research problem" (Creswell, 2013, p. 28-29). Social constructivist research notes that "multiple realities are constructed through…lived experiences and interactions with others" (Creswell, 2013, p. 36), and an emphasis is placed on meanings and processes (Sale, Lohfeld, & Brazil, 2002). I gathered data through several collection methods and focused on the importance and practical implications when interpreting findings (Creswell, 2013). The questions began as loosely semi-structured and open-ended (social constructivism) but were subject to change/evolved once the interviews begin (pragmatism) (Creswell, 2013). The interview process and outcomes organically led in a different direction than otherwise planned, thus the need for flexibility in presenting interview questions. Answering the question of the relationship between school-based mental health professionals and the implications for teachers' pedagogy and attitudes occured through inductive (subjective) and deductive (objective) evidence (Creswell, 2013). Constructivist researchers create theories about reality though making assumptions and assigning meanings about their social and experiential understandings (Harrison et al., 2017; Merriam, 1998). If there is an abundance of information gathered, then there is a process by which data is organized, interpreted, and reported (Harrison et al., 2017). Such a process provided clarity to the results, which may, in turn, increased the understanding and application for future studies on the topic. By combining the two philosophical assumptions, I was able to not only see the experiences of

teachers in the classroom through their own lens, but also to relay the data through the interview process (pragmatism) and view the lived experiences of each individual teacher participant (social constructivism). Social constructivism is a qualitative approach which requires gathering data through interviews, observations, and data/document analysis (Creswell, 2013). Elements of both pragmatism and social constructivism were utilized throughout the study.

Problem Statement

The current literature on SBMH trends toward research that establishes the need for SBMH services for students during normal school hours (Moon, Williford, & Mendenhall, 2017; Lindo et al., 2014). This includes programs that support teachers in implementing a mental health curriculum in the classroom (Milin et al., 2016), and with pinpointing teachers' roles and self-efficacy in supporting students with mental illness (Mazzer & Rickwood, 2015). The relationship between teachers and SBMH professionals requires a partnered approach toward helping students, which indicates that this research may be a determining factor in how to curtail training to enhance the relationships and outcomes of students (Blackman et al., 2016). Current research has determined that SBMH professionals meet with students in the school building and help them manage their mental health concerns and behaviors (Bowers, Manion, Papadopoulos, & Gavreau, 2013; Eckert et al., 2017; Lindo et al., 2014; Moon et al., 2017; Weist, Lever, Bradshaw, & Owens, 2014). It is possible that teachers may have to adjust or change their pedagogy and attitude in order to meet the academic needs of education (pedagogy) and support (attitude) for their students. The problem is the literature does not address the effect that mental health student support personnel in the classroom have on teachers' attitudes and pedagogy. A gap in the current literature on this topic exists, as there are no studies giving voice to teachers who may have had to change their pedagogy and/or attitude to meet the challenges that the

presence of SBMH professionals may have on campus, in the classroom, and with teachers specifically.

Purpose Statement

The purpose of this multi-case study was to understand the pedagogical and affective implications for high school teachers when faced with the presence of school-based mental health professionals in the classroom. At present, school-based mental health services will be generally defined as "any mental health service delivered in a school setting" (Kutash, Duchnowski, & Lynn, 2006, p. 2). The term *service* is limited to the parameters of the working relationship of an outside agency permitted by the school to come in the school and work with students. The term "school setting" is limited to public school during normal school hours (Kutash et al., 2006). The theory guiding this study was Bandura's (1993) theory of perceived self-efficacy as it relates to an individual teacher's sense of how capable he or she is of creating an environment conducive to learning, and how the teacher addresses necessary changes to pedagogy, theory, and affect given the deviations in the dynamics of the classroom. Self-efficacy (for teachers) is defined as "teachers' beliefs in their own personal efficacy to motivate and promote learning [which] affect[s] the types of learning environments they create and the level of academic achievement" (Bandura, 1993, p. 117).

Significance of the Study

This study has significance empirically, theoretically, and practically for the field of education. The empirical basis for this study is how it adds to the existing literature on a teacher's pedagogy and attitude. The theoretical root is Bandura's (1993) theory of perceived self-efficacy. The practical implications for this study provide a foundation for future research and professional development in the topic. The individuals and groups that may benefit from

this research include students, teachers, building-level administrators, district-level

administrators, SBMH professionals, and individuals who provide instruction and practical

application opportunities to teachers through in-service training.

Empirical Significance

Empiricism "holds that all knowledge is experiential and that knowledge claims can be

justified only by appeal to the evidence of the senses (experience, observation, experiment)"

(Schwandt, 2015, p. 85). Suggested empirical questions are: "What happened? What's going on

here? What are the patterns here?" (Schwandt, 2015, p. 303). Bhowmik, Banerjee, and Banerjee

(2013) stated that "Pedagogy is the art (and science) of teaching" (p. 1). The authors also said

that "effective teachers use an array of teaching strategies" (Bhowmik et al., 2013, p. 1). This

study may add to the existing literature on education by deconstructing teachers' perspectives on

how their pedagogical practices and their attitudes may have changed when SBMH professionals

entered the classroom to serve students that have a documented diagnosis of mental illness. This

study may also add to the literature based on its qualitative standpoint taken from semi-structured

interviews of teacher participants. The interviews provided direct quotation and dialogue from

teachers that are currently in the field of education and have SBMH professionals in the

classroom. The open-ended questions allowed teachers to add examples, share relatable stories,

and provide a perspective and insight taking the interview in an organic direction which may

exceed the path the questions could lead.

Korthagen et al. (2001) stated one of the major flaws in teaching and educational reform

is that change came from the outside. Those changes came from individuals who did not teach

but took the role of dictating what should be taught in the classroom; however, teachers are the

ones who facilitate learning. Teachers determine how lessons will be taught in the classroom,

based on the standards that are put into action for the specific states where the teachers are employed. Teachers are also tasked with developing a theory of teaching unique to their perspective and classroom climate, and one that they are comfortable with that addresses the needs of the students (Korthagen et al., 2001).

Jennings (2015) stated that when a teacher can understand that a student's emotional and behavioral responses in the classroom may be a result of an underlying problem at home, then the teacher is more equipped to empathize with the student. Empathy toward a student puts the teacher in a better position to help rather than enact disciplinary actions for the negative behaviors. Additionally, a teacher should then take an emotional inventory of his or her feelings and attitudes about the students and the their individual needs, which aids in developing an overall positive classroom climate and experience for teachers and students. Jennings (2015) discussed the importance of a healthy classroom climate, which "may reinforce a teacher's enjoyment of teaching, efficacy, and commitment to the profession, thereby creating a positive feedback loop that may prevent teacher burnout" (p. 3). This study may be important for administrators when planning in-service meetings and professional development. Further, this information would be valuable when developing co-teaching partnerships that will accelerate a healthy classroom climate, increase learning, and begin meeting the needs of students.

Theoretical Significance

A theoretical basis for research involves answering theoretical and empirical questions by addressing what events occurred and why, and how those answers translate to information applicable to the study (Schwandt, 2015). Bandura's (1993) theory of self-efficacy explains how individuals perceive their ability to perform. Positive individual self-efficacy develops through mastery experiences, vicarious experiences from social models, social persuasion, and a

reduction in stress reactions. Individuals with a high sense of self-efficacy are confident that

they can complete difficult tasks with the desired results (Bandura, 1994). Individuals with a

negative or low sense of self-efficacy often find themselves in a position of feeling personally

threatened by difficult tasks. Bandura (1994) stated that beliefs occur through cognition,

motivation, selection, and affection. This study adds to Bandura's (1993) theory which (1)

further explains the theory's role in a teacher's self-efficacy concerning SBMH professional

presence in the classroom and their teaching abilities to current and future researchers, (2) adds

to the current literature on Bandura's (1993) theory from other researchers for incorporation into

new studies using the theory, and (3) aids in adding additional examples of Bandura's (1993)

theory in practice for current and future researchers.

Practical Significance

A practical approach to a study is a "concern with the situated, concrete, embodied

actions and meanings of social actors" (Schwandt, 2015, p. 246). Additionally, "practice is

about action and doing (whereas theory is about knowledge and thinking)" (Schwandt, 2015, p.

248). The practical applications of this study include: (a) providing a basis for how school

administration may address pedagogy and teacher attitudes during in-service training for teachers

who have SBMH professionals in the classroom working with mentally ill students, (b) adding to

the existing (but limited amount of) literature, (c) helping teachers identify a need in their

classroom for changing the direction of educational approaches in order to meet the needs of

diverse learners, and (d) improving teachers' self-efficacy in the classroom. The setting and

location are important for this study because of the importance of confidentiality when working

with students who are mentally ill (Blackman, et al., 2016). The sample of teachers being

studied teach at the high school level and have students in their classroom who are receiving

services through the chosen school-based mental program for their specific school. The teachers that participated in this study are being affected in the classroom by having to adapt to the presence of mentally ill students, the presence of a mental health professional, and the task of continuing to provide instruction for everyone in the classroom. The teachers reported on how they have adjusted their classroom approaches while teaching in these conditions, referring to pedagogy and attitude, and the information may benefit other teachers in the school or the school district, or be written in the literature that is provided to teachers on a national level.

Research Questions

Three research questions posed for this study address how teachers confront the presence of SBMH professionals in the classroom and what that means for their pedagogy and affect. The first research question seeks answers to the implications for teachers' classroom practices and approaches, whereas questions two and three seek clarification on pedagogy and affect, specifically. A rationale for each of the research questions was linked with the corresponding existing literature on the topic, and I addressed the need for each of the three questions posed.

Research Question One: What is the role of School-Based Mental Health service presence in schools on teachers' classroom practices and approaches?

Phillippo and Kelly (2014) acknowledge the role teachers play in the development of student mental health, though stating researchers acknowledge that teachers are not fully integrated into the work of SBMH professionals and their interventional approaches. Teachers are expected to provide instructional support, but current research suggests that they are increasingly being expected to provide psychosocial support alongside SBMH professionals (Phillippo & Kelly, 2014) despite having high demands placed on them to perform for set standards. Other researchers argue that teachers "do whatever is necessary…to promote student

success" (Matthews, 2009; Phillippo & Kelly, 2014, p. 3). This includes making home visits, working with outside agencies and SBMH professionals to arrange treatment, providing informal counseling, and making themselves available before and after school hours to address student needs that extend beyond academics (Matthews, 2009; Phillippo & Kelly, 2014). Research question one focused on SBMH presence in the classroom and what that looks like for teachers; stepping away from literature that describes the duality of the teachers as an educator/mental health professional, and instead centering on teachers' roles in academics. Research question one was resolved through individual semi-structured interviews with participants, document analysis, and direct observation.

Research Question Two: What is the role of School-Based Mental Health service presence in schools on teachers' pedagogy?

A teacher's job is to provide instruction to students and attend to professional roles and responsibilities outside of the classroom in the school environment. Teachers are required to collaborate with parents and guardians regarding a student's education, and careful planning often goes into providing high-quality instruction (Sykes & Wilson, 2015). A fine, semantical line lies between the terms pedagogy, theory, and practice when discussing teaching. This research focused on how the teacher teaches, whether that includes specific theories he or she refers to, or a tried-and-true way of conducting his or her daily classroom activities. Theories of teaching, according to Hascher and Hagenauer (2015), have shifted "towards stressing the importance of teaching practice" (p. 15). Hascher and Hagenauer (2015) suggested that the development of a teaching theory begins when individuals are completing education degrees and preparing for practicum and employment. Research question two was interrelated with Bandura's (1993) theory of perceived self-efficacy as it relates to how confident teachers are in

the classroom when SBMH professionals are present. Research question two addressed the

presence of SBMH professionals in the classroom on a teacher's pedagogy. I conducted semi-

structured interviews with participants, document analysis, and direct observation to resolve this

question.

Research Question Three: What is the role of School-Based Mental Health service presence in

schools on teachers' attitudes toward the classroom environment and students?

DeGelder, deBorst, and Watson (2015) discussed how body language is expressed and

how other perceive it. "Facial expressions, prosody, body motion, and posture" can be the

outward reflection of what individuals think and feel internally (deGelder et al., 2015, p. 149).

Skinner and Belmont (1993) reported on the connection between teacher behavior and the level

of student engagement, and Becker, Goetz, Morger, and Ranellucci (2014) reported on how

teachers' expressed emotions are tied to the emotions expressed by their students. Authors of the

current literature on teacher affect in the classroom recognize that body language and facial

expressions either encourage or hinder student motivation and learning in the classroom (Becker,

et al., 2014; deGelder et al., 2015; Skinner & Belmont, 1993). Research question three

addressed the attitudes of teachers and was analyzed through semi-structured interviews and

participant observation.

<div align="center">**Definitions**</div>

1. *Affect* – According to Fredrickson (2001), affect (the noun) refers to feelings that are

   consciously accessible and often expressed as an emotional response. For instance, a

   teacher's affect toward his or her class may be expressed as an inward feeling or emotion

   about the classroom environment or individual students and may manifest through facial,

   vocal, or gestural expressions (Affect display, 2018; Bandura, 1994).

2. *Attitude* – According to Eagly and Chaiken (2007), an individual's attitude is an acquired behavioral disposition, meaning that the individual is presented with something (another person, a task, an inanimate object, etc.), and he or she develops a response, or attitude, toward it. An attitude may be persuaded by a predisposition on the individual's part, the environment, or other contributing factors (Eagly & Chaiken, 2007).

3. *Mental health* – Mental health is not only considered the opposite of mental illness, but also is "conceptualized as a state of wellbeing in which the individual realizes his/her abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community" (Wahlbeck, 2015, p. 36).

4. *Mental illness (or documented diagnosis of mental illness)* – According to the National Association for Mental Illness (NAMI), "a mental illness is a condition that affects a person's thinking, feeling or mood. Such conditions may affect someone's ability to relate to others and function each day" (mental health conditions, 2018).

5. *Pedagogy* – According to Kincheloe (2005), a teacher's pedagogy is how he or she chooses to address students in the classroom and the method and approach of teaching, which encircles the belief that all children are capable of learning. Kincheloe (2005) also suggested that the individual aspects of pedagogy are the art, science, and profession of teaching which work together to contribute to the overall process.

6. *Perceived self-efficacy (also called self-efficacy)* – Self-efficacy is an individual's insight into his or her own ability to perform tasks in any setting and achieving desired results (Bandura, 1993; Bandura, 1994).

7. *Practice* – According to the Organization for Economic Co-operation and Development, (2009), a teaching practice is "related to effective classroom learning and student

outcomes" and involves "close monitoring, adequate pacing and classroom management as well as clarity of presentation, well-structured lessons and informative and encouraging feedback – known as key aspects of 'direct instruction'" (p. 89).

8. *School-based mental health program* – According to Rones and Hoagwood (2000), school-based mental health programs refer to treatment options for students with mental health concerns (emotionally, behaviorally, and socially) that occur during the school day in the form of intervention strategies, single or group therapy, or other such programs.

9. *School setting or educational setting* – A school setting is defined as a setting where an individual could go to receive an "educational experience" (Educational settings, 2012). A school setting could be a private school, after-school program, public school, or residential facility, but for this study "school setting" was limited to public schools where students receive instruction within the parameters named in the Department of Education guidelines (Educational settings, 2012).

Summary

The problem leading up to this study is the limited amount of research that gives a voice to the teachers employed at schools with school-based mental health programs and SBMH professionals working with a student (or students) in the classroom. I interviewed teachers that have students who receive School-Based Mental Health services in the classroom setting, leading to the predominant goal: Understanding the implications for teachers' pedagogy and attitudes when school-based mental health programs provide professionals in the classroom to work with students with a diagnosed mental illness. This study has several implications for education where suggestions may be made for improving teacher self-efficacy, enhancing practical in-service professional development, and adding to the existing literature on the topic.

CHAPTER TWO: LITERATURE REVIEW

Overview

Each year, public high school students in Virginia are administered the Virginia High

School Youth Risk Behavior Survey (VHSYRBS). This anonymous survey is a good-faith, self-

reporting questionnaire that asks students to report on their level of involvement in several

categories related to hazardous behaviors. The relevance of the VHSYRBS to this study lies

within the Unintentional Injuries and Violence section, where 29.5 percent of the students who

participated during the 2018-2019 school year self-reported that they felt sad or hopeless within

the 12-month time period preceding their participation in this survey (with a standard deviation

of 1.9 percent). The students' self-reported feelings of sadness and hopelessness were identified

as lasting at least every day for two weeks in a row, or longer, and affected the students' desire

or ability to participate in usual activities. The survey prompted the students to report on suicidal

attempts and/or ideation. Two percent reported that they had to receive treatment from a

physician or nurse after an attempt which resulted in poisoning, injury, or overdose, and 7.2%

reported that they had attempted suicide one or more times in a 12-month period prior to taking

the survey. Reportedly, 15.7% of the students reported that they seriously considered attempting

suicide and 12.6% admitted to planning about how they would attempt suicide (Center for

Disease Control and Prevention, 2017). The VHSYRBS is the closest approximation of the

insight that students have into their own mental health, though it assumes that each student

reported truthfully and with an accurate level of awareness.

Chapter Two of this study establishes a foundation for the discussion of School-Based

Mental Health (SBMH) services and high school teachers and provides a review of literature

pertaining to the topic. The research design guiding this study was a multiple case study, which

began with strategically planning the logistics of getting from the research questions to the

conclusory data analysis and reporting (Yin, 2009, 2014). To do that, I provided a review of the

theoretical framework by introducing information surrounding the topic and guiding the reader

through Bandura's (1993) theory of perceived self-efficacy. This review includes definitions,

descriptions, and discussion of the major theorist, Alfred Bandura. The theoretical framework

states how the theory relates to this proposed topic, how this study advances or extends the

theory in existing literature, and what current research is being conducted on the theory.

The theoretical framework section flows into the related literature section, which begins

with definitions and descriptions of mental health and mental illness, as well as their situations in

United States history. The defining features, history, presence in the classroom, and needs

required of teachers for the program to run and be successful are discussed as they relate to

information gathered in the last few years. Next, the related literature section focuses on

teachers and their roles in the classroom, classroom practices of pedagogy, and teacher attitude.

Finally, the related literature section shows the working relationship between SBMH

professionals and teachers, focusing on contractual obligations and any potential benefits or

related problems.

Theoretical Framework

Psychologist Albert Bandura specialized in social cognitive theories, particularly social

learning theory/social cognitive theory, observational learning theory, and the theory of

perceived self-efficacy. His research led him to be ranked internationally as the fifth most

distinguished psychologist among other professionals in his field, such as B. F. Skinner,

Sigmund Freud, and Jean Piaget (Haggbloom et al., 2002). Bandura's early influence was

Robert Sears whose studies on social behavior, identificatory learning, and their connection to

familial antecedents incited Bandura to research social learning and aggression and how individuals' learned behaviors are a direct result of their observation of others (Pajares, 2004).

Bandura's (1993) theory of perceived self-efficacy is part of his social cognitive theory which is the belief that individuals can influence their own lives and exert control over their life events (Buchanan, 2016). Self-efficacy addresses what individuals believe about themselves and about their abilities to complete a task (Buchanan, 2016). The interactions between behaviors, personal factors, and one's environment (Bandura, 1993) were explored in this study.

Social Cognitive Theory

Social cognitive theory was originally called the social learning theory until 1986, twenty-six years after its development (LaMorte, 2018). Social cognitive theory is based on the occurrence of an individual's relationship with others, where reciprocity of social interactions transpires, leading to a learning situation (Zhou & Brown, 2015). Learning occurs in social settings where individuals can observe how other individuals behave in their environment and choose their level of participation in interactions with one or more individuals singularly or as a group (LaMorte, 2018). Thus, according to Bandura (2011), individuals are active members in their environment and not just shaped by their surroundings (Zhou & Brown, 2015). One aspect of being an active member in one's environment is to ascertain a certain degree of persistence and creativity when approaching tasks (Goddard et al., 2015). Teachers learn to find creative ways to address the varied needs of students in the classroom, and many persist until they feel that their students are demonstrating understanding. One way that teachers develop their skills is through cognitive processes that are made up of the thinking and problem-solving mechanisms in the brain (Bandura, 2011). Cognitive processes are made up of mental tasks individuals use to

evaluate situations and test possible solutions, applicable to students and teachers (Bandura, 2011).

Bandura (1986) defined the relationship between personal, behavioral, and environmental influences as triadic reciprocity (Zimmerman, 1989). Triadic reciprocity can be applied to the concept of self-regulatory processes of learning, which is defined as "the degree that [individuals] are metacognitively, motivationally, and behaviorally active participants in their own learning process" (Zimmerman, 1989, p. 329). In other words, students who can show a high degree of self-regulated behaviors can direct their efforts of learning and acquiring knowledge or skills, rather than depending on their parents or teachers to guide them (Zimmerman, 1989). Self-regulated behaviors include students' learning strategies, their perception or self-efficacy evaluation of performance skill, and their level of commitment to set and achieve academic goals (Zimmerman, 1989). I studied how the personal, behavioral, and environmental influences of the classroom setting with the presence of SBMH professionals may affect the pedagogy and attitudes of teachers.

Bandura (1986) advised that the reciprocity among the three concepts are not equal representations of the influences, but rather three influences that when combined make up a whole (Zimmerman, 1989). For instance, in school programs that are specifically designed for students with behavioral challenges, personal or behavioral influences may be stronger than the environmental ones, whereas public schools that have a consistently delivered, highly structured curriculum or strict rules of conduct for the classroom or the entire school have increased environmental influences (Zimmerman, 1989). Furthermore, the classroom that contains students who receive behavioral intervention from SBMH professionals may have a personal, behavioral, and environmental effect on the teacher. This may require the teacher to adjust his or

her teaching methods/pedagogy or verbal and non-verbal displays of attitude toward the addition of another professional in the classroom, who likely has a degree in the human services field and not a teaching/education background.

Developing and facilitating creativity in the classroom can lead to improved psychological functioning (Rasulzada & Dackert, 2009), internal motivation, increased self-efficacy (Beghetto, 2006), and retention of concepts that have been learned and placed in long-term memory (Elaldi & Batdi, 2016; Gajda, Karwowski, & Beghetto, 2017), for teachers and students. A teacher's expectation about a student's behavior in class and how that might determine his or her pedagogy or approach to the presentation of learning concepts and social cognitive theory and self-efficacy may lead to the teacher's overall behavioral change through expectation and expectancies in the classroom (Social Cognitive Theory, 2018). Teachers may hold certain expectations for their students, assigning a value to a student's propensity for behavioral change when negative behaviors are addressed in school with therapeutic intervention (Social Cognitive Theory, 2018).

Bandura (2004) theorized that social cognitive theory and self-efficacy beliefs held a "multifaceted causal structure in which self-efficacy beliefs operate together with goals, outcome expectations, and perceived environmental impediments and facilitators in the regulation of human motivation, behavior, and well-being" (p. 143). This means that individuals (teachers and students), in Bandura's (2004) theory, have various environmental interruptions to their overall ability to complete tasks, as well as factors within the environment that aid in the successful completion of tasks. Bandura (1986) also theorized that not only did an environment affect an individual, but the individual could also affect the environment.

Theory of Perceived Self-Efficacy

The concept of perceived self-efficacy may be best described as how capable an individual believes he or she is in producing the desired level of performance. Self-efficacy is often a factor in an individual's self-inventory of feelings, thoughts, and motivation for behaviors, and includes cognitive, motivational, affective, and selection processes. When individuals have a positive sense of self-efficacy, they meet challenges by seeing that a task can be mastered, and they have the belief that they can commit to and achieve goals. A negative sense of self-efficacy is often seen in people who do not appear confident in their abilities to perform and who view difficult tasks as personal threats (Bandura, 1994).

An individual can develop a self-efficacy through four practices, including mastery experiences (or performance accomplishments), social modeling (also called vicarious experiences), verbal and social persuasion, and physical and emotional states (also referred to as physiological and affective states) (Bandura, 2008; Beattie, Woodman, Fakehy, & Dempsey, 2015; Chen & Usher, 2013). When an individual is successful, a feeling of mastery of a task is created, thus leading to the feeling that one is secure in his or her capabilities of doing the specific task (Bandura, 2008). Individuals that are seeking to gain mastery face the feelings of "Can I do it?" and "How well can I do it?" (Skaalvik, 2017, p. 153). Mastery experiences are also called performance accomplishments and are an individual's interpretation of the feedback that he or she is given, whether positive or negative (Beattie, Woodman, Fakehy, & Dempsey, 2015). Teachers confront their feelings of mastery in self-efficacy when they believe they can engage their students in the classroom, manage students' performance through teaching and assessment, and handle difficult day-to-day classroom situations (Malmberg, Hagger, & Webster, 2014).

Consider the following: A new teacher has been teaching her students on the events of World War I. She administers a test asking the students to demonstrate an understanding of what has been taught, and she finds that the test scores were all above average when scored. It is likely that this teacher would determine that she had been successful in her teaching practices. Conversely, if the students did not perform well in demonstrating their understanding of the subject matter, then this same teacher may see this as a failure on her part, undermining her sense of self-efficacy.

A new teacher can show resiliency in efficacy by showing perseverant effort when he or she is faced with, and overcomes, obstacles in the classroom (Bandura, 2008). Individuals tend to only seek out activities and situations they feel they would be able to master. This is no different from a student taking an introductory course, or a one of particular to the student, because the student believes that he or she will have a high degree of success. This is also referred to as having "high mastery expectations" (Skaalvik, 2017, p. 154).

Social modeling is another way that individuals can develop self-efficacy (Bandura, 2008), and it is increased when teachers convey to students that they want the students to show understanding and mastery of concepts through multiple modalities that address specific needs of the individual students (Schunk, 1981). Social modeling is also called vicarious experiences and is the phenomenon of observing others and experiencing the feeling of others as well. A vicarious experience for a teacher may occur when a teacher is witnessing the success of his or her students which makes the teacher feel successful as well. Professionals who model the attributes of "aspiration, competencies and motivation" are sources that others can look to when developing personal self-efficacy (Bandura, 2008, p. 2). An individual who is modeling desired social behaviors is providing guided assistance and feedback in real time. This can help others to

likewise develop their skills and to use problem-solving techniques and self-guided direction (Schunk, 1981).

A teacher can serve as a social model for students. Often, students look up to their teachers, whether looking for appropriate social behavior and cues or seeking to increase their knowledge of varying subjects. When students misread social cues from their teachers through their teachers' body language and facial expressions, the students may struggle with feelings that their teacher disapproves of or dislikes them. These feelings may be increased in students with behavioral challenges (Lehman, 2019). Similarly, teachers may obtain social cues from their colleagues or building-level administrators, especially if they are seeking to improve upon their teaching practice or desire a promotion.

The third method of developing self-efficacy, that of verbal and social persuasion, occurs when individuals are encouraged in their efforts (Bandura, 2008), receive positive messages from others about the individual's efforts (Butz & Usher, 2015), and/or are provided with encouragement and positive feedback (Ahn, Bong, & Kim, 2017). When these elements combine, then individuals believe that they can attain success. An individual who is considered credible as a socially persuasive individual is one who must also actively demonstrate what he or she wants to see from others. For instance, if a teacher receives verbal praise from a building-level administrator who believes that the teacher is capable of successfully performing a task, then the teacher is more likely to think that he or she can be successful as well. Socially persuasive individuals not only show their encouragement of others, but they also put others into situations when they are ready and where they most likely are going to be successful (Bandura, 2008), such as a teacher who is encouraged by her building-level administrators and then increases in confidence about proving successful. This may mean that administrators seek

teachers who appear ready for self-improvement or ready to learn a new concept, and then the administrator challenges them by incorporating a new task that the teachers are not likely to fail but instead will be able to build self-efficacy through completion.

The fourth method, physical and emotional states (or physiological and affective states), relies heavily on an individual's personal inventory of feelings of tension, anxiety, and weariness. These feelings, along with mood, may be indicators of how individuals may assess their self-efficacy (Bandura, 2008; Chen & Usher, 2013), which appears to correlate with overall self-efficacy and may also be interpreted as a person being what he or she thinks. If an individual is confident in their abilities, then the individual is more likely to prove successful. Exercises that reduce anxiety and increase positive physicality can potentially redirect an individual's feelings of being in a poor physical or emotional state, thus changing an overall affect (Bandura, 2008). If a teacher can effectively address the source of his or her anxiety or tension, then the likelihood that the teacher will be able to increase the sense of personal self-efficacy will be greater. Failing to address the build-up of tension and anxiety interferes with physical and emotional health. Utilizing one specific method for increasing self-efficacy may prove to be effective, but combining methods may show a more substantial increase in self-efficacy (Chen & Usher, 2013).

Human capacity, specifically the influence and development of positive psychology, occurs through an individual's appraisal of their perceived self-efficacy (Buchanan, 2016). The same definitions and perceptions that are assigned to students may also be placed on teachers. Teachers commit to set and define academic goals for the classroom, a self-efficacy perception of the learning capacities and performance skills of each student, and a self-regulated learning

and teaching strategy that aids the teacher in transferring knowledge and concepts to the students.

Application of the Theory

The cognitive, decisional, emotional, and motivational processes of self-efficacy are directly influenced by an individual's beliefs about his or her abilities (Bandura, 1994, 2008), and that "teachers who believe strongly in their instructional efficacy support development of students' intrinsic interests and academic self-directedness" (Bandura, 1986, p. 140). Self-efficacy is a trait that every human possesses and can use and strengthen. Strength comes from individuals adapting to their environment and addressing needs. Self-efficacy is not something that one person possesses, but another does not (Bandura, 1994, 2008; Buchanan, 2016). Bandura (1986) also theorized that not only did an environment affect an individual, but the individual could also affect an environment.

A teacher's high sense of self-efficacy can positively affect the environment and students. High school students, in a study conducted by Ness et al. (2016), were asked to report on their first-hand experience of positive teacher-student relationships (TSRs). Positive TSRs were defined as a teacher's ability to demonstrate empathy, tolerance, and respect for his or her students, as well as showing an interest in his or her students. One of the themes of the students' responses was that the students reported wanting teachers who were "kind" as demonstrated through a teacher's demeanor. The student participants reported that it was important to them when a teacher smiled and was kind. One student stated that it was important to him when a teacher entered the classroom smiling, greeting the students, and asking the students how they were doing, as this, for the student, created a positive atmosphere and students were more apt to listen and learn. Another student reported that she was appreciative of the relationship she

shared with her teacher, stating that she felt that she could go to the teacher with her problems because the teacher was "kind" and listened (Ness et al., 2016).

A teacher's well-being may be contingent on his or her ability to regulate the positive and negative thoughts and attitudes that may occur when the teacher is faced with difficulties, both professionally and personally. These difficulties may take the form of frustrations, including feelings of failure and inadequacy (Bandura, 1994, 2008). The teaching profession can leave teachers feeling emotionally exhausted and strained since teachers are tasked with providing the education of students as they deliver new and important information necessary for graduation. Emotional exhaustion may lead to teacher burnout (Dicke et al., 2014), low predictions of student achievement (Klusmann, Richter & Ludtke, 2016), and high levels of attrition (Skaalvik & Skaalvik, 2016) leading to physical, emotional, and/or psychological complications that affect each teacher differently. Some of the complications can be to their detriment by affecting overall mental health, leading to exhaustion and exiting the profession (Buric, Sliskovic, & Penezic, 2019). Some of the more serious symptoms include anxiety, depression, indifference or anger towards students, and exhaustion (Martinez-Monteagudo et al., 2019).

The more conscientious a teacher is about his or her abilities, the more effective he or she will be at improving student conscientiousness, both academically and non-academically (Cheng & Zamarro, 2016). When teachers have insight into their abilities and inabilities, if only moderately, they can report on their interpretations of each and be able to address how their levels of ability contribute to the classroom climate (Zell & Krizan, 2014). Therefore, teachers who hold a strong belief in their skills and abilities can provide positive instructional support for students' academic and intrinsic development (Bandura, 1986).

Current Research on Self-Efficacy

Bandura initially introduced the topic of self-efficacy in the 1970s (Pajares, 2017). Since its inception, the theory of self-efficacy has been continuously tested in a variety of settings and disciplines from researchers in a wide range of professional fields (Pajares, 2017). As of this writing, Bandura, the developer of the theory of perceived self-efficacy, continues his research and occasionally engages in public speaking events, and it appears that his most recent research article "Applying Theory for Human Betterment" was published in 2019 (Bandura, 2019). Future directions in self-efficacy research point toward continued testing of the theory and how far the generalizability of the theory extends (Pajares, 2017).

Currently, there do not appear to be any studies on the relationship between teachers and SBMH where pedagogy or attitude are concerned. The most recent search of teachers and school-based mental health yielded results of articles addressing mental health risk in children and the development of the testing battery RADAR (Burns & Rapee, 2019); mental health outcomes from the alleged victimization of lesbian, gay, bi-sexual, transgender, and questioning students (Proulz, Coulter, Egan, Matthews & Mair, 2019); the effectiveness and cost-effectiveness of SBMH programs (Anderson et al., 2019); and recommendations for the delivery of school-based services to children who have disabilities (but not specifically addressing mental illness) (Anaby et al., 2019), to name a few. The upcoming Related Literature section begins with the history of mental illness treatment and a brief discussion of the variety of therapeutic settings that were available in the public and private sectors. It is important to the background of this study to show how mental health treatment has also progressed in the school system. Establishing the evolution of SBMH, as well as the roles of teachers in the classroom setting,

lends to the understanding of the significance of pedagogy and teacher attitudes on daily

classroom activities and delivery of instruction.

Related Literature

The history of mental illness practice has evolved from the idea that anyone who was

deemed different should be institutionalized to providing opportunities for individuals to receive

treatment in an out-patient setting and preparing them for life outside of hospitalization with

accompanying community supports. A review of related literature on the topic shows the

progression of mental health care from institutionalization to deinstitutionalization, leading up to

the discussion of School-Based Mental Health (SBMH) services currently available to students.

A review of literature pertaining to the topic of the definition of mental illness and mental health

is useful for readers, especially when coupled with the perspective of the school environment and

its professionals. In order to understand how teachers may have adapted their approach to

teaching through the development of their pedagogy and self-awareness of attitudes, it is

important to first develop a more in-depth understanding of how SBMH professionals came to be

invited into the classroom.

History of Mental Health and Deinstitutionalization

The National Alliance on Mental Illness (NAMI) defines mental illness as a sickness

which disrupts an individual's thoughts, feelings, or mood (internal), which may lead to

disruptions in the individual's ability to form relationships with others or to navigate the daily

requirements of life (external) (NAMI, 2018). Statistics show that there are behavioral health

disparities within several communities with two of the prominent groups being individuals with

disabilities and youth at the age of transition between adolescence and young adulthood. These

groups may experience higher rates of substance abuse, suicidality or poverty or become the

perpetrator or victim of domestic violence or other types of trauma. Pursuant to a mental health diagnosis is an increased risk for these young, disabled, and/or disparaged individuals to be involved with the juvenile justice system or alternative placement settings (Das et al., 2016). NAMI also reports that one in five adults experiences a mental illness, with fifty percent presenting by the age of 14 and seventy-five percent of mental illnesses presenting by age 24 (NAMI, 2018). Some estimates report that up to 20 percent of the global adolescent population is afflicted with a mental illness (Aldridge, & McChesney, 2018; Capp, 2015; Powers, 2013; World Health Organization, 2001, 2005) which may manifest as difficulties maintaining attention or focus, disruption in cognitive functions, mood instability, and lack of motivation (Schulte-Kome, 2016).

What may be concerning for mental health professionals and educators is that there are instances when, as children become adolescents, mental health conditions may be masked by the normal hormonal changes to personality and behavior (mental health conditions, 2018). Efforts to complete universal screenings are reportedly at the forefront for some schools, as they attempt to bring the issue of student mental health to the forefront (Dowdy et al., 2015). Many schools are still falling short and not adequately addressing student mental health needs (Gold, 2016); however, an increased focus on early detection/early intervention, prevention, and a targeted approach to promoting the efforts of educating students and teachers is evolving in service delivery options and benefits (Dowdy et al., 2015).

The foundations of public psychiatric hospitals were established in the early 1800s and gave the impression to the public that the mental health policy of the United States was seemingly stable since the "incurables" were off the streets and being monitored together in a facility (Grob, 2014; Craig, 2018). Stability was a misrepresentation because the patients were

warehoused in crowded and severely regimented environments which were, in fact, worsening

their illnesses (Craig, 2018). Toward the latter part of the century, Nellie Bly (1887) wrote an

investigative journalism piece on the Women's Lunatic Asylum on Blackwell Island in New

York City. Bly (1887) had herself committed to the asylum in order to report the conditions to

which the patients were subjected. Bly's (1887) investigative piece for the *New York World* was

timely, in that the Department of Public Charities and Corrections was requesting government

money to be allocated for institutionalized and incarcerated individuals, who were subject to

overcrowding and run-down facilities. *Ten Days in a Mad-House* gave the Department the

ammunition necessary to convince the government officials to provide more financial support

(Disability History Museum, 2018).

During the late 1930s, the public was hyper-aware of the treatment of individuals with

mental illness through the exposure of Hitler and the Nazi Party, who were rapidly ridding

Germany of individuals who were deemed impure. "Impure" individuals were those that Hitler

and his men believed were physically and/or mentally handicapped, and they were murdered or

forced to be sterilized. Until this time, treatment for the mentally ill was a means of controlling

rather than caring for them (Niles, 2013).

Post-World War II, the mental health system was overflowing with soldiers returning

from war with significantly altered mental states from the trauma they endured while in battle.

Approximately 410,000 patients were housed in state mental hospitals, and in one year alone

105,000 patients were admitted or re-admitted, with 84,000 as first-time patients. An additional

59,000 patients were admitted to hospitals run by a veterans' association or the city/county

where individuals resided. During the influx of admissions, 56 percent of the patients were

discharged, and 30 percent died with an undisclosed explanation (Groeb, 2014).

In the 1960s, the care extended to individuals with mental illness was virtually nonexistent. Pro-psychiatry activists were demanding more attention and treatment be made available for individuals with mental health issues who were discharged from the hospital and thrust into the community. Here, the leading professionals deemed it possible to identify high-risk behaviors in individuals, thus heading off the need for institutionalization through the use of targeted preventative therapy (Grob, 2014). Former President John F. Kennedy responded to the demands by signing the Community Mental Health Act (CMHA) in 1963, which lead to the expansion of mental health services to community centers operating with federal funding (Kupers, 2017). This was considered a major reform in the way mental health services were delivered, since the major objective in habilitation and reform was to put mental health facilities within reach of the individuals who had severe mental illness (Massuk & Gerson, 1978). The facilities would be in the community and offer out-patient care, newly developed psychoactive drugs, and an alternative to institutionalization (Bassuk & Gerson, 1978).

In the 1970s, former President Ronald Reagan (serving as the governor of California at the time) was in favor of deinstitutionalization and proceeded to downsize the populations of state mental hospitals. Patients were released from state mental hospitals to receive treatment and services with mental health clinicians. Clinicians would work with patients as a group and one-on-one with the skills necessary to promote independence and continued positive behaviors; this two-pronged approach would theoretically keep previously hospitalized individuals from requiring readmission (Kupers, 2017). The National Institute of Mental Health (NIMH) held a series of meetings where professionals in the field discussed and approved the idea of a community support system (CSS). A CSS would provide supports for individuals with long-term psychiatric disabilities and outline exactly what services the individuals needed in order to

be successful in the community, especially considering the services offered at the time, as they were deemed unacceptable (Anthony, 1993).

In the 1980s, mental health professionals and researchers proposed that individuals who had a mental illness must also suffer from severe mental impairment, since many individuals simultaneously displayed substantial limitations in daily functioning (Anthony, 1993). The World Health Organization (WHO) developed a model of illness explaining the correlation between mental illness and mental impairment and the resulting disability and handicap (Anthony, 1993). The term used for this model of illness is the rehabilitation model (Anthony, 1993; Anthony, Cohen, & Farkas, 1990). Former President Jimmy Carter recognized the need for individuals to have access to mental health supports and addressed the deficiencies within the system that was already in place (Grob, 2005). This led to the first President's Commission on Mental Health and the passing of the Mental Health Systems Act in 1980 (Grob, 2005; Mechanic, 2007), which was repealed in 1981 by former President Ronald Reagan. Shortly after Carter, Reagan repealed the Mental Health Systems Act in 1981, citing his desire for each state to oversee the care of individuals with mental illness through services block grants, which would allow the federal government to step away from holding any responsibility (Mechanic, 2007).

The 1990s were considered the decade of the brain because increased neuroscientific research and managed behavioral health care (MBHC) came to the forefront, and theories of psychology and how the brain worked were being replaced by medications like Prozac and targeted psychotherapy. At this time, individuals could receive mental health care in either a public or private sector managed by a private organization, which aided in keeping individuals out of psychiatric hospitals and even reduced the length of stay for those who were already hospitalized. This, in turn, led to decreased costs of mental healthcare through

institutionalization, and monies could be reallocated to fund mental health professionals in the community (Mechanic, 2007).

Three different ways that mental illness may be treated in community-centered programs are through pharmacological, psychosocial, and/or therapeutic/rehabilitative practices. This study focused on the psychosocial and rehabilitative nature of SBMH interventions, beginning with a discussion of health services in schools leading to mental health services in schools and the types of issues children and adolescents face when battling a mental illness. Additionally, psychosocial interventions occur between a clinician and a client; in the educational system, they take place between the SBMH professional and the student (Drake et al., 2003).

Health Services in Schools

Nurses were placed in schools in the early 1900s when teachers began noting that students in poor health were unable to sit in a classroom and learn. School nurses started in elementary schools and progressed to taking offices in middle and high schools; additional school-based health services were made available to students starting in the 1980s. Nurses administered immunizations and vision and hearing screenings. Students who required additional services outside of the practice of a school nurse were referred for outside medical care. The Education for All Handicapped Children Act of 1975 (EAHCA) mandated that schools provide all handicapped children with an appropriate public education in the setting that is the least restrictive but still appropriate for meeting their needs. Students who were experiencing emotional problems -- which in modern times may be classified as an emotional disorder, mental disorder, or as being on the autism spectrum, for example -- were able to take advantage of the services provided in school; however, at the same time, there were concerns regarding the increasing costs of special education services to those students. School leaders and

public officials were beginning to realize that an increasing number of students who were experiencing emotional and psychological health issues were also placed in special education services and that mental health services were a necessary part of interventional methods for students, especially if students receiving special education services were to be successful in their education (Flaherty, Weist, & Warner, 1996).

Mental Health Services in Schools

During the mid- to late-1970s, interventional services were provided by local universities, community agencies, and community mental health clinics and led to the treatment of the presenting problems of mental illness in students, which also led to a decline in special education populations (Flaherty, Weist, & Warner, 1996). Rehabilitative interventions focused on helping improve an individual's life, despite living with a mental illness (Drake et al., 2003). SBMH services are considered rehabilitative interventional programs that take place in a school setting. These services provide on-site help for students who have a diagnosed mental illness and receive insurance from Medicaid (Flaherty, Weist, & Warner, 1996).

One of the approaches to rehabilitative treatment is for the patient (or student) to practice skill-building techniques that help their ability to function in society and to build a support system. These approaches include addressing activities of daily living, including leisure activities, obtaining housing, showing the ability to maintain relationships with family members and friends, obtaining and maintaining independent housing, and supporting one's own education and work (Drake et al., 2003; van der Meer & Wunderink, 2018). The overarching ideological view of rehabilitative treatment is that individuals can be successful and contributing members of society when supports are put into place and utilized by the individual (van der Meer & Wunderink, 2018).

The focus of education in the last three decades has been on student assessment (McCarty, 2017), but mental health and well-being continue to push through to the forefront based on the reports in local, state, and national news media outlets. The Institute of Medicine has challenged schools to begin early identification methods of youth mental health needs. Once identified, the Institute of Medicine encourages schools to connect youth with the services required for rehabilitation, as quickly and early as possible, since early intervention has been linked to a positive trajectory in the outcomes of youth, specifically regarding academics (Green et al., 2013). The focus of addressing the research and practice of SBMH services has occurred in the last two decades, and researchers note that the term SBMH may also operate as "not only 'mental health,' but also 'social and emotional learning,' 'emotional literacy,' 'emotional learning,' 'emotional literacy,' 'emotional intelligence,' 'resilience,' 'life skills,' and 'character education' (Wahlbeck, 2015, p. 37). This means that mental health professionals may operate under the auspices of whole-health learning, since a mental illness may affect a student's ability to cope with emotions or carry out life skills effectively. Left unaddressed, the mental health of students may morph into an outward display of violence toward peers, teachers, and even self. In the next few sections, school violence trends, bullying and trauma, and self-inflicted injury and suicide are briefly discussed as they relate to children's mental health issues and the need for SBMH services.

Children's Mental Health

Bor, Dean, Najman, and Hayatbakhsh (2014) wrote about juvenile and adolescent mental health in the 21st century and whether the problems are on an incline. Although their study was a systematic review of studies pertaining to child and adolescent mental health, Bor et al. (2014) concluded that mental health problems in children are increasing, specifically with adolescent

females, who tend to internalize their feelings. No identifiable precipitating factor was attributed to this, and the data was not the same for adolescent males (Bor et al., 2014). Similarly, the Institute of Medicine compiled a report on the mental health of children in 2009, in which they recommended that the federal government intervene and make mental health identification and prevention in children a priority. The Institute of Medicine's argument was that the mental, emotional, and behavioral aspects of mental illness in children and adolescents were taking most of the funding for children's health care budget. But, they conceded, mental health care funding is a necessary part of caring for children because mental health treatment may lead to improved family relationships, positive engagement in society, and enhanced individual well-being (Alegría & Green, 2015).

School Violence Trends

The psychopathology of mass murder is defined as "a crime perpetrated by individuals who suffer from profound mental disorders," such as psychosis, and has been attributed to many of the violent crimes that have happened in the United States, including the rise in school shootings and school-related violence (Fox & DeLateur, 2013, p. 2). Some researchers suggest that in the aftermath of a mass shooting in the United States, political figures rally around mental health treatment and support for those who are experiencing a mental illness. The timing of the support in the wake of a tragedy may cause individuals to refrain from seeking help for their mental illness to avoid being associated with the ones who commit the crimes (Fox & Delateur, 2013).

Perhaps the first awakening of Americans to school violence and mental health was with the 1999 Columbine High School shooting in Columbine, Colorado. This writer was a senior in high school when the Columbine shooting happened. There was a huge sense of paranoia and

unrest when students and teachers had to report the next day to the high school I attended. The

information gathered about the two Columbine shooters, Eric Harris and Dylan Klebold, lead me

to investigate the psychiatric history that both boys held. Klebold was reportedly depressed and

suicidal, whereas Harris was deemed a psychopath (Cullen, 2004). Harris received mental health

intervention through doctor-prescribed psychotropic medications and therapy sessions with a

psychiatrist and mandated classes as part of a diversion program (Logan, 2016). Harris' rage

was visible, as he acted out on his anger toward other students and wrote about his feelings of

hate toward classmates on his website (Eric Harris Biography, 2014) whereas Klebold was

quieter, more passive-aggressive in his approach, which presented in the violent essays and

poems he wrote and the journals that he kept (Dylan Klebold Biography, 2014).

In 2007, another deadly school shooting occurred at the Virginia Tech college campus in

Blacksburg, Virginia. Two individuals were shot in a dormitory, and 31 others (including the

gunman) were shot in their classrooms (Hauser & O'Conner, 2007). ABC News reported that

the shooter, Cho, had one prior hospitalization in the inpatient psychiatric unit of Carilion's St.

Alban's Hospital, and other records of the university's Cook Counseling Center reported that

Cho had one in-person visit and two telephone conversations with mental health professionals.

The first contact Cho had with the counseling center was from a referral from one of his

professors, and Cho's records indicated that he was troubled and required follow-up contact

within two weeks of the initial appointment. Symptoms of depression and anxiety were cited in

his chart, as were the concerns of suicidal and homicidal ideation (Cohen, 2009).

The Sandy Hook Elementary School shooting in Newtown, Connecticut, occurred in

December of 2012, where Adam Lanza killed 26 people (children and teachers), including his

mother at their home close to the school. Lanza's medical and psychiatric charts reported that he

had not received treatment for his anxiety, obsessive-compulsive disorder, or possible undiagnosed anorexia, and that he was not taking the medications for his symptoms. The chief psychiatrist at Hartford Hospital's Institute for Living stated that the fact that Lanza had a mental illness was not the precipitating factor of the tragedy that occurred; instead it was the issue of Lanza's mental illness being left untreated that was the problem. Further investigation into Lanza's school records reported that he was receiving home-bound educational service, where he was permitted to receive his education at home, due to the reported difficulties he had in social settings. This arrangement only served to heighten his isolative behaviors and provide time for him to research and fantasize about violence through "an online community for mass-murder enthusiasts" (Cowan, 2014). Former President Barack Obama stated, in the wake of the Sandy Hook Elementary School mass shooting, that Congress needed to step in and provide aid to those that are struggling with mental illness so that they can get treatment before another incident occurs. Although Former President Obama may have had the best intentions and forward-thinking initiatives to put a stop to the mass murder of children in schools, there was an unspoken stigma placed on individuals seeking treatment for mental illness, that they, too, might be the next school shooter (Fox & DeLauter, 2013).

The incidents listed are a small sample of the number of school shootings that have occurred since the Columbine Massacre. Shepard Smith with FOX News reported in February of 2018 that "since Columbine in 1999, there have been 25 fatal, active school shootings at elementary and high schools in America." Many news media outlets and research/poll websites report that 25 is grossly underestimated (Diebel, 2018).

Bullying and Trauma

The most common form of school violence is the bullying that occurs between peers (Yang et al., 2018). Yang et al. (2018) stated, "Bullying involves an intentional, systematic, and recurrent action instigated by an individual or group of individuals who are attempting to inflict physical and/or psychological harm on another person to gain power, prestige, or goods" (p. 54). Children who are bullied often suffer from anxiety and depression (internalization) as well as aggression and delinquency (externalization) (Reijntjes, 2011; Reijntes, Kamphius, Prinzie, & Telch, 2010; Yang et al., 2018). Bullying also creates a trauma response in school-age children where the victim may experience emotional and cognitive-behavioral damage which may, in turn, slow down or suspend student engagement (Yang et al., 2018). The inclusion of the information surrounding school violence, bullying and trauma to this research may seem extreme; however, the relevance is significant when discussing the complex relationship between students and teachers. The presence of mental illness may make that relationship even more strained, and teachers may find themselves calling on additional on-campus resources and support during the school day.

Admission into a School-Based Mental Health Program

The admission criteria for students to become clients of a SBMH program vary among providers because each of the providers are generally private organizations. The information listed in this section about funding and admission criteria is taken from the website of a local private agency in proximity to where this study took place. The information is generalizable to what is expected of other mental health agencies, as they are regulated by state guidelines and the Department of Medical Assistance Services (DMAS). Most services are paid for through Medicaid, but many of the organizations will take a Medicaid waiver, grants, scholarships,

private insurance, private pay, and/or funds from the Family Assessment and Planning Team

(FAPT). The admission criteria for clients of SBMH generally includes students ages three and

above who are of the age and cognitive ability to be able to benefit from interventions. Second,

students must display behavioral, social, and/or emotional behaviors which place them at risk of

removal from the classroom or school. Third, students may be considered for treatment if they

present as having difficulty "in establishing or maintaining normal interpersonal relationships to

such a degree that they are at risk of hospitalization, homelessness, or isolation from social

supports." Fourth, students who become clients are known to exhibit behaviors that are deemed

inappropriate for the school or social setting, such as a disregard for personal safety or behaviors

that are offensive to others' sensibilities. Finally, if the student displays inappropriate behaviors

which may also garner repeated interventions from outside sources, such as appearances in the

juvenile justice system or social services, he or she will be considered a qualified candidate for

SBMH services (Ndutime Youth & Family Services, Inc., 2018).

Many schools have a CORE team, which is parallel to the Student Assistance Program

(SAP). The CORE/SAP program aids in identifying students who appear to have barriers to

learning, such as a sudden drop in grades, a change in the dynamics of friendships, depression,

anxiety, aggression, bullying (causing or receiving), and changes in the family unit such as

divorce or fighting amongst members. Referrals can be made to the CORE team by

parents/family members, teachers, and fellow students. The CORE team meets once per month

and consists of teachers, administrators, the school psychologist, guidance counselors, and

sometimes resources from the community, such as individuals who are trained to identify and

work with at-risk children. The target population for the CORE team is students from grades 7-

12. The CORE team also provides additional resources to families in need and offers to connect them with outside agencies (CORE Team Overview, 2018).

The site for this study has a CORE team that meets monthly, but additional information is not available, as they do not maintain an informational webpage for the CORE team. I have been part of the CORE team at several schools and have first-hand knowledge of the identification of need and the referral process. An effort is being made in the direction of identifying and supporting students with mental health issues in the school proposed for this study. The school recently (October 2018) received a grant for mental health services, which they refer to as the Stop Grant. The Stop Grant helps students with emotional and behavioral pressure by staffing more school counselors, offering mental health meetings for parents of students, training teachers to recognize and prevent violence in the classroom and school, and teaching staff how to assist students who have been victims of trauma, mental illness, or with their overall social and emotional well-being, and implementing a suicide-prevention program in each of the county's five middle schools (Heilman, 2018).

Educators in the Classroom

The role of the teachers in the classroom is multi-faceted, as they are expected to address the diverse needs of the students, meet state and local standards regarding testing, maintain their licenses and certifications, and sustain professional relationships with parents, colleagues, and administration. Teachers not only impart knowledge but are also asked to elicit student participation so that students are actively engaged in the lesson. Passive compliance of a student is not really learning (Reynolds, 2000). It may be said that teachers are in the business of sales; that is, they are selling a product (the educational concept) to a room full of students who may or may not be responsive to what the teacher is saying. Going one step further, a teacher may also

be fulfilling the needs of his or her students in much the same way that nurses, counselors, mentors, life coaches, or guardians complete their duties (Van Brummelen, 2009). The role of a teacher can be taxing mentally, physically, and emotionally, and there have been concerns expressed in research that individuals who are tasked with educating teachers may even try to deter future educators from going into the field of teaching (Reynolds, 2000).

Team Teaching, Collaboration, and Cross-Curricular Relationships

Just as field experiences are important to student teachers, team teaching, collaboration, and cross-curricular relationships are important to teacher development (Meirink et al., 2007; Simons, Baeten, & Vanhees, 2018; Sorensen, 2014). Many teachers can increase their performance just by partnering with one of their peers (Simons, Baeten, & Vanhees, 2018). Paired placement (also referred to as team teaching, co-teaching, and collaborating) is "two or more teachers in some level of collaboration in the planning, teaching, and/or evaluation of a course" (Baeten & Simons, 2014, p. 93) and the team-teaching approach which provides emotional and professional support (Bullough et al., 2002; Goodnough et al., 2009) and professional growth (Bashan & Holsblat, 2012; Goodnough et al., 2009). Based on the team-teaching approach, there are five distinguishable models of teaching: Observation, Coaching, Assistant Teaching, Equal Status, and Teaming (Baeten & Simons, 2014; Simons, Baeten, & Vanhees, 2018). The models listed are for student teacher and mentor scenarios; however, the relationship between a teacher and a mental health professional providing SBMH services in the classroom is similar, especially when the relationship involves observing and coaching teachers on classroom management techniques and how to understand and aid students receiving services. The team-teaching approach that includes SBMH professionals may help to maximize resources in the classroom (Simons, Baeten, & Vanhees, 2018). This study focused primarily on the

theory of perceived self-efficacy as it relates to classroom teachers and the way that they perceive their ability to teach students when there are SBMH professionals present in the classroom.

Development of Pedagogy

A teaching pedagogy is defined as the ways in which a teacher uses varied methods of instruction to impart knowledge in the classroom (Van Brummelen, 2009; vanManen, 2016) or what the teacher is doing to influence students (Child Australia, 2017). The term pedagogy presents as a more robust term than teaching or instructing and describes the task of teachers to consider the diverse backgrounds and abilities of their students. Teachers also consider the learning needs of individual students and the dynamics of the classroom and then tailor their lessons and instructional strategies (Van Brummelen, 2009). Individual students may come from non-traditional backgrounds – children of divorce, foster children, those with insufficient nutrition or medical and mental health care – and children are exposed to adulthood at an earlier age than their parents and grandparents may have been (vanManen, 2016). Schools confront the diversity of students' heterogenous skills and needs by providing opportunities for students to learn beyond textbooks and lectures, tailoring the approach for the student and not making the student fit the approach (Domina, 2016). Having an effective pedagogy is important to teachers because it correlates to improved student outcomes in the classroom and optimizes learning (Child Australia, 2017).

Three basic components to developing a pedagogy are curriculum, methodology, and socialization. Curriculum is what is being taught (or the content) and methodology is the way teaching is conveyed to the students. Socialization includes the cognitive skills and attitude necessary to be contributing and functioning members of society. When coupled with the

interventions in mental health supports, students are not only equipped cognitively and affectively; they are also being taught to be cognizant of their own needs and how to take care of their own mental health (National Research Council, 2001). To reach the various skill levels of students and address the various abilities and learning styles of students, teachers may incorporate a variety of teaching strategies that help the student to connect to his or her world and learn that mutual intellectual engagement is both fulfilling and necessary for success. The well-being of students and teachers is linked to increased confidence within the school community and gives the students and teachers a sense of purpose for their roles, builds a stronger community, and aids in the confidence the students have in the teachers and the teachers have in the students (Bhowmik, Banerjee, & Banerjee, 2013).

Teacher Attitudes

Teachers are largely responsible for creating the classroom environment (Deemer, 2004) and improving students' academic performance (Cheng & Zamarro, 2016). As indicated above with classroom management techniques, the relationship that a teacher has with students also sets the tone for the dynamics of the learning atmosphere and how receptive students are to the teacher's instructional strategies (Buela & Mamman, 2015). The effectiveness of a teacher "is defined as the extent to which the teacher possesses the requisite knowledge and skills," and teacher performance is considered "the way a teacher behaves in the process of teaching" (Buela & Mamman, 2015, p. 57). Education is an activity that requires communication (Gulec & Temel, 2015) and a way for teachers to potentially de-escalate behavioral issues in the classroom (Skiba, Ormiston, Martinez, & Cummings, 2016).

A teacher's attitude is the outward appearance of the teacher's emotional expression. Emotions can be conveyed through facial and gestural expressions, tone, and the emotions of

crying, laughing, eye-rolling, etc. (*Encyclopedia of Mental Disorders*, 2018). Non-verbal

communication, or an affective display, is a reaction to the feelings of not being able to

adequately express oneself verbally (Gulec & Temel, 2015). Lehman (2019) suggests that

children and adolescents with mental illness or cognitive disabilities may have difficulty

interpreting social cues in the classroom from teachers and peers. Seventy percent of a child's

understanding of a social situation comes from what they view on other peoples' faces (Lehman,

2019). When a misinterpretation is coupled with behavioral triggers in the classroom, a student

may not be receptive to accepting help from teachers or SBMH staff.

Another example of non-verbal communication is to send unconscious messages to

others through negative or positive body language (Gulec & Temel, 2015). An example of

negative body language may occur when a teacher is approaching a student who may have an

unpleasant odor. The teacher walks up to the student's desk to answer a question privately, and

when the odor reaches the teacher's nose he or she may grimace, furl his or her brow, or even let

out a gasp. This teacher may not verbalize that the student smells bad, but her facial and

emotional signs communicate otherwise. An example of positive body language may occur

when a student acts in a way that the teacher approves of, and he or she responds to the student

with a nod of approval or a smile. This may signal to the student that what he or she is doing is

ok and may continue. Nonverbal affective cues can be just as powerful as other elements already

discussed regarding classroom environment creation.

School-Based Mental Health and the Classroom Teacher

Potential roadblocks may occur when teaching a classroom full of adolescents. The

World Health Organization (WHO) defines the age range of adolescence as between 10 and 19,

but adolescence during a high schooler's life is generally between the ages of 13 and 18

(Adolescence, 2018). Approximately one in four children/adolescents (some studies say one in five children) receive mental health services when they reach the age of school attendance (Climie, 2015; Eckert et al., 2017). When an adolescent is receiving mental health services, as opposed to receiving intervention in early childhood, he or she may have a more difficult time extending beyond the emotions, feelings, and psychological unrest to learn his or her lessons in school (Adolescence, 2018). The working relationship between a teacher and an SBMH professional is a collaborative one focused on providing teachers with the skills necessary to deliver therapeutic support to students who are experiencing a mental illness, which is based on the therapeutic interventions of a qualified clinician. SBMH is considered a professional mental health treatment option under Medicaid with qualified and licensed clinicians (Eckert, 2017).

Since there is a high probability that a teacher will have students in his or her classroom that are affected or influenced by a mental health disorder (some students with dual diagnoses), teachers seem willing to learn about student mental health and participate in treatment objectives (Brown, Phillippo, Rodger, & Weston, 2017; Franklin et al., 2012). Teachers may recognize the correlation between academic success and social-emotional well-being (Brown et al., 2017; Phillippo & Kelly, 2014). Timely interventions for students with mental illness prove beneficial to the overall success of students, along with a reduction in the social stigma many may face (Eustache et al., 2017). The collaboration between SBMH professionals and teachers may help reduce mental health problems in children and adolescents since SBMH services are bringing help to the students who may otherwise not have access to supports and services, or whose parents are unsure of where to get help for their child or even struggle to identify that their child has a need (Sanchez, Cornacchio, Poznanski, Golic, Chou, & Comer, 2018).

Summary

Chapter Two provides insight into what may be considered an epidemic among children and adolescents, specifically high school students, which is the increase in mental illness, mental health awareness, and the need for school-based mental health services and professionals. The literature suggests that teachers play a large part in influencing the classroom and the students. This occurs through strategic pedagogy and how teachers address the students, both individually and as a group, viewed though the teacher's attitude and non-verbal indications of how the teacher is reacting to the classroom environment. Next, in Chapter 3, the study protocol that was used in this research is discussed along with how information was gathered from teachers to apply to this study, in order to gain a better understanding of how teachers perceive their reactions to having a SBMH professional in the classroom with them.

CHAPTER THREE: METHODS

Overview

The purpose of this study was to research how teachers adjust their pedagogical and affective approaches in the classroom when School-Based Mental Health (SBMH) professionals are present. Chapter Three provides information on the multiple-case study design method and the rationale for the decision. A description of the setting, participants, and procedures is outlined, including the researcher's relationship to the location and the individuals involved. The role of the researcher is significant in qualitative studies, as detailed in my role in the data collection, through participant interviews, document analyses, and direct observations. The details of data analysis are described as they pertain to the role of the researcher and specific procedures. Trustworthiness is addressed through credibility, dependability, confirmability, and transferability, and all ethical considerations are noted, beginning with seeking approval from the Institutional Review Board (IRB) before any data collection commenced.

Design

Two main research methods acknowledged in most traditional studies are the qualitative and quantitative approaches. A quantitative approach is needed when researchers are testing a hypothesis or measuring a phenomenon, whereas a qualitative approach is best suited for studies that require analysis of words and images, where words could be participant interviews and images could be those gathered for document analysis (Olubunmi, 2013). Another way of looking at why a researcher would use qualitative research is because they are interested in studying "how people cope in real world settings" (Yin, 2015, p. 3). I observed teachers in the classroom (their real-world settings) to see how they approach a unique classroom setting when SBMH professionals are present. A qualitative approach also requires the researcher to

introspect and remain self-aware throughout the study so that he or she maintains neutrality but acknowledges his or her place in society where the research is being conducted (Choy, 2017). A qualitative method approach is appropriate for this study because I collected and analyzed data "that is both inductive and deductive and establishes patterns or themes" (Creswell, 2013, p. 44).

A case study approach is appropriate for this intended research design because the purpose of the study is to determine what, if any, impact the presence of an SBMH program has on the pedagogical aspects of teaching and on the attitudes of teachers (Yin, 2014). I interviewed the teachers using open-ended questions beginning with "how" and "why" questions in order to garner more information, as teachers were encouraged to explain their answers and not simply answer "yes" or "no" (Yin, 2014). Yin (2014) suggested that researchers will know to use case study design because "a case study is preferred when examining contemporary events, but when the relevant behaviors cannot be manipulated" (p. 12). This means that there was no experimentation component to the study because I included data from observations and interviews, and I had no control over the events being studied (Yin, 2014). Yin (2014) also explained that researchers should choose to conduct a case study when they want to "understand a real-world case and assume that such an understanding is likely to involve important contextual conditions pertinent to [the] case" (p. 16).

A multiple-case study approach is appropriate because I sought to collect data from 12 to 15 teacher-participants, thus making the study more robust (Yin, 2014). Yin (2014) reported on the value of choosing multiple-case study over single case study so that the researcher does not "put all [the] eggs in one basket" (p. 64). This may be interpreted as Yin (2014) warning the researcher that collecting data from only one source may be risky because the researcher must rely on that one participant, event, etc. Yin (2014) stated that having two cases is stronger than

one and having more than two cases in an individual's research is exponentially stronger than having one or two cases, and so on.

Research Questions

RQ1: What is the role of School-Based Mental Health service presence in schools on teachers' classroom practices and approaches?

RQ2: What is the role of School-Based Mental Health service presence in schools on teachers' pedagogy?

RQ3: What is the role of School-Based Mental Health service presence in schools on teachers' attitude toward the classroom environment and students?

Setting

The setting of this study was in the Virginia Mountains Region. Within the Virginia Mountains Region, I conducted my study in one public school within a district pseudonymously named Melvin County Public Schools (MCPS), in Melvin County (also a fictitious name), Virginia. The demographic information and statistics were taken from the official regional and school district websites. None of the sources were cited or referenced in order to adhere to IRB standards of ethics and to maintain confidentiality.

The Virginia Mountains Region

The Virginia Mountains Region is located close to the border of West Virginia and is well-known for the situation of the Appalachian Trail, Blue Ridge Mountain range, the James River, and Smith Mountain Lake, which are all easily accessible from Melvin County. There is some debate as to whether Melvin County is located in Southwest Virginia or Central Virginia, but it is recognized as being in the mountain region; however, some counties overlap into other regions of Virginia. The website for Melvin County School District states that they are in the

Piedmont Region of the Commonwealth of Virginia, but this is not recognized as a region on the

"Virginia is for Lovers" database. The Virginia Mountains Region is not technically considered

"poor"; however, it has not been, and is not currently, in sync with its Northern Virginia and

Tidewater counterparts. Data shows that between 1995 and 2010 there was little to no change in

the overall median household income and that the upper portion of the region makes two times

the median household income than the residents of Melvin County (Regional Profiles, 2014;

Virginia Places, 2019). An article in a well-known Melvin County newspaper stated Southwest

Virginia was the least diverse and poorest region in the entire state. It is also important to note

that when Medicaid provides reimbursement rates for services, including school-based mental

health (also known as Therapeutic Day Treatment), the rates are divided into NOVA (Northern

Virginia) and ROS (Rest of State).

Melvin County

Melvin County is in the southwestern portion of Virginia and has a population of

approximately 78,239 residents. According to the census information gathered in 2010, almost

twenty percent of the population are persons under the age of 18, which is considered school age

(not including students receiving special education services between the ages of 18 and 22). The

population is almost ninety percent "white alone, not Hispanic or Latino", while African

Americans make up seven percent, and Hispanics/Latinos are at two and one-third percent (U.S.

Census Bureau QuickFacts, 2018). The census information shows that at the time of the census

(2010) the unemployment rate was four percent in May (Bureau of Labor Statistics, 2019), and

nine percent of the population was in poverty (U.S. Census Bureau QuickFacts, 2018).

According to a community health needs assessment completed by Centra Health, the

greatest need in the entire region of Melvin County is for mental health services and support,

with transportation needs the second highest. The two may go hand-in-hand as many individuals lack the mental health care and supports they need due to lack of reliable transportation to appointments and/or getting psychiatric medications refilled and picked up.

Melvin County Public Schools

I made initial contact with the Supervisor of Testing and Demographic Planning with Melvin County Public Schools (MCPS) who reported an interest in the study proposal and how the findings would help MCPS improve services to students. The Supervisor initially gave me preliminary approval to conduct my study at the school that I was requesting, Buck High School, but then requested that I conduct my study at Buck Middle School as well, as they also have school-based mental health professionals in the classrooms and would like to know research findings for both locations.

The mission of MCPS is to empower learners for future success. The core values are the following: "ENERGIZE the learning process by creating safe and dynamic environments; Act with INTEGRITY; CHALLENGE learners to reach personal goals every day; COLLABORATE with staff, families, and the community to support learning. At the center of the Core Values is the goal to Focus on LEARNERS". The Vision of MCPS for learners is the following:

Make informed decisions about how, where, and when to learn; Progress academically regardless of how, where, or when learning occurred; Participate in community-based projects and internships; Earn college and workplace credentials as a regular part of their school experience; Utilize the latest innovations and technological advances to learn at school, at home, and in the community.

One of the ways that MCPS plans to put their core values into practice is to "Distinguish between a person and their behavior." This is particularly interesting to me, as I am studying

classroom teachers and School-Based Mental Health professionals in the classroom, knowing that one of their goals is to collaborate with the students and meet them at their level in order to move past the behavior and get to the students' abilities. In addition to SBMH services which began in August 2015, MCPS also offers substance abuse counseling services, equine therapy, and anger management counseling.

According to the 2018-2019 annual report for MCPS, there were 16 elementary, five middle, and five high schools, one center for arts and technology, and alternative middle and high school programs. Eight female principals and 19 male principals are employed in the county. The ethnicity of the teachers and administrators is not available but based on the make-up of the current student population and the demographics surrounding each of the schools, an assumption may be made that many of the teaching staff and administrators are Caucasian. There are approximately 50 homeless students, 37 in foster care, seven students going through the court-mandated re-enrollment process, and approximately 84 students in the Alternative Education Center (AEC). There are plans in place to create an elementary AEC in the next two years; however, it was proposed to the town residents to move the AEC to a former elementary school (that is now closed/relocated), but the residents did not accept the proposal.

As of the end of the 2017-2018 school year, 14,121 students were enrolled in MCPS. The average student/teacher ratio is 19.09:1. The largest high school had 1,070 students, and the smallest high school had 583 students. Information about the race/ethnic diversity among the schools via the statistics provided on the school system's website shows that most students, 77.2 percent, in Melvin County's high schools are Caucasian (White, not of Hispanic origin). As of the Fall 2019-2020 enrollment, there are 9,500 students enrolled for the school year. There is no explanation for the decrease in enrollment.

Participants

Yin (2014) identified participants as those "from whom case study data are collected, through interviews" (p. 240). The participants for this study were gathered through purposive criterion sampling. According to Schwandt (2015), a purposive sample allows the researcher to have knowledge of the potential participants to select them with a purpose and is the opposite of random sampling. A qualifying questionnaire was not used, as only teachers who are currently employed by MCPS will be extended an invitation to participate in this study; however, a Demographic Survey created on Google Forms was completed (at the beginning of the interview) by each participant. The selection criteria for this study included participants who hold a current, valid Virginia teaching license (not provisional or conditional), who work full-time as contracted instructors, and who currently have students in their classroom actively receiving SBMH services during the school day. I sought to obtain information from teachers who represent a variety of age ranges, experience, grade levels, and subjects taught. The study was not limited to a specific gender, race/ethnicity, age, or years of experience. Potential teacher-participants needed to meet those requirements to be considered for participation in this study.

Pending approval from the Instructional Review Board, I contacted the school administrators of several public schools via email or postal mail to see if they would pass on information and invitations to participate in this study to teachers. I also followed-up with phone calls as necessary. Creswell (2013) stated that in a multiple case study (also called a collective case study), "the inquirer selects multiple cases to illustrate the issue," so the target sample size for this study was 10 to 15 teachers (p. 99). Creswell (2013) also explained that a researcher

may choose to gather information from participants at several different sites, "to show different

perspectives on the issue" (p. 99).

Demographic Information

Based on the information regarding Melvin County's census data, the demographics of

the participants would most likely be Caucasian, with a higher percentage of female teachers

over males. I was not privy to the possible professional or educational backgrounds of the

potential participants, but information was attained through interviews. I asked t

he points of contact (administration, central office personnel) for fact sheets regarding teacher-

and student-related statistics that would be helpful to this research. Saxena and Kumar (2016)

studied the importance of high school teachers' age, gender, and experience on the tendency

toward burnout. Watts (2014) studied the life experiences of veteran teachers, and

acknowledged how gender, age, race/ethnicity, educational and vocational backgrounds, etc. are

notable when he began to review data for analysis and reporting after permission is granted.

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Procedures

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After receiving approval from the IRB, I began obtaining permission from the chosen

schools to conduct research with teachers that are employed there. Consent was required from

the school districts, individual schools, and teachers. Upon receiving permission from the school

districts, I sent an e-mail to the building-level administration, asking them to forward the study

information to teachers, so that I could begin soliciting participants.

Once I obtained twelve teachers/participants, I required them to complete the online

Google Forms Demographic Survey to ensure their qualification to participate in the study.

Afterward, I scheduled days and times for data collection through interviews, document analysis,

and classroom observations. Interviews were scheduled at a date, time, and location convenient

for each participant, as it was important that the participant be comfortable with the surroundings (Farber, 2006). The interviews were recorded simultaneously with an application called Sound Recorder on two different personal computers. Recording on two different devices allowed me to have a "back-up" if one of the devices failed to work properly. I transcribed all of the interviews myself in a Microsoft Word program saved on the hard drive and a pen drive. I used the Dedoose application and hand-coding methods to identify themes among the interviews through examination and compilation of emerging patterns and categories that were later used in determining the results of this study. All electronic documents were kept on a password-protected computer, and any printouts, copies of documentation, or additional storage disks of information related to this study were kept in a safe that was also passcode-protected.

The purpose of an observation in the classroom is to describe what is occurring in the classroom at the time the observer is present, which includes the surroundings, activities, people present, and why it may or may not be important to the study (Patton, 1990). Observations of the teachers and SBMH staff were conducted during the school's operating hours while students were present. I took anecdotal notes of what I observed by describing the surroundings and atmosphere of the physical classroom as well as the "feel" of the class with students present. This included precipitating factors that were observable (such as a student who receives SBMH services having a behavioral outburst) leading to an explanation of what type of learning environment was occurring at the time of observation. The appearance of the teacher and SBMH staff were noted according to physical state and non-verbal cues. The non-verbal communication that I observed was important for gathering evidence for the teacher attitude portion of this research. After observations were complete, I typed my observations and anecdotal notes into

the Microsoft Word program on my personal computer and saved the information both on the

computer's hard drive and a pen drive kept in a locked, secured location.

According to Farber (2006), documents used for gathering information may include

photographs, video evidence, diaries or journals, instructional manuals, memorabilia, or work

samples which are used to supplement personal interviews. I gathered two types of documents

for the documentation analysis portion of the data collection: photos of the classroom and

paperwork from the teachers, administration, and/or school districts, and from the school-based

mental health company and professionals that were pertinent to the study.

After conducting interviews, observing class sessions, and gathering the documentation

paperwork and photographing each of the participants' classrooms, I organized the evidence into

themes (Schwandt, 2015). Compiling themes consisted of identifying repetitious words used by

several teachers during interviews; however, according to Ryan and Bernard (2005), there may

be information gathered from searching for missing information. Ryan and Bernard (2005) said,

"Much can be learned from a text by what is not mentioned" and that when someone is silent

after a question is asked, it is often indicative of something that the participant is uncomfortable

answering or afraid to discuss (p. 5). The emerging themes were compiled for data analysis and

used to interpret the results of the study.

The Researcher's Role

The role of the researcher, according to Creswell (2013), is as follows: collecting data,

interviewing, analyzing data, interpreting data, and reporting findings. I was the one who

collected data through the methods discussed below, including conducting participant interviews.

I transcribed the interviews verbatim and to analyze and interpret the data. Once this was

complete, I reported my findings. I taught at one high school for five years and one remedial

middle school for one year. At the remedial middle school, I was employed as a special

education teacher for the seventh grade. This was my first year of teaching, and I had a

provisional license and a mentor, and I was completing my student teaching. I also co-taught in

English, Math, and Earth Science. At the high school level, I was employed as a special

education teacher and had students from all four grades who were receiving special education

services on my caseload. I co-taught in several classes across all four grade levels and was

highly qualified in a variety of subjects. I had knowledge of some of the teacher participants, but

I have not worked with any in the past five years. I kept out personal bias by not asking teachers

that are my close friends to participate. This kept the interviewing sessions from being too

informal and conversational. Additionally, I did not know any of the participants' students

because the ones that I knew personally had already graduated.

I proposed this study because I have an interest in public schools as I am a licensed

special education teacher and a mental health professional. I find the research of children who

suffer from mental health diagnoses, or worse, are undiagnosed, to be deficient as it pertains to

their education from a teacher's perspective, aside from the counseling and therapeutic

interventions they receive during the school day. After completing my dissertation, I hope to

continue my research into SBMH and supports for teachers who must change the way they teach

to accommodate diverse learners. I hope to also research how teachers can become more

effective in the classroom given the ever-changing dynamics between student and teacher.

Data Collection

The data was collected through interviews, direct observation, and document analysis.

Liberty University School of Education requires that a minimum of three methods of data

collection be provided in studies conducted for the requirements of a dissertation. Data was collected to answer the three research questions that drove this study.

Interview

I conducted semi-structured interviews with open-ended questions that are grounded in current literature on the topic. I decided prior to meeting with participants which interview questions were appropriate for this study (Creswell, 2013). One of the most popular methods of data collection, which is also seen as a strength in research, is the interview (Olubunmi, 2013). I interviewed the participants to gather evidence for my study. I presented a final report of findings that includes "the voices of the participants, the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or a call for change" (Creswell, 2013, p. 44). I set up a date, time, and location for the interviews to take places, based on convenience for the participant. Two recording devices were used during each of the interviews. Pseudonyms were provided to each of the participants, and I removed all identifying information. I notified the participants of the steps taken to maintain confidentiality and anonymity.

The interviews utilized the following open-ended interview questions:

1. Please introduce yourself to me, as if we just met one another.

2. Please tell me how long you have been teaching.

3. Please tell me about your educational background.

4. About how many students do you have in each class?

5. How many students do you see each day?

6. What type of teaching schedule/calendar does your school follow?

7. How many of those students are currently receiving SBMH supports in your classroom?

8. How long have you had SBMH professionals in your classroom? (how long during the day and how many years?)

9. Please walk me through your typical day at the school where you teach, beginning with the subject that you teach, and grade levels.

10. Please describe what guides your current style of teaching.

11. What factors lead to the development of that pedagogy?

12. Please discuss what it means to you to relate to your students.

13. Please discuss what it means for you to show empathy to the students in your classroom.

14. Please explain the relationship between empathy in your classroom and displays of facial expressions and body language.

15. Please give me an overview of your classroom climate, including any recurrent positive or displays of student behaviors.

16. Please give me an overview of any recurrent negative displays of student behaviors.

17. Please discuss the abilities and limitations of your students, such as those in the gifted program, those who receive special education services, are twice exceptional, etc.

18. Please discuss your interactions with individuals from the school-based mental health program.

19. If you do not interact with the individuals from the school-based mental health program, please tell me more about that.

20. I may need to make a follow-up phone call or interview if anything needs to be clarified, or additional questions come up. What is the best way to contact you for that?

21. A lot of ground has been covered in this conversation, and I appreciate the time given to this interview. One final question, what else would be important for this interviewer to know about the impact of SBMH on class/room practice?

Interview questions one, two, three, and nine established the personal demographic background for each of the participants, as well as what courses they are teaching. The National Education Association (2015) studied the importance of a diverse teaching staff, and Boser (2014) reported on the connection among a diverse teaching staff meeting the needs of student demographics. Phillips et al. (2016) studied the *Effects of Teacher Gender on Child Emotional and Behavioral Ratings* and hypothesized that female teachers would rate their students as having increased emotional and behavioral incidents in the classroom while male teachers would report fewer incidents.

Interview questions four through eight established an understanding of the classroom environment for the reader, which included information gathered about student and SBMH presence and what calendar and class scheduling the school district has adopted. Sandilos, Rimm-Kaufman, & Cohen (2017) studied the relation between students' perception of the classroom learning environment and their actual achievement, whereas Shernoff, Csikszentmihalyi, Schneider, and Shernoff (2014) wrote about high school student engagement in the classroom.

Interview questions 10 and 11 asked the participant to describe their teaching pedagogy and practice and how it was developed. Pecheone and Whitaker (2016) reported how well-

prepared teachers may inspire learning. Granata (2018), Grossman (2014), and the National

Council on Teacher Quality (2017) wrote on the disadvantages for teachers who are not prepared

to teach their students.

Questions 12, 13, and 14 were about the participant's view of affect and empathy toward

students. Raufelder et al. (2016) wrote about students' perceptions of what they call "good

teachers" and "bad teachers". Teven and McCroskey (1997) based their study on how students

perceive their teacher caring about student learning.

Questions 15, 16, and 17 gave me an understanding of the classroom environment,

including any specific student behaviors that the participant felt he or she must anticipate each

day. O'Brennan, Bradshaw, and Furlong (2014) wrote about teacher perceptions and student

problem behaviors. The teacher was asked to describe any additional supports students may

receive in the classroom or during the school day, such as (but not limited to) special education

accommodations and resources, one-on-one instructional aids, gifted consultation,

speech/occupational/physical therapy, etc.

Questions 18 and 19 required the participants to recall their interactions with SBMH

professionals (or lack thereof) by briefly explaining any situations they feel comfortable with

sharing. Langer et al. (2015) compared the difference between delivery of mental health services

in schools and in an out-patient treatment setting, and Borntrager and Lyon (2015) reported on

SBMH and client feedback and monitoring of progress. Scherzinger and Wettstein (2018)

studied the effect of classroom disruptions on the student-teacher relationship and the teacher's

ability to manage the class. Morales (2017) studied distractions to students in the classroom

from commotions in the hallway, students entering and leaving the classroom, etc.

Questions 20 and 21 left the dialogue open between the participant and me. Open dialogue allowed me to be able to contact the participant if I had any additional questions for the participant or to address any needed clarification when analyzing data. Such a provision in the interview questions was also necessary if I needed any additional data, documentation, assistance, etc. throughout the study.

Document Analysis

Schwandt (2015) described document analysis as "analyzing and interpreting data generated from the examination of documents and records relevant to a particular study" (p. 77). The documents may include "public records…private documents…interview transcripts and transcripts prepared from video records and photographs" (Schwandt, 2015, p. 77). I reviewed documents related to SBMH and to the individual teachers and their classrooms. The SBMH professionals were asked to provide any documentation that would be pertinent to this study, such as contracts with the school or protocol for visiting students in the classroom. I did not ask for any client records or personal information, so permission from parents/guardians or students was not necessary. I reviewed any documentation provided by the SBMH professionals or the SBMH company and checked for the following: (a) any documentation that makes suggestions about how teachers should address students who are receiving services with SBMH, which may lead to an understanding of affective displays or attitude; (b) any documentation that may add to any of the elements in this dissertation which would serve to enhance a description or definition of a concept; and (c) any documentation that details the SBMH professional's protocol for visiting the classroom (length of time, direct approach to student or observational role, etc.).

I requested permission to photograph the classroom of each participant at the beginning or the conclusion of the school day. A study by Ramli, Ahmad, Taib, and Masri (2014) showed

that the physical environment of the classroom may be indicative of student performance or a

teacher's level of interaction with students. Another study by Gump (1987) detailed that the

design of a classroom, which included how the space was utilized and how furniture was

arranged, may be a supporting factor of teaching and learning. Other studies have researched the

connection between the physical environment, student achievement, and the level of disciplinary

action necessary (Razak, 2006; Shoba, 2007). I looked for ways that the participant may have

deliberately arranged or made adaptations to their classroom, such as study carrels or strategic

desk placement, or signs of specific teaching pedagogies or practices, and generally any source

of evidence that may add to this study and help answer the research questions. Precautionary

measures were taken not to include any students or non-participants in the pictures including

pictures of student photographs on the wall, student names, or any other evidence that may be

used to identify non-participants.

Participant Observation

Participant observation, as defined by Schwandt (2015), occurs when the researcher

"witness[es] social action first-hand…for generating understanding of the ways of life for others"

(p. 227). Schwandt (2015) deemed participant observation "the best way to develop knowledge

of others' ways of thinking and acting" (p. 228). During the participant observation portion of

data collection, I directly observed each of the participants in their classroom for sessions lasting

more than one hour. Session length was determined by how long each class period lasts and how

many classes each of the participants teach that contain students receiving SBMH services. The

students were not the ones being observed or studied, and I did not report on any individual

students but instead the participant's reaction or response to classroom events. Likewise, I did

not participate in the class, but only acted as an observer, attempting to make as little impact on

the classroom environment as possible (Creswell, 2013).

Once I knew the participants' daily schedules and which classes contained students who

are clients of the SBMH company, it was easier to determine which classes should be observed.

The participants were also asked to suggest days and times that there would be the highest

potential for evidence-gathering. Each observation session was recorded through anecdotal/field

notes from the researcher, making sure that I remained objective throughout.

As stated above, I took field notes during the observations of the participants. According

to Yin (2014), field notes may be handwritten or typed, and I hand-wrote field notes to try to

make the least possible impact in the classroom. Also, I organized the notes according to topics

based on my observations and maintained the integrity of the study by not using the field notes to

re-write interviews or edit the original notes to make them more polished (Yin, 2014). I was

mainly observing to see what accommodations the teacher makes in the classroom and to see his

or her interactions with SBMH staff. Specific attention was given (in the field notes) if an

SBMH worker was called to the class to provide direct service to a student or pull a student out

of class for emotional or behavioral outbursts, or to participate in individual or group counseling

sessions. Additional attention and notation were given to noticeable shifts in the participant's

observable affect, specifically facial and gestural movements and body language.

Data Analysis

Data analysis methods for this study were taken from the literature of Creswell (2013),

Schwandt (2015), and Yin (2014), and applied to interviews, direct observation, and document

analysis. Schwandt (2015) described data analysis as "the process of organizing, reducing, and

describing the data and…drawing conclusions or interpretations from the data, and warranting

those interpretations" (p. 57). Schwandt (2015) explained the importance of data analysis by saying "if the data could speak for themselves, analysis would not be necessary" (p. 57), and Yin (2014) noted that one of the drawbacks of using the case study method is that it is not as developed as the other methods. Since this is a multiple case study format, I used a within-case analysis to establish "a detailed description of each case and themes within each case" (Creswell, 2013, p 101). A cross-case analysis was an appropriate second step to establish "thematic analysis across the cases," and finally, the third step was to provide an "assertion or an interpretation of the meaning of the case" (Creswell, 2013, p. 101).

Yin (2014) suggested five analytic strategies: (a) "putting information into different arrays," (b) "Making a matrix of categories and placing the evidence within such categories," (c) "Creating data displays," (d) "Tabulating the frequency of different events," and (e) "Putting information in chronological order" (p. 135). I conducted raw, audio-recorded, semi-structured interviews with open-ended questions. After assigning a pseudonym to each of the participants, I organized and prepared the interviews for analysis through verbatim transcriptions (Schwandt, 2015). I listened to the audio recordings and read the transcriptions several times to check for accuracy and noted general ideas and reflecting in the meanings (Creswell, 2013). Next, I coded the data through a qualitative data analysis application, Dedoose, as well as hand-coding, to aid in dividing into and interconnecting themes (Schwandt, 2015). Finally, the themes were interpreted so that I could begin to draw conclusions based on the data (Creswell, 2013).

Direct Observation

I gathered data through a nonparticipant/observer as a participant role in the classroom while taking detailed field notes (Creswell, 2013). The field notes were both descriptive and reflective in nature, including "experiences, hunches, and learnings" (Creswell, 2013, p. 167). I

analyzed the data by searching for and dividing information gathered from the field notes into themes, making connections between the observation sessions, and preparing the analysis for interpretation (Creswell, 2013).

Document Analysis

I gathered two types of documents for analysis: photos of the classroom and paperwork from the teachers, administration, and/or school districts, and from the school-based mental health company and professionals that may be pertinent to the study. After gathering the documentation paperwork and photographing each of the participants' classrooms, I organized the documents and photographic evidence into themes, wrote descriptions, and took anecdotal notes (Schwandt, 2015). Finally, I interpreted the meanings of any themes and related them to the overall research findings (Schwandt, 2015).

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Trustworthiness

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Trustworthiness addresses credibility, dependability, transferability, and confirmability in research, and this study followed portions of Yin's (2009), Lincoln and Guba's (1985), and Patton's (2015) rigor criteria. Trustworthiness was defined by Lincoln and Guba (1985) in *The SAGE Dictionary of Qualitative Inquiry* as "criteria for judging the quality, or goodness, of qualitative inquiry" (Schwandt, 2015, p. 308). The definitions for each method of establishing trustworthiness are listed below along with proposals for achieving each aspect of trustworthiness.

Credibility

According to Patton (2015), credibility means "address[ing] the issue of the inquirer providing insurances of the fit between respondents' views of their life … and the inquirer's reconstruction and representation of the same" (p. 685). Credibility was addressed through peer

debriefing and triangulation of sources. Lincoln and Guba (1985) explained peer debriefing as a technique where the researcher uses a trusted and knowledgeable peer as a sounding board throughout the research. A peer may listen to the researcher's issues with individual participants or may listen when the researcher has encountered an ethical or political dilemma. The purpose of peer debriefing is so that the research is not affected by personal bias. Triangulation of sources includes comparing cases within the proposed multiple-case study because of the varied viewpoints. For example, "the [researcher] makes inferences from data, claiming that a particular set of data supports a particular definition, theme, assertion, hypothesis, or claim" (Schwandt, 2015, p. 307).

Dependability and Confirmability

Dependability is "the process of the inquiry and the inquirer's responsibility for ensuring that the process was logical, traceable, and documented" (Patton, 2015, p. 685). I confirmed dependability through case study database (audit trail)/auditing and case study protocol (Creswell, 2013). Case study database means I had another researcher and/or peer review the process and product of the case study to see if the research was supported by the data (Creswell, 2013). According to Creswell (2013), case study protocol required the researcher to (a) decide on the research design that best fits the research problem, (b) determine if a single or multiple case study is the best approach (the latter of the two is the most appropriate for this study), and (c) draw from several forms of data collection methods to obtain extensive information on the topic. I conducted semi-structured interviews, observations of each of the participants, and document analysis. The analysis was a holistic examination of each case.

Confirmability is "establishing the fact that the data and the interpretations of an inquiry were not merely figments of the inquirer's imagination" (Patton, 2015, p. 685). The

confirmability of this research was measured through literature reviews, an audit trail, and reflexivity. A thorough literature review was conducted to identify key concepts in the education and mental health fields and "for the purpose of demonstrating their collective relevance for solving some problem, for understanding some issue, for explaining some relationship, and so on" (Schwandt, 2015, p. 274). An audit trail detailed the steps I took from the start of the project to the development and reporting of findings (Schwandt, 2015). The audit trail was available for a third-party individual, who is not connected to the research, to look over the documentation of the researcher to conclude that the research has confirmability (Schwandt, 2015). Reflexivity occured through field journaling which can be used after returning from the field (in this case the participant's classroom or interview session) and turned into field notes through careful self-reflection (Schwandt, 2015).

Transferability

According to Patton (2015), transferability is "the issue of generalization in terms of case-to-case transfer" (p. 685). Patton (2015) reported that the researcher is responsible "for providing readers with sufficient information on the case studied such that readers could establish the degree of similarity between the case studied and the case to which findings might be transferred" (p. 685). Transferability was maintained using Bandura's (1993) theory of perceived self-efficacy and thick description. The theoretical basis for this study is Bandura's (1993) theory of perceived self-efficacy, which aided in transferability by allowing me to test the theory as a hypothesis to the overall study conducted. Thick description occurred through transcription of the interview, while writing down the nuances such as long pauses, facial expressions, and body language (Schwandt, 2015).

Ethical Considerations

Ethical considerations for this study followed the guidelines of Liberty University's Instructional Review Board (IRB) for the following situations:

Prior to Conducting the Study

After obtaining IRB approval for this study, I sought to obtain permission from the institutions where I proposed to interview and observe teachers. I secured a school district that was willing to let me conduct the study; however, I needed to obtain documented permission from the school district administration, building-level administration, and teachers by filling out the necessary paperwork. When discussing the study, I provided the parameters of the study regarding the purpose and how anonymity and confidentiality would be addressed throughout the entire process. I did not pressure any individuals to participate in the study, and participation was strictly voluntary.

During the Study

I secured MCPS as the site for my participant search and observations. I respected each of the school sites, as well as each of the participants and non-participants, because I was a guest on campus. Respect for the site means that I attempted to maintain normalcy at each school, keeping disruption to students, staff, and faculty at a minimum. I also showed respect to all participants by not pressuring them to participate. I did not use participants for gain only; if I had, I would have conducted research and then not followed through with contacting the participants to discuss the findings or make the study available to them. I provided each of the participants with follow-up information containing the study results.

Analyzing and Reporting the Study

Once I met with the participants and gathered data through interviews, direct observations, and document analysis, positive and negative findings were disclosed and reported at the request of the involved parties. Data was stored in a password-protected electronic device and any paperwork was stored in a locked safe. I avoided siding with any of the participants, so the data would be as objective as possible. The privacy of the participants was continuously maintained throughout data analysis, and data was reported using pseudonyms for participants and pseudonymously named sites. The information being reported is free of plagiarism or attempts to force the study into a favorable outcome by fabricating results or data. Finally, when analyzing and reporting the data, I did not disclose any information that could potentially be harmful to the participants.

Publishing the Study

I plan to publish the study upon its completion. One ethical consideration for publishing the study will be to share the data with others and to make it available to the participants. Another ethical consideration will be to submit the study in its entirety for publication and refrain from duplicating submissions or providing fragmented portions of the study.

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Summary

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I investigated if, and how, the presence of school-based mental health professionals in the classroom affects how teachers teach and conduct classroom learning (pedagogy) and what the teacher's self-reported and observed body language and facial expressions are during instructional time (affect). I chose a case study as the most appropriate research design over phenomenology, ethnography, narrative, and grounded theory. I conducted a qualitative, multiple-case study. The case study research design is befitting this study because I interviewed

teachers and observed them in the classroom to gather information which helped provide readers with an understanding of "complex social phenomena" (Yin, 2014, p. 4).

The research questions guided the interview questions and asked the participants to reflect on their professional relationship with SBMH professionals in the classroom. The research questions guided the research and the participants to discuss the implications of pedagogy and attitude. I played a critical role in the study because I interviewed participants, analyzed data, and reported findings. I also had the task of upholding IRB protocol so that all ethical considerations were addressed. Finally, I addressed the issues of trustworthiness through credibility, dependability, confirmability, and transferability. Chapter Four provides the results of the study, and contains all the data (charts, graphs, etc.) that are necessary for illustrating how the data was used to answer the research questions and make assumptions and conclusions for Chapter Five.

CHAPTER FOUR: FINDINGS

Overview

The purpose of Chapter Four is to provide an in-depth look at the results of the data collected through interviews, classroom observations, and document analysis for this multi-case study. This chapter begins with a comprehensive description of the participants, as well as the process that I used to determine themes throughout the data gathered. Then I discuss the themes and subthemes of the data. Finally, my findings are presented according to how they relate to the three research questions guiding this study.

The purpose of this multiple-case study was to determine the impact of School-Based Mental Health (SBMH) professionals on classroom teachers, specifically their pedagogy and attitudes. The first research question sought to identify the effect of SBMH service presence in schools on teachers' classroom practices and approaches. This research question was asked as the final question of the one-on-one interviews. It allowed for the participants to provide any additional information that was not previously discussed in the rest of the interview. The second research question focused on teachers' pedagogy. I wanted to know if the teachers that I interviewed and observed have changed the way that they approached instruction in the class, essentially if their pedagogy has changed. The third research question focused on the role of SBMH service presence on the teachers' attitudes toward the classroom environment and students. This was determined through questions that explored teachers' self-awareness of facial expressions and body language when SBMH professionals are in their classroom.

Many of the current studies available on teachers' interactions with SBMH professionals have addressed how well teachers felt that they were prepared to have students with mental health issues in their classrooms and whether they felt trained enough for a crisis in the

classroom or on campus. Other studies addressed the mental health of teachers and how their own mental illness may affect them in the classroom and with their interactions with students and colleagues. Additional research shows that teachers have a significant impact on students, especially since many look up to their teachers and are with them for seven or more hours of the day. I sent out applications for research to eight different school districts throughout the southwest, central, and mountain regions of Virginia. One county wanted me to strike classroom observation from the study before they would allow me to conduct my research there. I chose not to change my study, knowing that the observation piece would be an integral part of the overall data collection. One county stated that they would have allowed me to conduct research at one of their high schools; however, the SBMH presence on campus is on a case-by-case basis. The superintendent explained that the overall county does not send out a Request for Proposal (RFP) or contract out for services. There are no SBMH provider offices at any of the schools; neither are they present to gather referrals, have consistent access to students, or be readily available in the event of a crisis. What this does mean is that if a student has been identified by a staff member or their own parent as being in need of SBMH services, then a staff member of the school (presumably an administrator, guidance counselor, or school psychologist) would contact a pre-approved agency and ask them to come in and meet with the referred student and conduct an intake for services. One school district could not allow me in any of their schools because they did not have a policy on outside researchers coming into the classroom. Finally, four districts told me that I could not conduct research in any of their schools and provided no explanation as to their decision.

Melvin County Schools agreed to let me come into Buck High School to gather my data. I visited the administrative offices to deliver my application in person, which led to a face-to-

face conversation with the Supervisor of Testing and Demographic Planning. This supervisor not only gave me permission to enter Buck High School but also asked if I would gather data from Buck Middle School as well. He stated that he would be interested to see what my findings revealed. Unfortunately, after attempting to obtain participants at Buck Middle School, I was unable to get anyone to agree to participate in my study; thus, all information reported came from participants within Buck High School.

Participants were selected using purposeful sampling. I provided the principal of Buck High School with information on my study along with the approval letter from the Testing and Demographic Planning department. The principal reported that he sent a Monday Memo out to the teachers with an overview of the study and directions for those interested in participating. I relied mainly on snowball sampling once I received a few participants, which proved to be helpful, since many of the participants reported that they did not understand the parameters of the requirements to participate based on the principal's email. After the data was gathered, I used Dedoose, a qualitative analysis application, to code the information, which aided in determining broad themes and then subthemes. The results are presented in this chapter.

Participants

This multi-case study relied on the interviews of 12 participants and the observation of one class from each teacher. Additionally, I gathered documentation consisting of sketches of the overall layout of each of the classrooms (Appendix F) and the school bell schedule (Appendix G). I was also able to take pictures of several of the classrooms (Appendix H) in which I conducted observations. The photographs show classroom set-up, desk arrangement, and additional desk or chair modifications made to aid in student success, both behaviorally and

academically. The 12 teachers that participated represent the same school within the school district.

Each participant was assigned a pseudonym in order to maintain anonymity and confidentiality. The pseudonyms were provided by each participant based on a name chosen for themselves. Each participant completed the Demographics Questionnaire (Appendix C) with me during the initial meeting. I have no evidence proving whether the administrator gave the Demographic Survey web address in his Monday Morning Memo to the teachers when he notified them that I was seeking participants. The administrator reported that when he attempted to access the Demographic Survey via the Google Forms link provided, he was unable to access the questionnaire, so prior to any data collection, I supplied each teacher with a copy of the Consent Form to sign (Appendix B), giving their permission for me to conduct a recorded interview and a classroom observation.

At the beginning of the interview, participants were asked to introduce themselves to me "as if we just met one another." It was an even split between the participants who stated their name and what they taught and the participants who provided detailed personal information. The participants had a wide range of teaching experience. Two participants started out as paraprofessionals (Instructional Aides, Teacher's Aides, etc.), and every participant had been at Buck High School a minimum of four years. The range of teaching experience was between four years and thirty-four years, with the average being sixteen years of experience for the group.

All of the participants had a bachelor's degree and teaching licensure, as per the Virginia Department of Education (VDOE) requirement for teachers in the state of Virginia. Fifty percent of the teachers had post-graduate degrees, and one teacher had eighteen credit hours towards her education specialist degree. Additionally, some of the teachers held double majors, one or more

minors, and/or went back to school to obtain additional certification to teach specific classes,

such as Driver's Education.

There was a split between participants who are general education teachers, special

education teachers, elective teachers, or a mix of the three. Five participants teach general

education classes that are required by the state of Virginia. Three participants are special

education teachers who teach skills classes only to students receiving special education services

and also co-teach with a general education teacher in a general education class. Two participants

teach elective courses. One participant teaches a combination of general education classes and

special education classes, and one participant teaches a combination of general education courses

and elective courses.

The participants were asked to recall how many students they have in each class and how

many students they see each day in all of the classes combined. The average number of students

varied according to what subjects were being taught. For instance, one participant stated that she

had four students in one of her classes which was a research course she was piloting for the

county. Two participants provided a specific number of students in each class: twenty-six and

twenty-seven. The participants who teach general education classes provided ranges in their

class roster of attendance from eighteen to thirty-five students, with the bulk of classes having an

average of twenty to twenty-five students. The special education teachers recalled that their

classes have significantly fewer students in attendance and average their classes to be between

ten and twenty students each, depending on the level of student need.

Since all of the participants are from the same school within MCPS, they are all on the

same teaching schedule/calendar. MCPS has a block schedule with four blocks per day,

alternating between A-Day and B-Day. On A-Days, teachers have a ninety-minute 1A block, a

ninety-minute 2A block, a sixty-minute 3A block with one of two lunch schedules, and a ninety-minute 4A block. On the opposite day, the students attend different classes during 1B, 2B, and 4B, with 3B remaining the same as on the A-Day. All of the teachers have a homeroom period lasting fifteen minutes prior to the first block class. The teachers will have the same homeroom students all four years, which provides an opportunity for them to really get to know the students and build rapport.

The sample size for this multi-case study was 12 participants, which included full-time, licensed teachers, employed by Melvin County Public School (MCPS) District at Buck High School. During the individual semi-structured interviews, each participant provided information about themselves. The information included descriptions of teachers' classroom climates, their interactions with SBMH professionals, and their own self-awareness of displays of facial expressions and body language. The following individuals participated in this study:

Table 1

Participant Characteristics

Name	Gender	Department	Years of Service
Anne	Female	Health/PE	15
Athena	Female	Spanish/Mythology	14
Brent	Male	Special Education	04
Celine	Female	History	22
Chris	Male	Special Education	04
Clifford	Male	Health/PE	30
Kathryn	Female	English	21
Nicole	Female	Mechanical Engineering	05
Renaldo	Male	Special Education	07
Scarlet	Female	Business/Marketing	26
Sue	Female	Science	34
Zach	Male	Health/PE	16

Note: All participants listed in this study were assigned pseudonyms and are described in greater detail in the narrative sections below.

Anne

Anne teaches tenth-grade Driver's Education, tenth-grade physical education (PE), and ninth- through twelfth-grade Adaptive Physical Education. She has been with Buck High School for ten years, and this is her fifteenth year of teaching. Anne received her undergraduate degree

with a focus on athletic training and a graduate degree in education with teacher certification. Anne reports that she teaches driver's education class for the first half of the school year where her lessons come from the pre-written modules of a state-mandated curriculum. During the second half of the school year, the same students will take health and physical education, which is mainly conducted in the gymnasium or outside on the athletic field.

As part of the state-mandated driver's education curriculum, students are expected to attend class. There are no exceptions for missed classes, and an excused absence from school does not count for her class. The average size of the driver's education class is twenty-five students. Anne reveals that there are approximately three students who receive SBMH/TDT services across her classes. She explained that "during my first-period class I have one student who has been under TDT for multiple years and is currently in the appeal process to keep services, and desperately needs services" (Anne, personal communication, September 24, 2019). The student continues to receive TDT services during the appeal process. Enrolled in Anne's fourth-period driver's education class are two students receiving TDT services, which is the class that I observed.

Anne's adaptive physical education class has 12 students. She stated that the students have free time to play and then she provides a short lesson on topics such as hygiene or nutritional eating that is tailored to their skill and retention levels, and then a group physical activity. All of the students in the Adaptive Physical Education class have an Individualized Education Plan (IEP), listing accommodations and supports that each student receives in all of their classes. Anne indicated that there are no students in that class who receive services from TDT professionals.

Athena

Athena is in her fourteenth year of teaching for MCPS and her 11th year at Buck High

School. She teaches Spanish and mythology at MCHS. She has a bachelor's degree in Spanish

literature with a minor in Latin American studies and has earned her teaching certification.

Athena also said that she has "taken some other courses…in random things since then," such as

criminal justice, theater, and American literature (Athena, personal communication, September

30, 2019). Athena believes that her classes have a different climate than some of the others at

Buck High School since mythology is an elective class, and Spanish III and IV are higher-level

courses. On average, Athena sees thirty-four students on A-Days and fifty-four students on B-

Days. She is also the advisor for Key Club and a coach for the after-school forensics program.

Her classes include several students who are gifted, and this year, she states, "is an anomaly

because I don't have any IEPs or 504s" in any of her Spanish classes (Athena, personal

communication, September 30, 2019). The mythology class that she teaches has three students

who receive TDT services and five or six students with IEPs.

Brent

Brent began his teaching career as a paraprofessional in the Special Education

Department. He was in that role for three years prior to completing his master's degree and

teacher certification. Brent's teaching schedule consists of mainly skills classes. A skills class,

Brent explains, is "in between adaptive and Gen Ed" (Brent, personal communication,

September 24, 2019). He teaches mainly skills classes but has one general education class that

he co-teaches. A skills class is a stepped-down version of the general education class, but not

quite at the level of a high needs/adaptive classroom. The material is presented at a much slower

pace and with no Standards of Learning (SOL) test at the end. He covers information from Earth

Science, Biology, and "actual math stuff that you use in real life" (Brent, personal

communication, September 24, 2019). He says that skills classes are more enjoyable because

they are relatable for the students and he can come up with fun projects. In a skills class, every

student has an IEP. Brent has five students who are receiving TDT services this year.

Celine

Celine has been teaching for twenty-two years. She has a broad range of teaching

experiences, as she taught oversees for six years: Four years in International School in Turkey

and two years in International School in Morocco. She explains that she taught the American

curriculum in her classes overseas. Her undergraduate degree from Roanoke College is a

bachelor of arts in history, and her graduate degree is a master's in international education from

the University of Bath in the United Kingdom. She also has eighteen credit hours in political

science from Virginia Tech University.

Celine's world history classes include a co-teacher with special education degrees or

endorsements who ensures each student with an IEP is getting the accommodations that are

required and helps with the planning and delivery of the material in class. The co-teachers are

also referred to as "collabs," or collaborative teachers. Celine sees an average of fifty students

on A-Day and sixty-five to seventy students on B-Day. Celine recalls that there are three

students who receive SBMH services in her classes. One of the three, she states, is appealing a

motion to discharge him from services; however, the SBMH staff continues to provide services

while the appeal is happening and until a final decision has been made. There are two more

students in her classes that have been referred for SBMH services.

Chris

Chris is a Special Education teacher and teaches skills classes that are self-contained with only students who have an IEP. Chris received two associate degrees, a bachelor's degree in history and secondary education, and a master's degree in special education. Chris teaches social studies skills with the content paralleling the world history II general education class. He also co-teaches during one period of United States/Virginia history class. This is his fourth year of teaching, all of which has been at Buck High School.

Chris has students with Autism, Speech and Language Disabilities (SLD), Other Health Impairments (OHI), and/or Intellectual Disabilities (ID). Five of the students that Chris sees throughout his class schedule receive services from TDT staff. He explained that prior to the beginning of the school year, he likes to receive a list of students who will be taking a Social Studies Skills class. He said, "one thing that I ask the guidance counselors when they're grouping kids, is I look at the schedules before I get all my students before the school year starts and I figure out which kids would be better together in which classes…I make sure that the groups are compatible with each other" (Chris, personal communication, October 1, 2019).

Clifford

Clifford has been with Buck High School for thirty years and has earned a bachelor's degree and a master's degree from two different universities. On average, Clifford has about twenty-five to thirty students in each of his classes. He teaches somewhere around one hundred to one hundred and twenty students each day, depending on the A-Day/B-Day schedule. Clifford teaches co-ed ninth grade health and physical education and ninth through twelfth grade strength conditioning.

Clifford states that he has all levels of skills in his classes with the majority of students in the general education population, but he states, "each year it seems to be more and more, a higher percentage of kids with IEPs and 504s and those kinds of things" (Clifford, personal communication, October 1, 2019). He also explains that there are around four or five students receiving TDT services in his classes combined. The interview with Clifford was one of the shortest that I conducted. It occurred at the end of the homeroom period right before the first-period class came in, so there were bells ringing, students coming in and out, and the door between Clifford's classroom and the gym was open. There were several distractions during the course of the interview, which was rushed, as the next block was about to begin.

Kathryn

Kathryn is a high school English teacher, who has been at Buck High School for thirteen years. Previously, she worked in the "private education industry" for seven years and was in another local school district for one year (Kathryn, personal communication, September 18, 2019). She received a double major in English and creative writing and then went back for a fifth year to obtain her teaching licensure. Kathryn explained that the class that I would be observing had three students who received TDT services, with two more in the referral/waiting list process, and several students with IEPs. Kathryn's roster for her combined classes included six students with SLD for reading and writing and three students on the Autism Spectrum. She explained that it would probably be difficult for me to identify which student receives services in the class that I would be observing because there are several who have needs that have yet to be identified or referred.

Nicole

Nicole is a fairly young teacher who is her fifth year of teaching at Buck High School. She teaches three classes of manufacturing technology, one class of engineering explorations, and one class of analysis and applications. She moved from New York to Virginia right after graduation with a provisional teaching license. She explains that the university she attended is currently "the only college in the northeast that offers the technology education degree" that she currently holds (Nicole, personal communication, September 26, 2019).

Nicole's class size average is between fifteen and twenty per class. She sees about sixty students each day. Nicole had her roster close by during the interview to reference, and when I asked her about the number of students receiving TDT, she stated, "There is one student in my third-period class. One student in my [second period] class. One student in my [other second period] class" (Nicole, personal communication, September 26, 2019). The abilities and limitations of Nicole's students range from the ones "who are…exceptional and excel" which she will put "into a leadership position so that they're demonstrating Bloom's Taxonomy's highest level, and that they're teaching others" (Nicole, personal communication, September 26, 2019). Additionally, Nicole has students in her classrooms who have one-on-one paraprofessionals who follow them to each class to provide supports and accommodations according to the student's IEP. She states that in her classes she is "using teamwork, skills, and working on relationships with identifying [their] own strengths and weaknesses, and [they] talk about how there's three types of team members; Those that make things happen, those that watch things happen, and those that wonder what happened" (Nicole, personal communication, September 26, 2019).

Renaldo

Renaldo had the longest interview time of all 12 participants. He started as a paraprofessional in the special education department and is now teaching in his seventh year. Renaldo works in the science department collaborating with the biology and earth science teachers. He received his bachelor's degree in history and interdisciplinary studies, with minors in religion and biology. He then went on to start a master's program in history but did not finish. He also started a master's program in special education but reports that he did not finish that either. He did complete the courses necessary to become a full-time teacher.

Renaldo explained that at Buck High School, he is one of several case managers for students who receive special education services, and he also co-teaches (also referred to as collaborates) in the earth science II class. Earth science II is a lengthened section of the overall earth science class. Earth science is split between eighth grade (Earth Science I) and ninth grade (Earth Science II). In one of Renaldo's classes, there are "six to eight special education students…and four of five in most of [his other] sections" (Renaldo, personal communication, September 20, 2019). He reports that he feels his earth science II classes were "designed to have a fair number of…students receiving special education" because the course has been split into two sections and they are able to teach at a slower, more deliberate pace (Renaldo, September 20, 2019). Most of Renaldo's students have SLD or are classified as OHI because of Attention Deficit/Hyperactivity Disorder (AD/HD). Renaldo also has between six and eight students in his classes combined who are receiving services from TDT professionals. He said, "numbers seem a little lower this year as far as students being served by TDT than I've had in years past" (Renaldo, personal communication, September 20, 2019). I asked him why he thought that was, and he said, "I perceive that there are, have been some changes in Medicaid, some healthcare

changes that have affected when or not Medicaid or providers will pay for TDT services"

(Renaldo, personal communication, September 20, 2019). As Renaldo was making that last

statement, he leaned down close to the recorder and spoke very deliberately, in an effort to

emphasize his remark.

Scarlet

Scarlet has been teaching in the high school setting for sixteen years, and proprietary

education for ten years prior to that. She received an associate degree in banking and finance, an

undergraduate degree in business administration, and a master's degree in business

administration. She teaches economics and personal finance, which is a requirement for

graduation, as well as marketing, advanced marketing, and principles of business. Also, Scarlet

has students who are in a co-op at local businesses. The students gain work experience, and

Scarlet conducts site visits to check on their progress, skills, and abilities. Scarlet also told me

about a computer program called Edgenuity (a computer program that satisfies the online

learning requirement according to the standards of Melvin County and the state of Virginia)that

she incorporates into her economics and personal finance lesson plans.

Between her A-Days and B-Days, Scarlet sees between eighteen and thirty-five students

in each class, with a combined average of sixty-five to eighty students each day. Scarlet has five

students total that receive TDT services. I asked Scarlet to give me an overview of the classroom

climate for the class that I would be observing, and she stated, "this has been one of the most on-

task economics and personal finance classes I've ever had, and, and it's not a small class, it's a

class of twenty-five" (Scarlet, personal communication, September 30, 2019). She has one

student in the class that I observed receiving special education services, two students receiving

TDT services, and a few students who take advanced placement courses. She said, "I don't

know if I have a TAG [Talented and Gifted] student in there" (Scarlet, personal communication, September 30, 2019).

Sue

Sue has been teaching at Buck High School for thirty-four years. She teaches earth science II and advanced placement biology. Most of her classes are co-taught with a special education teacher who monitors and supports the students who receive special education services. Sue received her undergraduate degree in secondary education with teaching specializations in biology and general science. She explains that her earth science II classes are "a little smaller because they [the students] tend to need a little more individualized attention" (Sue, personal communication, September 16, 2019). According to Sue, the eighth-grade science and history teachers will make a recommendation as to which students will need to take the science and/or history course over two years, or if the teachers believe the student will be successful in a one-year course. Sue said, "for some of the struggling learners it did give an extra year of maturation and developing those reading and math skills to help them do better on the test, and, and it has helped" (Sue, personal communication, September 16, 2019).

Sue reports that in all of her classes combined, she has a total of three students receiving TDT services. Two of those students, she stated, were in the class that I observed. There are "rarely" any students that are "not on task, doing exactly what you've asked them to do," Sue explains, of her AP biology class (Sue, personal communication, September 16, 2019). She describes them as "teacher-pleasers." Her earth science students, however, include a smattering of the teacher-pleasers, but mostly consist of students who are "trying to get on their phones," or, with the added distraction of the Chromebooks, accessing social media or online video clips during instruction time (Sue, personal communication, September 16, 2019). Sue's classroom

climates vary according to the rigor of the curriculum. She has students in her AP biology class who have been identified as TAG, or Talented and Gifted. She does not have any students in her earth science II class that are TAG students; in fact, she reports she has nineteen students who are receiving special education services through IEPs or 504 plans.

Zach

Zach has been teaching for sixteen years, and currently teaches driver's education, health, and physical education at Buck High School. He received his bachelor of science degree with a concentration in physical education and then received an additional certification in driver's education. Zach sees an average of twenty-seven students in each class, with an average of seventy-five students each day.

Zach reports that he is not sure of how many students in his classes, individually or combined, who are currently receiving TDT services. He stated, "I don't have the number memorized. Probably three or four in each class" (Zach, personal communication, September 30, 2019). Zach also admitted that he was unsure of the number of students being served by special education staff in his classes, and began checking a list provided to him, presumably by the special education case managers. He read aloud that he has two students in one of his classes, and ten in another class who receive special education services but did not explain the classes to which he was referring, or how many students in the class I would be observing.

Each of the participants described their classroom climates during one-on-one interviews, and several stated that the classroom climate depended on the students who were placed together and the type of course they were taking. For instance, Chris explained that prior to the beginning of the school year he approached one of the guidance counselors and requested a copy of the class roster. This allowed him to preview which students would be taking his skills classes. He

stated, "I ask the guidance counselors when they're grouping the kids if I can look at the schedules… and I figure out which kids would be better together in which classes, because you're talking about a small group, not a big classroom" and the students are going to have to get along with each other (Chris, personal communication, October 1, 2019).

Clifford explains that his class, ninth-grade physical education and health is "a little more relaxed" (Clifford, personal communication, October 1, 2019). He realizes that the students do not have recess anymore and that P.E. is "a chance for them to let off some steam…it's less structured, but it's also giving them some freedom to work within that as long as they can handle their independence" (Clifford, personal communication, October 1, 2019). Brent has a different experience. He reports that he is a self-proclaimed disciplinarian and starts the year off very strict. One class that he teaches is a math skills class with eighteen students ranging in ability from kindergarten to Algebra I. All of the students in that class have an IEP, and there are "multiple TDT kids in there, um, they do not get along well together at all…it's actually the most difficult class I've taught…it hasn't been fun" (Brent, personal communication, September 24, 2019). Most of the participants chose to describe the classroom climate of either the course of which they taught the most blocks or the class that I would be observing. Table 2 shows the key words that each of the participants used to describe their classroom climate.

Table 2

Participants' Description of Their Classroom Climate

Participant	Key Words or Phrases
Anne	Structure, Rules, Expectation, Serious, Strict
Athena	Routines, Expectations
Brent	18 IEPs, Split up the class, Multiple TDT
Celine	Classroom Management, Rules, Safe Place, Safe Space
Chris	Conglomeration of disabilities, Humor
Clifford	Relaxed, Less Structured
Kathryn	Noisy, Loud, Apathetic, Defense Mechanism
Nicole	Safety, Encourage, Communicate, Rules, Expectations
Renaldo	Challenged Learners, Disrupt, Business-Like
Scarlet	Really Good, On-Task, Ahead
Sue	Not on-task, Distraction, Struggling
Zach	Depends class by class, Depends on the mix of students

The abilities and limitations of the students varied across all of the interviews. Some of the participants teach skills classes and they have only students who receive special education services enrolled. The general education teachers have a variety of students in their classes, with gifted students (also referred to as TAG – Talented and Gifted) in the advanced courses and students with Individualized Education Plans (IEPs) in the general education courses. The elective courses have a smattering of students from each level of ability, and some of the

participants had dual roles as skills class teachers and collaborative teachers in general education classes. As indicated by Table 3, the commonality among the participants' descriptions of classroom climate was that there is no commonality. The descriptions were wide-spread and depended on the perspective of the teacher.

Results

The research analysis process of this study included an examination of the semi-structured interviews, classroom observation protocol form, field notes/anecdotal records, and documents that were gathered from photographs taken of several of the classrooms where the observations took place. This section discusses how the analysis of each piece of evidence I gathered was coded until themes and patterns emerged among the data. I personally transcribed each of the interviews for this study and then sent each transcription via electronic mail to the teacher I spoke with to provide them with the opportunity to view what I would be reporting and to ensure that I was representing them accurately. The Dedoose program application was used for the coding of teacher interviews. Once all of the data were collected, each of the transcribed interviews was uploaded into Dedoose and codes were created for all of the individual questions. Fourteen codes were created in Dedoose, and several themes began to emerge upon analysis. I chose at that point to supplement the data analysis by hand-coding the data as well. This gave me the opportunity to delve into the data on my own and to begin making sense of what the participants were communicating through the interviews and, even though most were seemingly unaware, what they were communicating as I observed their classroom operations.

This section discusses each of the emergent themes in the data that were gathered from interviews, classroom observation, and documents that were obtained through my anecdotal notes and classroom sketches. Each of the themes and subthemes is discussed in detail below,

which demonstrates their relevance to this research as a whole and how each research question was resolved.

Theme Development

Twelve teachers from one school, Buck High School, participated in this study. Data were gathered through a demographic survey, semi-structured interviews, classroom observations, and document analysis. The development of each of the themes was generated through Dedoose and hand coding of the evidence. The following codes were created (in no particular order): Body language, current teaching style, educational background, empathy to your students, facial expressions, how long do they (SMBH professionals) stay, how long have you had them (SBMH professionals) in the classroom, how many students receive TDT or SBMH, important for me to know, interactions with TDT, relate to your students, classroom climate, how many students (do you see each day), and typical day. The following table is representative of the codes that were used, and the broad codes in which several of the original codes could be grouped based on the topic. Table 3 shows the grouping of codes:

Table 3

Codes and their broader groupings based on topic

_____

Codes	Larger Code Group
Body language	Attitude of teacher
Current teaching style	Pedagogy
Educational background	Pedagogy
Empathy to your students	Attitude of teacher
Facial expressions	Attitude of teacher
How long do they (SMBH professionals) stay	Classroom practices and approaches
How long have you had them (SBMH) in the classroom	Classroom practices and approaches
How many students receive TDT or SBMH	Classroom practices and approaches
Important for me to know	Other
Interactions with TDT	Classroom practices and approaches
Relate to your students	Attitude of teacher
Classroom climate	Attitude of students and teacher
How many students (do you see each day)	Classroom practice
Typical day	Pedagogy and Attitude of teacher

The Demographic Survey (see Appendix C) was the first piece of data collected for this study. I created a document in Google Forms that provided a link to the questionnaire that potential participants could easily access. An email was sent to the principals of the participating schools that they could forward to all faculty members, inviting them to participate in the study.

According to reports from some of the teachers that participated, they were not provided with the link to the questionnaire, nor were they provided with my initial letter of invitation. They also reported that the principal (from the school where all of the participants were employed) announced that I was searching for participants for my study through a "Monday Morning Memo," and many teachers reported that, based on the wording of the memo, that they did not qualify. This led to my decision to complete the Demographic Survey with each participant via a one-on-one verbal confirmation of their qualification to participate using a paper copy of the questionnaire prior to the interview session.

A one-on-one semi-structured interview (see Appendix D) with each of the teachers was the second piece of data collected for this study. The interview provided an opportunity for the participants to introspect and share their opinions and perspectives on the relationship between themselves, SBMH professionals, and classroom practice. The interview questions were divided into sections; however, the questions were not necessarily in sequence. The teachers were requested to provide background information on themselves, including their own education, teaching schedule, how many years they have taught, and what type of teaching schedule or calendar their school follows. Initially, I was approved to conduct my study in three different schools, representing two school districts; however, I was only able to obtain participants from one school. The next set of interview questions focused on the individual teachers' daily schedule, the type of teaching schedule or calendar that the school follows, the average number of students they have in each class, and an average of the total number of students each teacher sees throughout the day. The third set of questions discussed how long the participants have had SBMH professionals in the classroom and how many students they currently have, across all classes, that are receiving supports from SBMH professionals. The fourth set of interview

questions discussed the teachers' individual style(s) of teaching and what led to that pedagogy. The fifth set of questions dealt with emotions – relating to students, showing empathy, and body language. The sixth set of questions addressed the climate of the classroom and the abilities and limitations of the students. The seventh set of questions is a combination of Question 18, "Please discuss your interactions with individuals from the school-based mental health program," and Question 19, "If you do not interact with the individuals from the school-based mental health program, please tell me more about that." At the close of the interview, participants were given the opportunity to discuss their interactions with TDT staff and share their overall thoughts on the TDT staff, the service they provide, and their effect on classroom practice.

The third method of gathering data was through classroom observations. I went into each of the classrooms and completed the Classroom Observation Protocol (see Appendix E), which recorded my observations of the teachers' interactions with TDT staff and the teachers' facial expressions and body language. I was also able to record my observations of what type of lesson the students were learning that day, what forms of supplementary resources were incorporated in the lessons, and the number of teachers and paraprofessionals present and the roles of each.

The fourth method of data collection was in combination with the classroom observations. While I was completing the observation protocol form, I drew a sketch of each classroom set-up, including the set-up of the desks, the proximity of the students to the teacher, to each other, to the door going out into the hallway, and/or to the door leading outside (see Appendix F), which has been converted from a handwritten document to an Excel document. Additionally, I made notes when TDT staff was present, how the teacher reacted, and anything else I thought would add to the data. I took several pictures of the classroom set-up, one teacher's method of keeping up with attendance and discipline, and any other observations I

could use to enhance my data. On my last day of gathering data on campus, I thanked one of the building-level administrators for their friendliness and accommodation as I was visiting and completing this phase of the dissertation process. He asked me if I got everything I needed, to which I responded, "Yes, but I was hoping to get a copy of the referral form that teachers used." The administrator handed me a folder containing all of the information supplied to him by the contracted TDT provider/company, which contained a parent information sheet, Authorization for Confidential Release and Exchange of Education and Health Records form, an Authorization for the Release of Protected Health Information form, a TDT Referral Packet Checklist, a referral form, an Introduction to Therapeutic Day Treatment Services packet, and the parent handbook. I chose not to use these documents in the data analysis and reporting portions of this study, as they are not pertinent to the research questions.

The overarching themes gathered from Dedoose and hand-coding of the data reveal that teachers view the presence of SBMH professionals in the classroom in the following ways: benefits to teachers, benefits to students, not beneficial to teachers or students, factors leading to delivery of lessons, and understanding students' complex needs. Many of the teachers chose to discuss other issues or concerns relating to the SBMH program and the staff, but not necessarily related to the goals of this research. This information is also included in this chapter, as it is also important to the study and for the purposes of data analysis and reporting.

Benefits to teachers. The participants' experiences with SBMH professionals in the classroom varied, based on the following factors: (a) Years of teaching experience, (b) How many years the participant has taught at Buck High School, and (c) Whether the participant has had students in the class receiving SBMH services. In short, some participants were able to recall eight to ten years of experience with SBMH professionals on campus, whereas some

teachers were only in their fourth or fifth year of teaching, so their experience was limited. Not all of the teachers had students receiving SBMH services every year, so they were not all able to report consistently on Question 8: "How long have you had SBMH professionals in your classroom? (How long during the day, and how many years?)." Table 4 displays the data of each participant according to how many students they have that are receiving SBMH, how long the SBMH professionals have been present on campus, and how long (in minutes) the participants recall the SBMH professionals providing in-class supports to the students.

Table 4

Teachers' experience with School-Based Mental Health professionals on campus and in the classroom

Participant	Avg. # Served	Years on Campus	Minutes in Class
Anne	5 (4 reg.; 1 appeal)	8 to 9 years	5 minutes *
Athena	3	5 years	5 minutes
Brent	5 (plus referrals)	4 years	15 to 20 minutes
Celine	3 (plus referrals)	8 years	Beginning of class
Chris	4-5	4 years	3 to 5 minutes *
Clifford	4 or 5	10 to 12 years	1 to 20 minutes *
Kathryn	3 (plus referrals)	5 or 6 years	30 minutes *
Nicole	3	5 years	30 minutes
Renaldo	6 to 8	5 or 6 years	5 to 10 minutes *
Scarlet	About 5	3 years	It varies
Sue	3	4, 5 years	10, 15 minutes
Zach	Probably 3 or 4	close to 10 years	5 minutes

*Participants who stated that SBMH presence depended on the day, the student, and whether there was a crisis.

The participants cited several benefits of having SBMH professionals in the classroom, including ease of accessibility, promptness to respond, professionalism with their interactions, and minimal disruption to the classroom. Kathryn stated, "I know the number and I can call up, but they're never in their room because they're out, and they're with kids…I can text them and say, 'hey, so-and-so is asking for you, when you have a moment…'" (Kathryn, personal

communication, September 18, 2019). Kathryn stated that she appreciates the SBMH staff because she knows that when she calls the staff will arrive at her classroom in a matter of moments. She reported that the SBMH staff are "fabulous" several times throughout the interview session (Kathryn, personal communication, September 18, 2019). Kathryn shares her sentiments on positive interactions with SBMH staff with several of her colleagues that were interviewed, including Chris, Celine, Clifford, Nicole, Renaldo, and Sue. Celine states that the TDT supervisor "does a great job…when I talk to her…she's great to respond" (Celine, personal communication, September 19, 2019).

Renaldo is a special education teacher who recalls that the interactions with SBMH staff are encouraging. He said, "they're always professional with their interaction . . . they obviously have built relationships with these kids and they do care about these kids, and they're not here just putting in the service time and hours" (Renaldo, personal communication, September 20, 2019). Finally, Zach reported that his relationships with SBMH staff are "pretty good with the ones that have been around for a while…the ones that are new, I haven't really interacted with" (Zach, personal communication, October 30, 2019).

Clifford replied "the [SBMH professionals] that we've had here have been great…and they don't want to disrupt your class, and . . . if you want them to stay away, they'll stay away. If you want them to come in, they'll come in" (Clifford, personal communication, October 1, 2019). Sue also agreed that the interactions have been positive. She stated, "most of the time when they come into the classroom . . . they try to keep their presence very low-key . . . they'll just go over very quietly to . . . speak in a low tone of voice to the student they're meeting with at the time" (Sue, personal communication, September 16, 2019).

The participants who were supportive and appreciative of the SBMH staff in their classrooms explained that they were able to call or text SBMH staff when a student in their class was having negative behavioral outbursts or gave indications that they were having a difficult day. Kathryn said, "They are fabulous . . . I absolutely, absolutely love and respect them as professionals. They're fabulous" (Kathryn, personal communication, September 18, 2019). Chris said, "I like them a lot . . . they're professional, but they're also human beings" (Chris, personal communication, October 1, 2019). He further explains that he, like Kathryn and several others, has a cell phone number for one (or more) of the SBMH professionals and is able to text or call if he needs their assistance with a student during class. During my observation in Chris' class, the indifference of the students was visible. There were five adults in the classroom: Chris, a paraprofessional working with students, the special education teacher with whom he shared the classroom (who was grading papers), another college student conducting a teaching practicum/observation, and myself. None of the students asked questions about the visitors, nor did they try to interact with us, which may also be generalizable to the minimal impact that SBMH staff attempts to have on the overall classroom environment.

The benefits of SBMH professionals for teachers are that students' behavioral needs are being met in the classroom while instruction is going on, by professionals that try to make as little an impact as possible on the overall classroom climate. Seven of the 12 participants, or fifty-eight and three-tenths percent, referred to their interactions with SBMH staff in encouraging words and phrases, such as "professional," "positive," they do care," "built relationships/good relationships," and "good friends," and how easily accessible they are via phone call or text message.

Benefits to students. As the participants described their interactions with SBMH

professionals, a commonality became apparent: The interactions with SBMH staff depend on the student, the class, and/or the day. For example, if a student is having a negative behavioral outburst, then a faculty member will have an interaction with the SBMH professional as well. If there are no behavioral needs that day, then SBMH staff may check-in with the teacher or student briefly and have no other encounters for the rest of the class block. Collectively, all of the participants had a perspective to share regarding SBMH professionals in the classroom. Some of the participants explained in their interview that there are both positives and negatives to having SBMH staff present in their classrooms. Many participants only cited the positive outcomes of their presence, and others shared their concerns about how this is benefitting students long-term and about the overall future of SBMH.

Anne reported that her interactions with SBMH is limited, but stated, "I would say [the interactions] are positive, I mean…there's one student in particular that they're working with that I have a lot of conversations about, just because he struggles…[and we are] trying to make sure that we are meeting his needs" (Anne, personal communication, September 24, 2019). She reports that she is appreciative of the support that she gets from the SBMH professionals when trying to work with students, parents, and administrative staff. Brent, a special education teacher discussed in his interview that the students with high levels of behavioral needs were put into his classroom, as he is very disciplined in classroom management. He said, "I usually don't have as much interactions with them because I am in the middle of so many kids…[but] I do run into them in the hallways" (Brent, personal communication, September 24, 2019). He reflected that on many occasions, the SBMH professionals will inform him if a student (that will be coming to his class that day) has had a bad day or a "blow-up" in a previous class. He stated that the SBMH professionals are very informational and he enjoys working with them more than the

previous years' SBMH staff but did not elaborate. His regard for SBMH staff has increased

because he reports that he can see a difference in the negative behaviors of the students, coupled

with his classroom management and student-teacher /student-student relationship acuity.

Not beneficial to students or teachers. Participants who stated that there are positives

and negatives to SBMH staff presence in the classroom explained their concern that SBMH staff

could be "easily manipulated" by students. They believe that some students use their behavioral

issues and/or an accommodating SBMH staff member as an easy way to get out of class.

Clifford said that the SBMH program is not preparing kids for real life and explained that the

students are either not showing progress, or that students are being set up for failure since their

response to situations in school will not translate favorably to their place of employment. He

explained,

> [SBMH] gives the kids an outlet, the ones that have an issue, um, that they go grab
>
> somebody that they can express their issues and try to get resolved. I, I'd like to see
>
> some, you know, as they get older, some more independence, because, you know, once
>
> they get in the workforce, they're not going to be able to, to just walk around and say, 'I
>
> don't feel, feel it right now, I need to go do something.' That's not going to cut it as they
>
> get into the workforce, because they get older and mature through the program, and I'm
>
> sure they have things like that that they're trying to transition them into the real world, so
>
> that, you know, that would be my only thing. (Clifford, personal communication, October
>
> 1, 2019)

Although Scarlet relayed positive aspects of the SBMH presence in her classroom, she

also stated, "I do appreciate they, their support. I'm not sure what we're making the progress for

them to be coming in and out. I'm not sure that I'm seeing the individual progress with some of

those students that I'd like to see" (Scarlet, personal communication, September 30, 2019). She

also stated that, for the students receiving SBMH supports that are one-on-one, she expects them

to be "getting more work done, and [she is] not sure that that is happening…I guess I want to see

more progress" (Scarlet, personal communication, September 30, 2019).

The data indicate that, historically, SBMH staff were not as readily present as they are

now. Participants stated that SBMH staff were "not visible previously," "come a long way,"

"revamped" from previous years, "overall good if ran correctly," or that the participant "couldn't

stand them at first." Three of the participants stated that they knew the SBMH staff were not

paid well, and this was the reason for an increased turnover rate. Participants also cited

"paperwork," "turnover," "stretched," "unstable," and "lack of stability" as other concerns for

the longevity of SBMH staff. Five times throughout all of the interviews the phrase "need more"

was stated when discussing SBMH professionals' presence in the classroom.
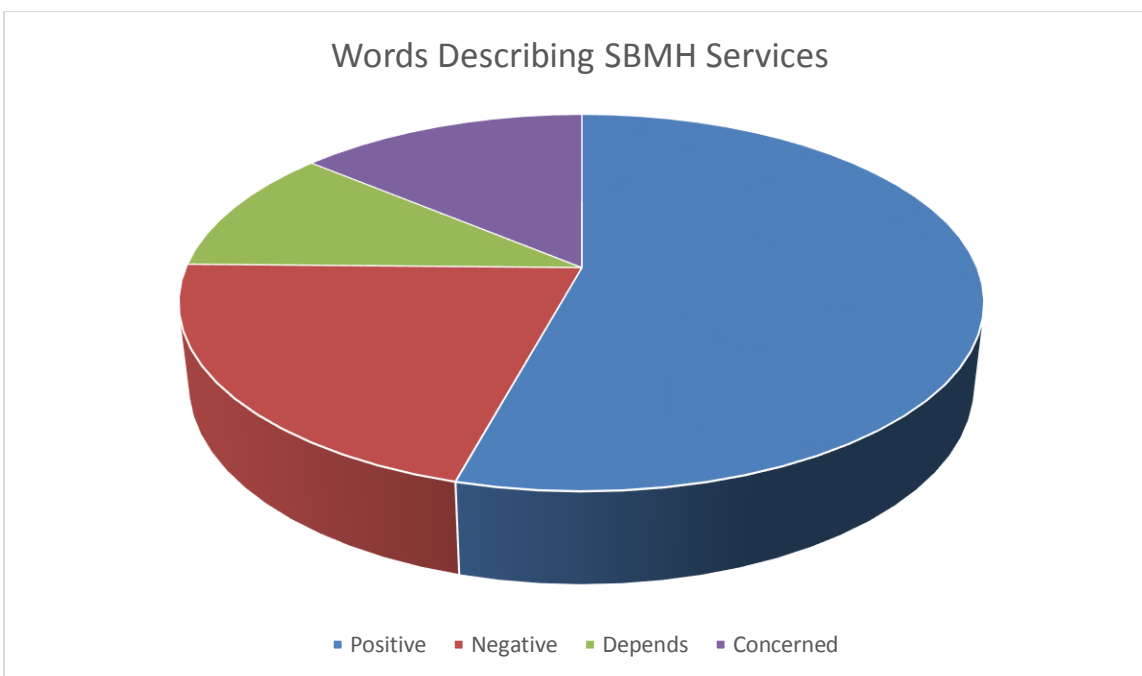
Figure 1. Number of Words Describing School-Based Mental Health Services by Category

Figure 1 shows that more than half of the descriptive words used to convey feelings about

SBMH presence in the classroom were positive. Almost one quarter of the words were negative,

and the split between "Depends" and "Concerned" was about even for the final quarter of data.

Factors leading to the delivery of lessons. Pedagogy is another theme that emerged

when the participants began to discuss their teaching theories and styles. Some of the

participants began to merge their responses to Question 10: "Please describe what guides your

current style of teaching" and Question 11: "What factors led to the development of that

pedagogy?" I received answers that appeared to be theoretical in nature when discussing how

the teachers settled on a particular teaching theory or style. For instance, Anne stated that her

style was to teach according to the Virginia Department of Education (VDOE) mandated

materials and modules for her Driver's Education classes, and she also stated that the VDOE

mandates are a factor that led to the development of that pedagogy (Anne personal

communication, September 24, 2019). Another participant, Celine, stated that she has "always

been very classical philosophy" but did not elaborate on what that entailed (Celine, personal

communication, October 19, 2019). Instead, she provided examples of the professional

development opportunities in which she participated and how she shares the details of her travels

to other countries to enhance the content she is delivering to her students. She also stated that

she followed the style of Harry Wong, which guides her to stand at the door of her classroom

when students are entering and greet them by name. A few of the teachers said that they did not

know what their teaching style was and asked me to clarify what I meant. Table 5 shows the

variations of teaching theories and styles divided into eight themes. Each of the themes has

subthemes which are a listing of words that many of the participants have used synonymously

with the original theme words.

Table 5

Teaching theories - Emerging themes and synonymous grouping of words

Category	Theme	Sub-Theme(s)
1. Teaching Theory/Style	Authoritarian	Structure, Disciplinarian, Rules, Strict, Expectations, Follow-Through, Serious, "We're not friends", "I'm the teacher", They're the students"
	Traditional	Traditionally Minded, Modern, Choice, Lecture, Talking
	Flexible	Laid-Back
	Entertaining	Song and Dance, Humor, Sarcasm, Yammer, Ramble, Technology
	Personalized	Formative Assessment, Learning Styles Inventory, Personalized Learning, Multiple Modalities, Small Groups, Student Needs, Engagement, Shared Responsibility
	Reinforcing	Reflect, Recap, Repetition, Warm-Up, Review
	County Mandates	Content-Driven
	"I don't know"	"I'm not sure", "What do you mean?"

Understanding students' complex needs. The participants were asked to discuss what it meant for them to relate to their students, to show empathy to their students, and what they thought was the relationship between showing empathy and their displays of body language and

facial expressions. I inferred from several responses that some of the participants don't think about relating to their students. For instance, several times the phrase "I don't know" was mentioned among a few of the participants. Three participants made statements such as, "I am the teacher and they are the students," "I am the adult," and "There needs to be a limit" as to how much teachers know about their students, indicating that strict boundaries are upheld by the teacher. Other participants stated that in order to relate to their students they need to understand that "everybody is going through a struggle." The participants explained that it is important to show compassion, understanding, sympathy, encouragement, warmth, approachability, awareness, and rapport.

The school is located in a portion of Melvin County that is known to have a low socioeconomic status among its residents. In Anne's interview, she talked about the extreme poverty that many of the students experience every day. She said that some of the students qualified for free or reduced-price lunch in elementary and middle school, but when they reach high school pride takes over and many students will not turn in the paperwork to get a free or reduced meal because they are ashamed. Kathryn stated in her interview that she was able to relate to her students well because she grew up impoverished. Other teachers stated that the students at the high school were a difficult population to relate to because of their unwillingness to let their guard down because of the level of struggle and poverty that students face; working to add to the household income, raising their younger siblings, not eating during weekends or weather-related school closings, or an overall inability to understand the stressors that students face internally and externally that are not related to academics. It appears from the data gathered, that the teachers are as invested as they want to be and as much as the students will allow.

The participants were asked to reflect on what it meant for them to show empathy to the students in their classrooms. Based on some of the responses, I was under the impression that some of the participants did not know what it meant to be empathetic. I received answers such as "I don't know," "I've never really thought about that," and "I try to figure out what's going on with them first." A majority of the participants stated that showing empathy to their students meant that they understood where the student was coming from. The responses included such answers as: I tell them "do what you can" or "I can be more empathetic." One participant cited a specific example of a time when a student's brother (a former student and graduate of Buck High School) had a girlfriend who recently experienced a miscarriage of their baby. Another student brought up this issue in class and asked the participant if they could all write sympathy notes for the two individuals. The participant then shared some blank note cards and allowed the students to take a portion of the class to write the notes. She stated that this was completely "student initiated" and that it was her way of being able to empathize with the students. Yet another participant, Anne, stated that her way of showing empathy was to "ignore negative behavior" and "not address" when a student is displaying negative behavior (Anne, personal communication, September 24, 2019). She instead provides the student with space and an opportunity to collect him- or herself to "let them have a moment" and "let them have those feelings" (Anne, personal communication, September 24, 2019).

The participants were also asked to share their insight on their own displays of facial expressions and body language. This portion of the interview correlates with the classroom observation, as I was attempting to determine whether the participants were self-aware and/or if their actual body language and facial expressions matched what they were claiming them to be. There was a mixture of responses which was divided into three themes: (a) Those who are aware

of their body language; (b) those who appear to be/believe they are neutral to displays of body language or facial expressions; (c) those who use body language and proxemics to their advantage when providing instruction.

Brent stated, "I have an issue with my facial expressions. I don't hide them very well" (Brent, personal communication, September 24, 2019). He provided a broad example of how sometimes students can say inappropriate, but hilarious, things in class that can get him laughing as well. He said he's still young and sometimes the kids can be genuinely funny, but he must be mindful of laughing too much because the students may see this as a way to get him off task. During this block, I was not able to observe any interactions between SBMH staff and Brent because staff did not visit the classroom. Several of the students had behavioral outbursts, which led to the following: One student was sent to the principal for behavior, one student was sent to his special education case manager to talk about a recent death in the family, and one student was sent to in-school suspension for the remainder of the class period. Brent had two paraprofessionals in this class and explained that he usually splits the class up into two different rooms but kept them together so that I would not miss any SBMH staff visits.

Celine and Anne both stated that they know they give "the mom look" in class when students are not listening, repeatedly asking the same questions, or misbehaving. Celine stated that she even discusses with the kids that they will know she's getting frustrated when she starts giving "the mom look." During Celine's classroom observation, the one student receiving SBMH services was late to class and was escorted by the SBMH staff. Additionally, the SBMH professional came into the classroom with ten minutes left in the class block and took the student out of the room for a talk. Celine did not show any displays of facial expressions or body

language (toward the SBMH professional) when the student arrived late, nor did she display any emotion when the SBMH staff came back to get the student out of class early.

Anne's observation was one of the liveliest sessions of the 12 participants. During this time, Anne had a class of twenty-two students (four students were absent). Two students receive SBMH services, and six students have IEPs. Only one of the students receiving SBMH services was in attendance. Toward the beginning of the class, a male SBMH professional entered the room to meet with a student. Anne looked at me, looked at the staff member, greeted him, stated that the student was not present in class, and the staff member left. A little while later a female SBMH professional walked into Anne's class and sat in the back of the room. Anne did not acknowledge the staff member coming into the classroom and ceased playing or joking with her students. Anne came up to me and explained that "this is typical of this particular TDT professional, but not the others." Reportedly, the staff member is a fill-in SBMH professional who is rarely seen on campus. The SBMH professional stayed for nine minutes. During that time, the SBMH staff sat in close proximity to the student she was providing supports to but did not engage. Instead, the staff member was on her phone. Anne's body language suggested that she was annoyed and tense.

Anne's body language suggested that she was growing weary, based on her constant redirection of the students, the interruption of her lesson, and by maintaining her stance at the front of the classroom in order to command attention. Anne's weary appearance may be because some of the other students (not receiving TDT services) were having behavioral outbursts and/or were actively defiant. One student was sent to STOP/In-School Suspension and fifteen minutes later, the STOP monitor called to say the student never showed up. One student would not stop talking, so he (and his desk) were moved to the hallway for the remainder of the block, and one

student was twenty-five minutes late and then called back out of class to the Vice Principal's office. The student receiving SBMH services would not comply with the "No Cellphone" policy and had her phone taken away, which was a trigger that began her defiant behaviors.

Athena said, "I can't really say that I particularly pay attention to my facial expressions and body language, um, I think that there are times when what I am thinking is clearly readable on my face when I don't intend for it to be" (personal communication, September 30, 2019). Athena also explained that she tries to keep her facial expressions and demeanor calm so that she does not escalate an already emotional situation. During the classroom observation portion of data gathering, Athena reported that she was not feeling well when I arrived. She had a headache. Athena had three students in this class receiving SBMH services and supports. She had their desks separated in the classroom, with one of the students in the direct line of the classroom door, making him visible to anyone in the hallway looking through the door's window. There was no SBMH staff presence during this observation, and her facial expressions and body language could not be measured.

Renaldo reports that "there are some days where the smiling, unfortunately, as to not happen as much as I should like. I would love to be cheery and smiley all the time, but as far as those facial expressions, some days we have to be very business-like" (Renaldo, personal communication, September 20, 2019). Regarding body language, Renaldo likes to "circulate around and do a lot of that one-on-one" (Renaldo, personal communication, September 20, 2019). Renaldo also states that he acknowledges when students have a personal bubble and may just need him to be a friendly face in the classroom but respect their personal space. Other students, he states, will allow him inside the bubble. Renaldo was observed during a co-taught earth science II course. During this time, Renaldo was observed circulating around the room

checking in on the students and actively participating in co-teaching the lesson for the day. He interjected and added supplemental information to the lesson as well as writing terms and diagrams on the white board. About halfway through the class block, Renaldo took a student to the hallway to talk about the student's disruptive behavior. There were no phone calls or visits from SBMH professionals this block.

Chris relays, "I talk with my hands a lot, like, when I'm instructing." He also says, "I guess students get to read my body language more, probably, that I would even think about," indicating that he is aware of his facial expressions and body language superficially, but possibly not to the extent of how the students may perceive (Chris, personal communication, October 1, 2019). Later in the interview, Chris reported that he will place his hand on the desk of a student to indicate that he has heard the student's question and "to let him know, hey, wait for me to call on you" (October 1, 2019). During Chris' classroom observation, Chris was observed texting an SBMH staff member to come to his class and work with a student who appeared to be displaying defiant behaviors and refusing to work in class. Eight minutes after the text message, the student was sent to STOP for the remainder of the block. I believe that this may not be indicative of a typical class block for Chris. I was there to observe, as well as an undergraduate student completing a practicum. Chris shares his classroom with another special education teacher who came in for half of the block to grade papers. The presence of two additional staff members may have skewed the data; however, there were no SMBH staff members present during this observation.

Clifford does not think that the students are adept at reading body language or facial expressions. He states, "I don't know that the kids are as, as adept at reading facial expressions and things anymore, um, sometimes you have to explain things that you didn't before, but I think

they, once they get a chance to know you they know what your expressions mean" (Clifford, personal communication, October 1, 2019). Clifford is also a coach who admits that he tends to approach the students in his classroom much like he does the players on his field. He states, "Once they see certain things, same thing when you're coaching, when the kids understand, just by my expression, they know that I'm just trying to get something across to them" (Clifford, personal communication, October 1, 2019). Clifford was observed in P.E. class. In the beginning of class, a teacher from the Buck Achievement Center was present. The Buck Achievement Center is a program that transitions students from an alternative education setting or detention center back into "regular" schools and classrooms. Clifford did not seem to even notice the additional teacher. He had no displays of facial expressions or body language related to the additional teacher. The SBMH staff were not present during this observation.

Scarlet is another participant that indicates that she believes she is neutral to displays of body language and facial expressions. She says, "I'd like to think that I'm old enough and experienced enough not to have those facial, you know, those inappropriate tell-tale facial expressions. I'm sure it still happens" (Scarlet, personal communication, September 30, 2019). During her classroom observation, it appeared that she was disconnected from her students. She gave a brief lesson on communism, socialism, and economics and then showed a video to supplement her lesson. After the video, Scarlet had minimal interactions with her students for forty-one minutes until she showed a closing video to the class before the bell rang. An SBMH professional came in at the beginning of class and sat in a desk in close proximity to the student with whom he was working. Scarlet did not acknowledge the staff member when he walked in, nor did she have any interactions with him. The SBMH staff member stayed for twenty-two

minutes. At that point, the staff member asked Scarlet if he could take the student for a walk. Scarlet was amenable and smiled.

Sue did not provide insight into her displays of facial expressions or body language. When asked to reflect during the interview, Sue replied, "Well, I think with the facial expressions, you know, it's, it's trying to express, hey, this is exciting stuff, and this is real life stuff that impacts our everyday life" (Sue, personal communication, September 16, 2019). She further explains that many students think science is "boring" because "they all don't like science, unfortunately" (Sue, personal communication, September 16, 2019). The rest of the answer to the question I posed led to Sue describing the rationale for dividing up the earth science class over two years, taken in eighth grade and ninth grade, allowing the "struggling learners…an extra year of maturation" (Sue, personal communication, September 16, 2019). There were no visits or phone calls from SBMH staff during Sue's classroom observation.

Zach answered, "I have no idea, never thought about that to be completely honest." I further prompted Zach to reflect by asking unscripted follow-up questions, such as "are you . . . aware of your own facial expressions and body language when you teach?" Zach answered by explaining that he has expectations for the students, and he is strict in class. When I observed Zach's class, the students were working on Driver's Education modules independently on their Chromebooks, and then the whole class worked together on an interactive review of "Laws of Nature" while driving. During this observation there were no phone calls or visits from SBMH staff; however, an SBMH staff member was observed walking with the resource officer to the classroom as I was walking away to conduct another observation. The resource officer waited outside the classroom while the SBMH professional went in, presumably to check in with Zach between classes.

Kathryn uses body language and proxemics to her advantage. She says, "my face does not have an inside voice," and she admits to having dramatic facial expressions in class that she doesn't try to mask. Prior to the interview beginning, Kathryn explained that she was currently experiencing a mysterious illness that has not been diagnosed, which led to her feeling ill in the classroom a large percentage of the time she is with students. She says that she tells the students when she is having a particularly rough day, and in turn, she appreciates it when her students share the same information with her. It is important to Kathryn to "[give] them the space to have those feelings and all of that, and if they want to tell me, great, and if they don't want to tell me, that's fine, but still for me to give them the space to have those . . . feelings." Additionally, Kathryn says that she uses several systems of non-verbal signals in her classroom. She has the students give her a thumbs up, thumbs level, or thumbs down to let her know if they are understanding the material or if they require additional help or explanation of a concept. While I was observing in Kathryn's classroom, the SBMH Supervisor came to the room at the end of the block. Unfortunately, Kathryn turned to me and whispered, "She's here!" Kathryn said "hello" to the supervisor, walked to where she was standing at the door, and proceeded to tell her about a mutual student that was doing well. Two of the students who are receiving SBMH in Kathryn's class were suspended and therefore not present in class. An additional student has been referred for services, and yet another student has been referred for Child Study to see if he qualifies for an IEP.

Nicole is another participant who uses body language and proxemics to her advantage. She states, "If I'm having a bad day, I'm going to tell them, because I want them to tell me if they're having a bad day." She explains that she understands how "mood and mindset definitely affect how productive they are in class or how willing [the students] are to be productive or be

vulnerable to learn something new." After observing Nicole in class, it becomes apparent that she is very expressive in her facial expressions. In the first 15 minutes of class, the student receiving SBMH services asked to go to the restroom. It seemed that the student was gone for a while, as evidenced by Nicole looking to the SBMH staff; however, the staff member did not notice because he was on his cellphone. Nicole was observed sending a second student to look for the first student, while also looking to the SBMH staff for a reaction but received none. Finally, 4 minutes later, Nicole asked the SBMH staff to find the missing student and bring him back to class. When they arrived back in the classroom, Nicole gave the student what may be referred to as "the mom look."

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Research Question Responses

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Each of the research questions was addressed during the one-on-one interviews. All of the participants had information to relay to me; however, not all of them directly addressed the questions that I posed during the interview. The participants seemed to be leading the discussion away from the data that was being gathered for this study, in favor of explaining to me their personal thoughts on the SBMH program as a whole. The three research questions that guided this study, and the answers that were gathered through participant responses, are as follows:

Research Question One: What is the role of School-Based Mental Health service presence in schools on teachers' classroom practices and approaches? The purpose of research question one is to focus on the presence of SBMH professionals in the classroom, and the effect on overall classroom procedures. Table 6 captures the responses of the six participants who had SBMH professionals come into the classrooms and shows how the participants perceive they react to the professionals in the classroom, versus what I observed during the classroom observation period.

Table 6

Actual Versus Perceived Interactions with School-Based Mental Health Professionals in the Classroom

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Name	Perceived	Actual
Anne	Ignore; give them space	Male: Greets and is friendly Female: Does not engage, ignores, and appears irritated
Celine	"very expressive" "mom look"	No reaction
Kathryn	"has no inside voice"	Alerted me, but otherwise no reaction
Nicole	"what you see is what you get"	Kept trying to make eye contact when she thought SBMH should address a student behavior x2
Scarlet	I don't because of age and experience	No reaction
Zach	"I don't know"	No reaction

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Question One also provides a perspective of the role of a teacher as an educator who has other individuals on campus and in the classroom who are able to provide mental health services to students, as opposed to studying the role of teachers as co-facilitators addressing student mental health needs, as seen in several research studies on the topic. At the end of each interview I asked the following question: "What else would be important for me to know about the impact of School-Based Mental Health professionals on your classroom practice?" The answers varied among each of the participants. What I found constant throughout the replies was that the teachers focused on their interactions with SBMH staff and not how the staff impacted their

classroom practice. Those who have had positive interactions with SBMH staff share their experiences and praise the program, whereas other teachers who appear indifferent share their experiences in light of how it affects the students in their classes, academically and through their daily attendance. The first two themes, benefits to teachers and benefits to students are addressed in each of the interviews, but not necessarily in response to the final question. The responses indicating that the SBMH professional presence in the classroom is beneficial to the teacher and beneficial to the student outweigh the responses of teachers who shared their concerns. Several of the participants stated that the SBMH program overall has improved with each passing year. They explained that the professionals that are on campus now are proving to positively impact the students, as there are relationships being established and a decreased need for crisis intervention. Several participants want more help and resources for their students, especially those who are not able to receive SBMH services based on having private insurance or not having insurance at all. By asking the participants this research question as a final piece of the interview, I was giving the participants the opportunity to share with me any insight into the impact of SBMH presence on how the participants conduct their daily classroom agenda. What really occurred was a chance for the teachers to share information that was not previously shared when answering the interview questions. For instance, Anne explained that she feels that the SBMH program and the staff have "come a long way." She admittedly "couldn't stand them" at first because "it was the biggest joke of a program." She saw students manipulating the staff and using them to get out of class. The students would go to the SBMH office and have an escape to play games and not be present in class. Now she believes that the program has evolved into one that is helpful for the students because it has been "revamped." Anne's biggest complaint is the turnover rate with SBMH staff, for which she blames low pay/funding and increased paperwork.

She asked (rhetorically), "How are you [going to] be impactful if you don't keep people here…that are going to be here for a longevity?" (Anne, personal communication, September 24, 2019).

Athena does not think that the needs of her students require SBMH staff to come into her room very often, as they "seem to be regulating pretty well in class." She explains that last year, she had a student who required a lot of support from SBMH staff because she would have frequent behavioral outbursts, leading to "meltdowns." Athena is appreciative of the staff, stating that they are "extremely supportive" and "really helped [her] work with administration to really make sure [a student] was getting the special education support that he needed as well as the emotional support" (personal communication, September 30, 2019).

Brent reports that "on a given day, with what's capable from these kids, it's great to have TDT here." He explains that there are some students who "are smarter and use the services to get out of class" (Brent, personal communication, September 24, 2019). Brent states that the SBMH staff are quick to react when he calls or texts them to address a student's need, which helps him with coverage so that a student who is having a behavioral outburst or a crisis can receive individualized attention and support.

Celine's opinion of SBMH professionals is that "they have to be careful when they come in [the classroom] that they're not interrupting the class." She wants the SBMH staff to come and introduce themselves to her prior to "showing up in my room and I don't know who they are" (Celine, personal communication, September 19, 2019). It appears that respect is key for Celine, and she wants the SBMH staff to speak with her before they come and go in her room on a daily basis.

Chris's overall experience with the SBMH program and professionals is a positive one. His only negative comment about their presence in his classroom is that it can be distracting to the students and himself when the staff come in his class. He has resolved this, he explained, be speaking with the SBMH staff to "discuss what the best option [is]", and he suggested, "let's make a schedule when to see these kids and not have a revolving door in [his] classroom" (Chris, personal communication, October 1, 2019). Beyond that, Chris provides many accolades for the work that the SMBH staff has done with the students in his class.

Clifford states, "It gives the kids an outlet, the ones that have an issue…that they go grab somebody that they can express their issues and try to get resolved." Clifford states that he would like to see the students, as they get older, increase their independence "because, you know, once they get in the workforce, they're not able to, to just walk around and say, I don't feel, feel it right now" (personal communication, October 1, 2019). Clifford is looking ahead to a time when students will be getting older and maturing while in school, and when they graduate, he wants them to be prepared as young adults that are ready to enter society and the workforce.

Kathryn replied, "I need more…I mean, [SBMH professionals] are awesome, and what they do is awesome, but their program only covers students with Medicaid. Um, we need more." Kathryn does not believe that the counselors they currently have (and there are three) are "equipped to handle" the caseloads that they have, because they "have so much on their plates." Kathryn also shared the concern that while "day treatments is fabulous…it needs to be either more readily available, or it needs to be another option that is available for students who don't meet the criteria" (personal communication, September 18, 2019).

Nicole reports that it would be helpful for her, since she teaches a shop-based class, if the SBMH staff would be machine- and tool-certified as well. It is her understanding that the

SBMH staff is there to support students in class, and part of that is to assist them with concepts

in her classes. She explains that it would be helpful if the SBMH staff were able to provide "an

additional demonstration" of what the class is covering that day. She also questions how

necessary SBMH is for one of her students, as this is his second year receiving supports and she

has seen no improvement or initiative from the student.

Renaldo answered with "I just want to reinforce, again, that I…think that those school-

based mental health professionals are filling a gap that [teachers] have a hard time providing

from a special education perspective, and we are so much better off…having them here."

Renaldo states that he "really loves TDT" and he relies on them to help him with reaching some

of the students that he normally would not be able to reach because of all of the needs in his

classroom, as well as the needs of the students on his caseload with IEPs or 504 plans (personal

communication, September 20, 2019).

Scarlet stated, "that might be the hardest question you've asked. Um, I do

appreciate…their support. I'm not sure we're making the progress for them to be coming in and

out. I'm not sure that we're seeing individual progress." She explains that, in her opinion, if a

student is receiving one-on-one support in the classroom, then she would expect to see students

taking on more of the responsibility for themselves and "getting more work done" (Scarlet,

personal communication, September 30, 2019).

Sue replied, "it makes me aware of the fact that I need to be more flexible with the

students, and, and aware of what's going on" (personal communication, September 16, 2019).

Sue also talked about the increased need for SBMH professionals to combat the fact that teachers

are "seeing more and more and more of the mental health issues. She also discussed her opinion

that there are many students that would benefit from SBMH supports, but who do not qualify for

them based on the current intake criteria or their lack of Medicaid. Finally, Zach's experience is

somewhat different than his colleagues, because he has little interactions with the SMBH staff.

He explains that the students in his class are "don't ever seem to be missing" but he does not

know "if that's a growth thing [or] if that's just [a] personality thing between teachers" (Zach,

personal communication, September 19, 2019).

Research Question Two: What is the role of School-Based Mental Health service

presence in schools on teachers' pedagogy? Research question two focused on how the

teacher teaches, including teaching theories and how they arrived at that particular theory.

According to some of the teachers, having SBMH professionals in the classroom affects the

classroom climate. Several of the participants reported that when the SBMH professional enters

the classroom, it can be disruptive to the teacher and the students. Only two of the participants

outright stated that there was an impact to their pedagogy: Brent and Sue. The other participants

either did not make a connection between SBMH presence in the classroom and their own

pedagogy and/or provided answers that were part of another agenda, one that was in support of

SBMH overall and begging for more staff to provide supports to their students.

I asked Brent about his current style of teaching and he stated that it came from his years

of being a paraprofessional and seeing how other teachers instructed their students. He stated

that "having Day Treatment [staff] come in and check on a kid while you're [teaching] and

they're…having a little check-in time…while I'm actively teaching, that becomes a problem and

a disruption" (Brent, personal communication, September 14, 2019). I went off-script and asked

Brent, "has [having SBMH professionals in the classroom] changed the way you teach?", so

which Brent answered, "No" because the disruption by SBMH staff is not an everyday

occurrence. He explained, "they don't come in at the same time every day, so it's not like I'm going to teach my lesson at the end of the day" (Brent, personal communication, September 14, 2019). Brent's answer evolved the more he explained his classroom practice when SBMH staff came around, and finally, Brent concluded "…if a kid's having an issue, um, and they come in I will change what I'm doing, so I guess technically I do change what I teach" (personal communication, September 14, 2019) from active instruction to independent review so that the lesson is not interrupted.

When Sue was asked about the impact of the presence of SBMH professionals in the classroom on her pedagogy, she stated, "it just makes me aware of the fact that I need to be more flexible with the students" (personal communication, September 16, 2019). She explained that there appeared to be a rise in mental health issues which led to an increased need for the SBMH staff. She stated that she needed to be "aware of what's going on because they don't all have this…little white house with the picket fence…they don't all have parental support. They don't have the parent making sure they get the work done, um, so it's an eye-opener" (Sue, personal communication, September 16, 2019). An awareness of the needs of her students, brought on by the support that SBMH professionals provide in her classroom, gives Sue the perspective that she needs to show empathy towards her students, inferring that this is an overall positive impact on her pedagogy.

During Kathryn's interview, she explained that she wanted more SBMH staff at the school. She stated, "I need more…What [the current SBMH professionals] do is awesome, but their program only covers students with Medicaid. Um, we need more…we do not have enough counselors" (Kathryn, personal communication, September 18, 2019). Kathryn went on to state that, in her perspective, the SBMH counselors have so many responsibilities and student cases to

manage that they should have some extra help in the schools. Kathryn states, "[they have] so much on their plates, and I have students who do not have Medicaid, they have private insurance, and they need to support throughout the day at school" (Kathryn, personal communication, September 18, 2019).

Table 8 shows the difference in the role of SBMH as perceived by the participants and how they were observed during classroom observations. I observed 12 participants in their classrooms. Of the 12, only six teachers had an SBMH professional come into the classroom: Anne (a visit from the male and female SBMH professionals), Celine (SBMH came before class started), Kathryn (SBMH came after the dismissal bell rang for her class to end), Nicole, Scarlet, and Zach (SBMH came after the dismissal bell rang for his class to end). I was only able to gather information from Anne, Nicole, and Scarlet, as they had SBMH professionals in their classrooms during the actual class block. The other participants' interactions either did not occur or were limited to the time before or after the bell rang, when students were transitioning to other classrooms. Anne's class observation was particularly informative as she had a male and female SBMH professional visit the class separately. Anne was observed as being friendly to the male SBMH professional. She greeted him when he came in the door and smiled. He was looking for a particular student. Anne stated that the student was not there for class (I believe the student was suspended) and he left. About thirty minutes later, the female SBMH professional came into the class and sat in the back of the room. Anne instantly revealed that she was annoyed through her body language and that she looked at me and rolled her eyes. The female SBMH professional was on her cellphone for the majority of her visit to the class. Anne came over to where I was sitting and explained that the female SBMH professional was a fill-in who usually

did not come to her class and that she believed the female SBMH professional was a part-time
employee.

Research Question Three: What is the role of School-Based Mental Health service
presence in schools on teachers' attitudes toward the classroom environment and students?
The final research question posed in this study asks participants to reflect on whether SBMH
staff presence has had an impact on the participants' attitudes toward the classroom environment
and students. I asked questions that required participants to explain their thoughts on empathy
and relating to their students. The participants had a variety of responses, and I relied more on
the information gathered from the interviews than the classroom observation since I had no
comparable baseline data. I chose not to ask the participants to reflect on this question as it is
written in the interview since I wanted to see how their reactions were during the classroom
observations without them being cognizant of their reactions, which would skew the data.

Of the 12 participants, 25% reported that they did not think that SBMH services were
preparing the students for life after high school or that SBMH services were not making the
impact that the participants thought, based on the lack of results seen in class with students not
taking on more of the responsibility for their actions and behaviors. When the SBMH
professionals walked into the classrooms of the six participants, there was one connection made
between an SBMH staff member coming in and the participant's reaction. I was observing for
signs of visible frustration or relief from the teachers as their SBMH staff walk in the room, such
as eye-rolling or head-shaking because the class was being disrupted, or smiles and waves to
come on in as they were relieved to have additional resources in the room. This was not the case
with five of the six participants that actually had SBMH present during the block I was
observing. Anne was the only participant who showed visible signs of frustration at the female

SBMH professional coming into the classroom. This may be because the SBMH professional was on her phone most of the time she was present. None of the other participants relayed frustration, relief, or any other visible emotions. What I did get were several teachers explaining to me (in their interviews) that they were glad to have SBMH professionals in the classroom, addressing students in a way that they were not able to do, given the number of other students in the class demanding attention and support.

Summary

Chapter Four provides a detailed description of the data gathered from the 12 participants at Buck High School. The data collected came from a demographic questionnaire that qualified the teachers' eligibility for participation, one-on-one semi-structured interviews, classroom observations, and document analysis, which included the block schedule and sketches of the classrooms. The data were coded using an application called Dedoose and a traditional hand-coding method with the following codes: Body language, current teaching style, educational background, empathy to your students, facial expressions, how long do they (SMBH professionals) stay, how long have you had them (SBMH professionals) in the classroom, how many student receive TDT or SBMH, important for me to know, interactions with TDT, relate to your students, classroom climate, how many students (do you see each day), and typical day. The codes were then grouped into broader codes for easier identification of themes, including attitude of teacher, pedagogy, classroom practices, approaches, and attitude of students and teacher. The overall themes of the information gathered for this study were benefits to teachers, benefits to students, not beneficial to students or teachers, factors leading to delivery of lessons, and understanding students' complex needs.

The data indicate that the participants' relationships with their students are at opposite ends of the spectrum. For instance, the relationship between teacher and student for several of the participants is one of empathy for their home life (lack of food, rough home life, internal or familial stressors, etc.). A few of the participants relayed that their relationships with students are ones of authority that establish who is the adult and who is the child, that lack a deeper understanding of where students are coming from and why they may display certain behaviors.

According to the data, the participants answered the interview questions that I asked; however, there appeared to be an underlying agenda for some of the participants, based on the information they were sharing and its relation to what the question was asking. For instance, although many of the participants discussed how much they appreciate SBMH staff working with the students in their classroom, several expressed concern for the SBMH staff, stating that they knew the staff experienced "low pay," "lack of stability," excessive paperwork, and issues with Medicaid funding. None of the participants were able to provide any remedy for the issues but were able to show empathy that extended beyond what the participants were experiencing in the classroom. These concerns were important enough to the participants that they wanted to share this information with me.

CHAPTER FIVE: CONCLUSION

Overview

Teachers have students in their classrooms who present with a plethora of disabilities and needs, and internal and external resources are employed to support students with achieving their highest potential in school. Teachers' roles are increasing in the classroom, so much so that they are not only responsible for the education of children, but they often assume the task of monitoring students' physical health, mental health, and overall well-being. Lai et al. (2016) and Suldo et al. (2013) report that mental health is interconnected with academic achievement, making classroom teachers facilitators of learning and liaisons between students and mental health resources.

The purpose of this multi-case study was to determine whether the presence of School-Based Mental Health (SBMH) professionals in the classroom affected teachers' pedagogy or attitude in the classroom. Data were gathered at Buck High School in the Melvin County Public School district, located in the Virginia Mountains Region. Twelve teachers participated in a semi-structured, one-on-one interview and each allowed me to observe their teaching practices during one class block. Chapter Five provides an overview of the purpose of the study, a summary of findings, a discussion of the findings and the theoretical, empirical, and practical implications for the study in relation to the data collected and analyzed, the limitations and delimitations of the study, and the recommendations for future research.

Summary of Findings

A multi-case study design was used to gather information about SBMH professionals in the classroom and their effect on teachers' pedagogy and attitude. Several studies related to the preparation of teachers by SBMH professionals to address mental health issues in students have

been conducted to show that teachers play an active role in the development of student mental health (Phillippo and Kelly, 2014) and collaborate with parents and guardians in order to promote and provide high quality instruction to students (Sykes and Wilson, 2015). deGelder et al. (2015) and Becker, Goetz, Morger, and Ranellucci (2014) reported that the emotions of teachers expressed in the classroom are related to the emotions that students display, and there are many studies discussing the treatment-effectiveness and cost-effectiveness of the SBMH program in schools (Anderson et al., 2019), recommendations for the delivery of school-based services (Anaby et al., 2019), and the overall mental health risk in school-age children through the development of the RADAR assessment battery (Burns and Rapee, 2019). A thorough analysis of the data was completed through the Dedoose coding application and a standard method of hand-coding. Data were gathered from a demographic questionnaire, one-on-one semi-structured interviews, classroom observation, and document analysis through anecdotal records and classroom sketches from the 12 participants of Buck High School. Once data were gathered, it was through the use of Dedoose and hand-coding that the following codes were revealed: body language, current teaching style, educational background, empathy to your students, facial expressions, how long do they (SMBH professionals) stay, how long have you had them (SBMH professionals) in the classroom, how many students receive TDT or SBMH, important for me to know, interactions with TDT, relate to your students, classroom climate, how many students (do you see each day), and typical day. Since there were 14 codes that were based on the content of the research questions, I was able to divide the codes into broader code groupings to enhance the understanding of the data. The broader code groups included: the attitude of the teacher; pedagogy; classroom practices and approaches; the attitude of the students and the teacher, and other. Several themes emerged which led to the resolution of the

three research questions. The five themes are as follows: benefits to teachers, benefits to

students, not beneficial to teachers or students, factors leading to the delivery of lessons, and

understanding students' complex needs.

Research Question One

The final question of the interview gave the participants the opportunity to share with me

their closing thoughts on how SBMH presence has affected their classroom practice, which

helped to resolve Research Question One. Although the answers varied among participants, the

commonality between the responses indicated that the participants focused more on their

relationships with the SBMH professionals and not how their classroom procedures were

impacted. For instance, as I was observing Sue's class, the students did not pay attention to me

in the classroom. This was good since I wanted to make as little impact and disruption as

possible, but it also led me to believe that the students were used to having more than one teacher

in the class, which could include paraprofessionals, co-teachers, administrators, SBMH

professionals, or other adults for various reasons. For example, in Chris' class there were five

adults in the room during instruction and 13 students: Chris, a paraprofessional, a teacher with

whom Chris shared the classroom, another university student conducting an observation, and

myself. This was apparently not out of the ordinary for the students in this class block as they

did not ask why there were two guests in the room that day, nor did any of the students try to

speak with any of us that were not their "regular" teachers. Brent was the only teacher who

stated that the impact of SBMH to his classroom practices was significant. He initially stated in

his interview:

> Having Day Treatment come in and check on a kid while you're [doing lessons], and
>
> they're, they're, you know, having a little check-in time where they don't really pull the

kid because they're not having a problem, just check in to make sure everything's cool,

just have a conversation, um, while I'm actively teaching, that becomes a problem and a

disruption, um; however, when they come in during independent practice, it's not a

problem and it's actually a good thing because sometimes it lets a kid go out and get,

like, a five-minute break to walk around and talk, and so, Day Treatment in the classroom

can go both ways. (Brent, personal communication, September 24, 2019)

About midway through the interview, Brent concluded that the SBMH professionals do impact

his classroom practice and approach. He stated that the SBMH professionals do not come into

his classroom every day, nor do they come in at a scheduled time, which is difficult since he

prefers to keep to a schedule according to his lesson plans. He reflected, "It's not like I'm going

to teach my lesson at the end of the day [when an SBMH professional enters the classroom] . . .

it's an aggravation" (Brent, personal communication, September 24, 2019). After he made that

statement, he then reflected on his actions when a "kid's having an issue," stating, "sometimes . .

. they come in [and] I will change what I'm doing, so I guess technically I do change what I

teach" (Brent, personal communication, September 24, 2019). Brent's interview shows that he is

the only one interviewed who made, or had, the connection between SBMH professional

presence in the classroom and his classroom practices and approaches; therefore, the themes for

Research Question One are the following: no change, and adjusting the lesson to meet the needs

of the student who needs to meet with an SBMH professional for an issue.

Research Question Two

Research Question Two was resolved after the background information was provided by

each teacher, including their own teaching experience, educational background, classroom

climate, and the abilities and limitations of the students. Research Question Two states, "What is

the role of School-Based Mental Health service presence in schools on teachers' pedagogy?"

The extent of the SBMH professional presence in their classroom was divided among the participants according to the following factors: how many years each participant has been teaching overall, how many years each participant has been teaching at Buck High School, and the consistency of students receiving SBMH services enrolled in the classroom. For some of the participants, their experience with SBMH professionals spanned several years; possibly to the initial invitation of SBMH professionals into Melvin County. For other participants, like Nicole, exposure to having SBMH in the classroom has been limited to the five years that she has been teaching for the county, and she has not experienced a time when SBMH professionals were not in her classroom.

After establishing that the interactions with SBMH professionals varied amongst participants across time and need, the next focus of the interview was on each participants' teaching theory(ies) and how it/they were developed. Three themes emerged under teaching theories: Structured, Accommodating, and Not Theoretical. This category also had the following sub-themes: Authoritarian, Traditional, Flexible, Entertaining, Personalized, Reinforcing, Mandates (by the state and local governments), and "I don't know." Under the Structured theme, participants explained that their approaches toward a theory-based teaching method included traditional methods, reinforcing the material through openers, exit tickets, and repetition, and being required to follow county- or state-mandated curriculum. The Accommodating theme consisted of teachers who stated they provided flexible or entertaining approaches to the delivery of instruction, including personalized learning approaches, and one-on-one mini lessons. Those participants described their approach as an attempt to keep students engaged in learning while making it personalized and entertaining. The participants that fell under this theme also reported

that they are teaching in a way that they have seen work with other teachers and their classrooms.

Finally, the Not Theoretical group described their teaching theory as not a theory at all, but a

way to engage students, much like the Accommodating group. The difference between the two

groups is that those in the Not Theoretical group described their teaching style/theory with either

"I don't know" or as presenting a "song and dance" to the students.

It became apparent that many of the teachers did not rely on any one formal teaching

theory but relied on what they've seen work in their classroom or in other teachers' classrooms.

For instance, Brent, falling under the Accommodating heading, answered this question by saying

> Before teaching I got to be in a lot of different class periods, uh…classrooms with
>
> different teachers. Um, also, I went to school here when I was in high school, and then I
>
> was in college, different colleges for about ten years, so I've seen a lot of different styles,
>
> and that's just kind of what I thought worked the best, and, with some of the very bad
>
> behavior problems I've had, without being strict from the get-go, they were impossible to
>
> bring back. (Brent, personal communication, September 24, 2019)

Having relayed his thoughts on the development of his pedagogy and its relation to SBMH

professionals in his classroom, there does not appear to be a connection. When I began to

explore his classroom setting and interactions with SBMH professionals, the conversation began

to evolve to the point that Brent decided that SBMH did have an impact on his teaching style, if

only on the structure of his lessons or the pace.

Zach is categorized under the Not Theoretical heading. He reported a very different

experience than Brent. I also asked him to explain his pedagogy, to which he responded, "I'm

not sure. What do you mean?" (Zach, personal communication, September 30, 2019). I

explained that I wanted to know how he approached the classroom. I said, "Are you a talker?

Are you more of a let them be independent? Are you um, by the book?" (Zach, personal

communication, September 30, 2019). He then answered, "I'm a little more strict than other

teachers. I give them expectations and I expect them to follow them…I try to give them the

opportunity to make those choices on their own." (Zach, personal communication, September 30,

2019). Zach explained that he did not know how many students in his class were receiving

SBMH services. He said, "I don't have that number memorized. Maybe three or four in each

class?" (Zach, personal communication, September 30, 2019). He also stated that when SBMH

professionals come to his room, it is generally for about 5 minutes to make contact with the

student and then leave. He notes that he does not have problems with his students in Driver's

Education, to which he credits a strict county-mandated curriculum, part of which requires them

to be in class, to not miss any sessions, and generally holds the students to a higher standard.

Brent, on the other hand, sees the SBMH professionals frequently in his classroom, and will

adjust his lessons to accommodate the needs of the students, especially if the SBMH professional

is in his class for an extended period of time, thus taking away from the overall timing of his

presentation.

Research Question Three

Research Question Three asked the participants, "What is the role of School-Based

Mental Health service presence on teachers' attitude toward the classroom environment and

students?" The data retrieved on relating to students, showing empathy, and non-verbal

communication were divided into three categories: (a) those who are aware of their body

language; (b) those who appear to be, or believe they are, neutral to displays of body language;

(c) those who use body language and proxemics to their advantage when providing instruction.

Each participant's account of his or her interaction with SBMH professionals was divided into

four additional categories: Positive, Negative, Depends, and Concerned. The participants who referred to SBMH professional presence in their classrooms using words with a positive connotation was approximately 55% percent. Participants who referred to SBMH presence using negative words were approximately 20%, and the remaining 25% were divided equally among "depends" and "concerned". The participants whose words fell under the "depends" category made statements such as "depends on the student", "depends on the day", or "it just depends." The participants who reported words associated with "Concerned" state that they are worried about the lack of Medicaid funding, low pay, increase in paperwork, and instability or lack of stability.

The categorization of the words of the participants regarding their insight into relating to the students, having empathy for the students, and communication through facial expression and/or body language provided a structure for me to begin coding the data. There were 12 participants interviewed and observed for this study. Six of the twelve participants had SBMH professionals come to the classroom (either by random visit or the participant texting them for help for a student). One of the six participants showed a facial expression while looking at a SBMH professional, and then verbally relayed her need to the SBMH professional when he did not respond to her non-verbal cues.

The data collection for this study led to the following themes regarding displays of facial expressions or body language when SBMH professional staff entered the classrooms: welcoming of the SBMH professionals or indifference. During observations, six participants had SBMH professionals enter the classroom. It also appeared that several of the participants were more interested in making sure that I saw that the SBMH professionals had entered the classroom, to the effect that it appeared as if they were supportive of my research and wanted to make sure I

was aware of any happenings in their classroom that would enhance my study. Table 7 reveals

data of the participants' perceived reactions versus what was observed.

Table 7

The Role of School-Based Mental Health Professionals on Participants' Pedagogy

Name	Teachers' Perceptions	Observed
Anne	No change	Male-she was friendly, Female-she was aggravated
Athena	No change	Not observed
Brent	Changes the order of his lesson plans	Not observed
Celine	No change	No change observed
Chris	No change	Not observed
Clifford	No change	Not observed
Kathryn	No change	No change observed
Nicole	No change	Looked for help; annoyed
Renaldo	No change	Not observed
Scarlet	No change	No change observed
Sue	More aware of student needs	Not observed
Zach	No change	No change observed

Table 8 compiles the three research questions and summary of findings for each, broken

down into themes and subthemes below.

Table 8

Research Questions and Summary of Findings

Question	Themes	Subthemes

Research Question One: What is the role of School-Based Mental Health service presence in schools on teachers' classroom practices and approaches?

Themes: No change, adjusting the lesson to meet the needs of the student who needs to meet with an SBMH professional for an issue

Research Question Two: What is the role of School-Based Mental Health services presence in schools on teachers' pedagogy?

Themes: structured, accommodating, not theoretical

Subthemes: authoritarian, traditional, flexible, entertaining, personalized, reinforcing, mandates, and "I don't know"

Research Question Three: What is the role of School-Based Mental Health services presence in schools on teachers' attitude toward the classroom environment and students?

Themes: welcoming of the SBMH professionals, indifference

The presence of SBMH professionals in the classroom, final conclusion

Themes: Benefits to teachers, benefits to students, not beneficial to teachers or students, factors leading to the delivery of lessons, understanding the students' complex needs

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Discussion

This qualitative study was grounded in the social cognitive and perceived self-efficacy theories of Albert Bandura, as discussed in Chapter Two. Chapter Two also provided an extensive review of the literature and examined the history of mental health and deinstitutionalization, physical and mental health services in schools, school violence trends, the School-Based Mental Health program, and the information surrounding educators in the classroom, collaborative professional relationships, pedagogy, and teacher attitudes. The following is a discussion of the theoretical framework and related literature surrounding the findings of this study.

Discussion of Theoretical Framework

Bandura's (1993) theory of perceived self-efficacy along with his social cognitive theory explains how individuals are able to influence their own lives by exerting control over their own life events and reactions to them. Bandura's (1993) theory of self-efficacy may be explained as the way individuals believe about themselves and their own ability to see a task to successful completion (Buchanan, 2016). Bandura's (1993) social cognitive theory explains the relationships between an individual's beliefs, behaviors, and environment. The study participants provided insight into their own beliefs, behaviors, and environment, which was visible during their individual interviews and classroom observations. This is relevant to this study as I sought to identify the relationship between teachers' classroom practice and the presence of SBMH professionals in their classroom. The participants shared their beliefs (what it means for them to relate to their students, what it means for them to show empathy to their students, and their pedagogy), their behaviors (what the relationship is between empathy and displays of facial expressions and body language), and their environment (the classroom climate,

abilities and limitations of their students, and their interactions with SBMH professionals in the classroom setting). This is a concept referred to as triadic reciprocity. Triadic reciprocity is relevant to the findings of this study as several of the participants explained the following: (a) they try to relate to their students and empathize with them, knowing that many of the students come from troubled backgrounds, and they try to provide instruction and support with those factors in mind; (b) they try to remain calm and neutral in their displays of facial expressions and body language in order to avoid worsening a situation; and (c) their classroom environments consists of students of all levels of ability, but the issue of poor mental health in their students seems to be an increasing problem which is yet another factor against students' abilities to succeed.

Bandura (2008) reported that a feeling of mastery is created when an individual is successful at something, this leading to the feeling of security in one's capabilities, which is also known as "high mastery expectations" (Skaalvik, 2017, p. 154). Brent reported that he was given the task of teaching what he described as a particularly difficult classroom of students receiving special education services. All of the students in that class had an Individualized Education Plan (IEP) and, as he explained, the teacher before him quit at the beginning of the school year, and he was asked to take over the class in her absence. He stated that he started the school year already behind since the school was already several weeks into the school year. Brent appears to have increased confidence in his abilities to manage his classroom, as indicated by this response during the interview:

> I've had [SBMH professionals] in my classroom all four years I've been teaching, and
> they usually, in my class, well, it used to be a lot more, this year they're not in there very
> much, um, I think because I've, or the most part gotten behaviors on a better path so they

don't check in as much with those kids. They're checking with other ones. (Brent,

personal communication, September 24, 2019)

Brent has an increased sense of mastery of his classroom, which builds his self-confidence and

experience.

The second way teachers can develop their sense of self-efficacy is through social

modeling, which is increased when teachers are able to get back from students what they put into

them (Bandura, 2008; Schunk, 1981). For example, when a teacher is trying to convey a

particular lesson, and the student is able to demonstrate their understanding of the concepts by

increased success on a formal or informal assessment. Kathryn showed increased self-efficacy

through social modeling because of her depth of understanding of the classroom environment.

She explained that typically teachers provide instruction, students regurgitate answers, "then I

will have data as to how well you did on the lesson" (Kathryn, personal communication,

September 18, 2019). This is reportedly not the case in Kathryn's classroom, as she describes a

shared responsibility in learning where she is part of the classroom as well as the students, and if

several of them are missing the same question, then she is the common denominator as to why

they are not understanding. She is modeling desired social (and academic) behaviors by

providing guided assistance and feedback in real-time, allowing the students to develop problem-

solving techniques and self-guided direction (Schunk, 1981).

The third method of developing self-efficacy occurs when the teacher is encouraged in

his or her efforts in the classroom (Bandura, 2008), receives positive messages from others about

their performance/efforts (Butz & Usher, 2015), and is provided with encouragement and

positive feedback (Ahn, Bong, & Kim, 2017). Chris reported in this interview that he has been

told by the guidance counseling staff that there are students who request to be in his class. He

said, "I like it, I like it when my students, you know, I hear things like, guidance is telling me that, um, too many people are requesting to be in your class" (Chris, personal communication, October 1, 2019). It was important for Chris to provide this information in his interview, when the question did not prompt this particular response. This may indicate that Chris has received positive reinforcement from guidance regarding his abilities to teach and popularity among students, which may in turn, lead to increased productivity from him and an increased self-efficacy in his abilities as a teacher.

The fourth method of increased self-efficacy is through physical and emotional states, which require a personal inventory of feelings of tension, anxiety, weariness, and/or mood (Bandura, 2008; Chen & Usher, 2013). The task of teaching comes with many stressors that extend beyond the classroom, as shown by the broad scope of this research – an interest in the mental health of students and connecting them with outside resources in the form of SBMH professionals. Anne stated:

> I see them for those 90 minutes, and so, in that 90-minute period, as frustrating as they can sometimes be for me, I try and remember compassion. To try and understand that their behavior isn't personal. It's probably a result of environment, um, or other struggles that are stressing them out right now. (Anne, personal communication, September 24, 2019)

Anne appeared to understand that the behavior shown in the classroom may be indicative of what is going on in the home of the student, and not necessarily stemming from stressors at school. She also said, "I try and connect to them that, you know, we all, like today, I wanted in and was exhausted. They're exhausted. And trying to understand that, you know, we're all busy. No one person's more busy than another" (Anne, personal communication, September 24, 2019).

According to the content of the interview, Anne regularly takes personal inventory of her emotions and feelings when in the classroom, and especially during encounters with difficult students. She has an increased sense of self-awareness regarding her physical and emotional health as it relates to the classroom environment and her students, leading to an increased sense of personal self-efficacy.

Discussion of Related Literature

The purpose of this section is to discuss the findings in relationship to the empirical and theoretical literature reviewed in Chapter Two, which began with a relevant description of the history of mental illness and its evolution since the time of deinstitutionalization. While this may not be relevant to the participants as they answered interview questions and allowed me into their classrooms to observe, it is beneficial to have a quick lesson on where mental health has been, where it is now, and where it might be headed.

Empirical Discussion

Bor et al. (2014) concluded from their review of literature that mental health problems in children are increasing. Some sources have estimated that up to 20% of adolescents (globally) are faced with a diagnosis of a mental health disorder (Aldridge & McChesney, 2018; Capp, 2015; Powers, 2013; World Health Organization, 2001, 2005). Schwandt (2015) suggested that some important empirical questions are: "What happened? What's going on here? What are the patterns here?" (p. 303). Bhowmik et al. (2013) stated, "effective teachers use an array of teaching strategies" (p. 1). Taking Schwandt's (2015) questions and applying them to the information gathered from the participants, along with adding the sketches of the classrooms that I created during the observations, created a clear picture of how each of the participants are addressing the presence of SBMH professionals in their classrooms.

Jennings (2015) discussed the importance of taking emotional inventory of one's own feelings and attitudes. When a teacher is able to conduct their own emotional inventory and understand the reason for a student's emotional and behavioral response in the classroom, it may help the teacher feel more equipped to empathize with his or her students (Jennings, 2015). This may also lead to increased student success in the classroom. Anne discussed the empathy that she has for the students in her classrooms. She spent a significant amount of time during the interview discussing her students' needs for food and shelter, and the personal and familial difficulties that they encounter, which may make issues at school secondary to the personal issues they face at home. Jennings (2015) suggested that a healthy classroom climate "may reinforce a teacher's enjoyment of teaching, efficacy, and commitment to the profession, thereby creating a positive feedback loop that may prevent teacher burnout" (p. 3).

Anne's interview revealed that she internalizes the struggles of her students. When asked about what it means for her to show empathy to her students, Anne stated that she realizes that issues at school are not the only stressors that the students in her classroom have in their lives. She explained that she feels a sadness for the students who require assistance from the school for meals and those who do not have food at home. She gets upset when the school closes for a snow day because she fears for the students receiving free or reduced school lunches, as they do not have access to breakfast or lunch assistance at home. She states that her concern increases the longer the students are out, as they sometimes have multiple snow days in a row (Anne, personal communication, September 24, 2019). Anne understands that school is not a problem when a student's basic needs are not being met. Passive compliance of a student, who has other struggles and worries outside of school, is not considered a successful learning situation (Groccia, 2018; Reynolds, 2008).

Kathryn is another teacher who empathizes with her students and is able to see what poverty does to their psyche and ability to learn, as she herself grew up impoverished. After her interview was over, Kathryn continued to talk and add to the conversation that was spurred by my questions. She began to tell me about the class that I would be observing. Further conversation led to Kathryn telling me about a student in her classroom that was suspended, who also receives SBMH supports. She explained that the student is currently working at a local fast food establishment and contributes money to his household to support his family; however, he stated, the student's supervisor was breaking the child labor laws by calling him during school hours and asking if he can come in and work additional hours. The student previously got in trouble at school, was sent to the In-School Suspension/Student Time-Out Period (ISS/STOP) room. While in ISS/STOP the student took that call from his boss, leading to the Out of School Suspension (OSS). Kathryn then explained that now the student will be able to work more hours and contribute more to his family, so there was no real discipline happening. Kathryn stated that in an already poor town, this feeds the poverty because many families of students that attend Buck High School don't value education. Education is not a priority when you're poor, she says, and this type of behavior continues the cycle (Kathryn, personal communication, September 18, 2019).

Korthagen et al. (2001) stressed their views on the changes within teaching and education reform coming from the outside: the lawmakers and policy makers who are not teachers in the classroom but are the ones dictating what should be taught in the classroom. Because of the emphasis placed on the mental health needs of students as they relate to classroom success (Bruns, 2004; Henderson & Mapp, 2002), and that teachers plan a large role in the development of student mental health (Phillippo & Kelly, 2014) and helping students become successful

(Matthews, 2009; Phillippo & Kelly, 2014), the information gathered from the teachers regarding the everyday operations of the classroom and their interactions with SBMH professionals adds to the literature on the subject.

Many of the participants interviewed for this study shared their involvement with SBMH, as well as their appreciation for the services SBMH professionals provide to the students. Many of the participants also voiced their willingness to learn about student mental health issues, as indicated by statements such as "I need more" (Kathryn, personal communication, September 18, 2019). Some participants voiced their concerns that the SBMH staff is under the strain of large caseloads, or a possible threat of the elimination of the program altogether, thus confirming the research of Gold (2016) who stated that many schools are still coming up short and not addressing student mental health needs adequately or efficiently. This substantiates the literature of Brown, Phillippo, Rodge, and Weston (2017) and Franklin et al. (2012) as teachers are voicing their concerns and appear willing to form a positive working relationship with the students and SBMH professionals. The participant results also corroborate the studies of Eustache et al. (2017) and Sanchez et al. (2018) on the importance of timely interventions for students with mental health issues (as all of the participants allowed SBMH professionals to come into their classrooms and work with students) and the corroboration of all involved in a student's access to education, services, and supports.

Theoretical Discussion

The theoretical basis for this study is based on Bandura's (1993) theory of self-efficacy, which explains what events occurred and why they happened. The literature review in Chapter Two provided the background for Bandura's (1993) theory and an explanation of the interaction between an individual's beliefs, behavior, and environment. The findings of this research study

identify the characteristics that each of the participants identify as relating to SBMH

professionals. For instance, several of the participants of this study reported on their own ability

to perform in the classroom, independent of presence of an SBMH professional. Brent stated

that he was tasked with teaching a classroom of students, all of whom received services through

an IEP. He reported that he did not require intervention from the SBMH staff, as he felt able to

address the needs of the students, based on his experience and his classroom management

techniques. Chris stated that it was desirable for students to be in his classroom, according to the

comments made to him by the school's guidance staff. He appeared pleased with this and stated

that he enjoyed the class and tried to have fun with the students. Many of the teachers reported

that they were comfortable with their own teaching style and classroom management

capabilities. It appears that most of the teachers, according to Bandura's theory, have a high

sense of self-efficacy, as it relates to their abilities in the classroom and working with students

and SBMH staff.

Implications

The results uncovered in this study have theoretical, empirical, and practical implications.

This study explored the situation between classroom teachers and school-based mental health

(SBMH) professionals in the classroom regarding the pedagogy and attitude of the teachers.

These findings may be beneficial to district-level and building-level administration, teachers,

students, parents, and professionals/paraprofessionals that work with students receiving support

services from SBMH professionals. These findings may also be beneficial for stakeholders

outside of the school system who are tasked with the responsibility of developing laws and

policies governing students who need SBMH services and the overall availability and

accessibility of the services. Finally, the results of this study aim to add to the existing literature

on the topic by providing insight through the perspectives of teachers that are in the classroom

working with the SBMH professionals through first-hand experience.

Theoretical Implications

There are three theoretical implications for this study and its connection to the theory of

self-efficacy for building level administrators, district-level administrators, and school board

personnel and others who are in a position to select SBMH companies into their schools to

provide services to students. First, the role of Bandura's (1993) theory of self-efficacy as it

relates to teachers and SBMH staff suggests that the teachers are confident in their abilities to

provide instruction to the students. Two of the participants stated that the behaviors of their

students who are receiving SBMH services do not require frequent intervention by SBMH

professionals because they (the participants) are able to address student needs in the classroom

themselves. Second, there is a gap in the literature about the topics addressed in this study. This

research may add to the existing literature of Bandura's (1993) theory by providing information

on how the participants feel their overall classroom practices and attitudes are affected by the

presence of SBMH professionals in the classroom. Third, this study may also lead current or

future researchers to expound on my study and follow the suggestions for future research that I

have suggested, thus adding even more resources to the existing literature.

Empirical Implications

The empirical implications for this study are based on Schwandt's (2015) explanation

that empiricism "holds that all knowledge is experiential and that knowledge claims can be

justified only by appeal to the evidence of the senses (experience, observation, experiment)" (p.

85), and "effective teachers use an array of teaching strategies" (Bhowmik, Banerjee, &

Banerjee, 2013, p. 1). "Pedagogy is the art (and science) of teaching," and this study may add to

the existing literature on education by taking the information the participants disclosed in their interviews and using it to enhance the understanding of the relationship between SBMH professionals and classroom teachers' pedagogy and attitudes (Bhowmik, Banerjee, & Banerjee, 2013, p. 1). The interviews provided me with direct quotations and dialogue from teachers who are currently teaching students with mental health issues that receive SBMH supports in class, which, in turn, were used to further solidify the findings, relate them to the study, and apply first-hand information I gained to the empirical implications to this research.

Some of the teachers provided me with examples of how their classroom environment has changed with the presence of SBMH professionals. For instance, in Chris' interview, he stated, "we have a good working relationship" (Chris, personal communication, October 1, 2019). He explained that he had "multiple students" in the program and "multiple TDT people coming into the same classroom" (Chris, personal communication, October 1, 2019). Chris was able to communicate with them and say, "hey, um, we need to figure out a schedule…we were able to talk and discuss [and]…make a schedule when to see these kids and not have a revolving door" (Chris, personal communication, October 1, 2019). The information gathered from Chris may be useful to teachers who are new to having SBMH professionals in their classroom, as it provides an example of how Chris was able to negotiate SBMH professionals entering and leaving his classroom with minimal disruption to the other students.

Practical Implications

The practical implications for this study, according to Schwandt (2015), are "concern[ed] with the situated, concrete, embodied actions and meanings of social actors" (p. 246). This study provides the basis for how school administration may address pedagogy and teacher attitudes during in-service training for teachers who have SBMH professionals in their classroom working

with students that have mental health issues, based on the interview responses of the participants.

For instance, one of the themes discussed in my interviews was the level of mutual respect

between teachers and SBMH professionals. One teacher stated that she appreciated SBMH

professionals coming to her classroom to work with students, but she appreciated a conversation

about when the SBMH professional would be stopping by, and for how long. Respect is

important for this teacher, and an example of an in-service would be to incorporate SBMH staff

into the meeting so that they can introduce themselves to teachers and provide an overview of

their services. Some of the teachers voiced their concerns with the regulations surrounding

Medicaid, the SBMH company, and students' ability to meet the criteria of the intake process.

This is another topic that could be addressed by SBMH staff (or their supervisor) during an in-

service training session with the teachers.

Additionally, this study may aid in helping teachers identify a need in their own

classroom for changing the direction of educational approaches in order to meet the needs of

diverse learners. For example, I asked Brent, "what factors led to the development of your

pedagogy? Of your style of teaching?" (Brent, personal communication, September 24, 2019).

Brent responded by saying that his teaching style evolved from his time as a paraprofessional,

where he was able to see different styles of teaching, what worked and did not work, and how he

would like to incorporate the strategies into his own classroom. Brent discussed his experience

with SBMH professionals in his classroom, and how it affected his lesson plans and delivery

during the class block. He stated, "It's a great thing in days where you need it…but it's also a

huge disruption to the whole entire class" (Brent, personal communication, September 24, 2019).

I asked, "Has it changed the way you teach?", to which Brent answered, "no…because…they

don't come in at the same time every day" (Brent, personal communication, September 24,

2019). As Brent explained the flow of his class when SBMH was present, he arrived at the

conclusion that the SBMH presence in his classroom has changed the way he teaches. He said,

"…it's not like I'm going to teach my lesson at the end of the day…it's an aggravation, but…if a

kid's having an issue…and [SBMH] comes in I will change what I'm doing, so technically, I do

change what I teach" (Brent, personal communication, September 24, 2019). This self-

awareness that Brent came into could be helpful for other teachers to discuss, in order to find out

if they, too, change the way they teach, or need to change the way they teach in order to reach all

types of learners.

Delimitations and Limitations

This multiple-case study has delimitations and limitations that are relevant to the findings

and are inherent in qualitative research studies. There are limitations to the research design, data

collection, data analysis, and the report of findings for this study. Starman (2013) stated, "Case

studies cannot be repeated because during repetition, the case is already different" (p. 41). The

delimitations of this study include requesting specific qualities in participants and choosing a

qualitative, multi-case study over a single case study (or any other type of study). The

limitations of this study highlight potential weaknesses that I have encountered in my research,

related to the various procedures of arranging and completing a case study.

The delimitations of this study are purposeful boundaries that I have chosen to place on

the types of participants I am seeking. I sought participants who were licensed, full-time

teachers who had at least one student in the classroom that received services from an SBMH

professional. Additionally, I chose to limit this study to high school teachers as participants. A

natural limitation that occurred; however, was to choose the public-school setting, as it is

generally the only type of school environment where SBMH professionals are invited to serve

the students. In the Mountains Region of Virginia, there are no private schools (that I could find)

that offer SBMH resources to students in-house and during the school's hours of operation.

One of the limitations of this study includes the fact that I was the only one conducting

the interviews and classroom observations. A second limitation occurred when I was only able

to receive participants from Buck High School. This may lead to a lack of generalizability of the

findings because of the small sample size (12 participants) and limited geographic location

(Mountain Region of Virginia; Melvin County Public School district; Buck High School) (Yin,

2014). Additionally, I acknowledge that the participants may have chosen to not fully disclose

their thoughts or experiences when participating in the recorded interview sessions. This may be

due to their concerns about confidentiality and anonymity, even though they were assigned a

pseudonymous name prior to their participation.

Recommendations for Future Research

The goal of this research was to see what difference the presence of school-based mental

health professionals had, if any, on the pedagogy and/or attitudes of classroom teachers. After

the data was collected, triangulated, and analyzed for findings and possible themes, several clear

recommendations for future research were present. Future research could include more

interview data and observational sessions through an increase in participants. I spent between

ten and thirty minutes each interviewing 12 participants, and ninety minutes (one whole class

block) observing the classroom procedures. It became clear that one block observed in a

classroom may not be representative of each class's average classroom environment.

Another avenue for future research would be to expound on these findings to determine

the different perspectives of SBMH that teachers hold according to the teachers' gender,

department, or level of difficulty of the courses they teach. For instance, would special

education teachers have a different view of SBMH professionals than their general education counterparts? Also, the present study was conducted at one high school in one public school district. It may be advantageous to gather information from several counties that parallel Melvin County Public School in socioeconomic status, demographics, and population, in order to make the data more robust or generalizable. Future research should be in the form of another qualitative study, as it seems more advantageous to provide explanations rather than statistics.

Lastly, during the process of gathering data for this study, I had the privilege of attending the Virginia Network of Private Providers Conference in Richmond, Virginia, at the request of my employer. While I was at the conference, I attended a town hall-type meeting for the providers of behavioral health services. There is current litigation occurring with the TDT programs in what Medicaid calls "Behavioral Health Redesign." In the past, the students were entered into one company's computer system that requested funding from Medicaid for TDT services at their home school. Now, there are six companies to which requests may be made. This is where the redesign may have begun. Many referrals were being denied, which may have led to the students that the participants mentioned (in their interviews) as being in the appeals process. Another recommendation for future research would be to complete this study on a much larger scale. This would require the researcher to expand on the research questions, and present the findings to the authorities over the Behavioral Health Redesign, compelling them to look at the research and make an informed decision based on the opinions of the teachers who work with the TDT staff every day.

Summary

The purpose of this research was to find out if the presence of School-Based Mental Health professionals in the classroom had any impact on teachers' pedagogy or attitude. A

qualitative, multiple-case study research design was appropriate for this study, as the data provided rich, full descriptions of the pedagogy and attitudes of the participants through 12 semi-structured interviews, 12 classroom observations, and document analysis. A quantitative study provides limited information, and the data sought out for this study would be difficult to explore through statistics (Creswell, 2013; Yin, 2014). A multiple case approach is appropriate for this study, as I was seeking to gather information from 12 to 15 participants, which would make the study more robust (Yin, 2014). Yin (2014) also stated that having two cases is stronger than one, and having more than two cases is exponentially stronger, thus leading to stronger data for the study. The experiences of 12 participants were explored, and themes and sub-themes emerged, as well as the underlying data that emerged from what participants wanted to communicate that was not solicited through questioning. The participants were asked to explain their experiences with SBMH professionals in their own classrooms, beginning with background data, and then daily schedule, teaching schedule/calendar, how long teachers have had SBMH professionals in the classroom (how long during the day and for how many years), how many students in their class receive SBMH services, pedagogy and reasoning behind that choice, emotions, proxemics, and affect toward students and while SBMH professionals are present, abilities and limitations of their students, interactions with SBMH professionals. At the end of the interview period, participants were asked to share any final thoughts they had regarding the impact of SBMH professionals on their classroom practice.

The results of this study, as gathered through the interviews and classroom observations, provided insight into the working relationship between teachers and SBMH professionals. The overall data analysis of this study leads to confirmation that there are two types of interactions that the participants have had with SBMH professionals: those who have had little interaction

and those who have had positive and regular interactions with SBMH staff. Three of the participants reported that there was a concern that students were not being prepared for young adulthood after they graduate high school, meaning the behaviors that are addressed with SBMH program staff will not be permissible when the student enters the workforce. The remaining nine participants described positive experiences with SBMH staff and welcomed them in their classrooms. During the classroom observation periods, one participant, Nicole, frequently looked to the SBMH professional for support while she had a student that appeared to have walked out of class without permission, and she needed him to help find the student. After several attempts at attempting to get the SBMH professional's attention, Nicole finally asked him for assistance. Another participant, Anne, had visits from two SBMH professionals during the class block that I observed; one male and one female. Anne was friendly to the male staff member who came in, and it was apparent that the two had a positive rapport and one of mutual respect. The female staff member who came in later in the block was not well received by Anne, who chose not to greet the SBMH professional and appeared annoyed/irritated. Finally, the results showed that several of the participants wanted to share their concerns about the lack of resources for their students with emotional and behavioral needs. Some of the participants' concerns revolved around the following: Belief that Medicaid guidelines and requirements were keeping students from receiving the help they needed, underfunding for the SBMH program and its staff, constant turnover which is difficult for the students. One participant stated that Virginia does not do well with addressing mental health issues or education, and when you put the two together, Virginia does an even worse job of addressing needs. The data gathered from this study indicate that participants are as involved as they want to be with SBMH professionals and rely on them according to the needs that are presented by the students in their classes.

Previous research in the impact of SBMH services has been conducted, in relation to how prepared teachers are to assist students with mental health concerns in their classroom; however, these studies do not address the roles of SBMH professionals in the classroom have on the teachers' pedagogy and attitudes. In response to the research questions that guided this study, the participants provided rich, full descriptions of their experiences having SBMH professionals present in their classrooms, thus addressing the gaps in the literature and providing teachers, and building-level and district-level administrators with valuable insight to assist them when planning for in-service training with staff and when sending out Requests for Proposals for SBMH companies to come into the classroom to work with students in need.

School faculty and staff play an important role in the identification of the early warning signs of mental illness and/or threats to self or others that some students experience. Without School-Based Mental Health services on campus and in classrooms, students may not have daily, consistent access to mental health supports and connections to effective services and resources. Threats of cutting funding for Therapeutic Day Treatment services by the government – Medicaid, specifically – could lead to a rise in school-related violence, suicide or self-harm, or chronic mental health issues when the mental health of students is not being properly addressed. A decision to close the program in schools would be an inexplicable loss to so many students who may not even know yet how invaluable this service could be to their own life.

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APPENDIX A: IRB Approval Letter

August 27, 2019

Andrea S. Leonard IRB Approval 3847.082719: Classroom Teachers and School-Based Mental Health Professionals: A Multi-Case Study

Dear Andrea S. Leonard,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Liberty University | Training Champions for Christ since 1971

APPENDIX B: Informed Consent Form

CONSENT FORM

Classroom Teachers and School-Based Mental Health Professionals: A Multi-Case Study
Andrea Spangler Leonard
Liberty University
School of Education

You are invited to be in a research study of the effects of school-based mental health professionals in the classroom on teachers' pedagogy and attitudes. You were selected as a possible participant because you hold a current state of Virginia teaching license, are employed as a full-time teacher, and have a school-based mental health professional in your classroom who is currently working with one or more students. Please read this form and ask any questions you may have before agreeing to be in the study.

Andrea Leonard, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information: The purpose of this study is to determine whether the presence of a school-based mental health professional in the high school classroom has an impact on the way a teacher instructs the class or communicates through non-verbals, such as facial expressions or body language. The following research questions will guide this multiple-case study:

> **RQ1:** What is the role of School-Based Mental Health service presence in schools on teachers' classroom practices and approaches?
> **RQ2:** What is the role of School-Based Mental Health service presence in schools on teachers' pedagogy?
> **RQ3:** What is the effect of School-Based Mental Health service presence in schools on teachers' attitude toward the classroom environment and students?

Procedures: If you agree to be in this study, I would ask you do to the following things:
1. Complete a demographics survey at the following Google Forms website:
   https://docs.google.com/forms/d/1BT-vDgq1HXpBw55ei_F4ZHguX5ooau-Es3lENhBye4U/edit,
2. Sign a consent to participate form and submit to the researcher,
3. Allow the researcher to conduct a classroom observation of one or two class periods/blocks when a school-based mental health professional is present. I will be filling out a Classroom Observation form during my visit,

4. Participate in a one-on-one interview. This may take up to one hour and will be audio recorded for transcription, and
5. Review the transcription from your specific interview. This will take approximately 20 minutes.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. I must also disclose that as a licensed educator and a mental health professional I am considered a mandatory reporter of child abuse and neglect.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.
Compensation: Participants will be entered into a raffle to win one of three $50 Amazon gift cards.

Confidentiality: The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation.

- Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

- Interviews will be recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Andrea Leonard. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at 540-798-5746 or aleonard6@liberty.edu. You may also contact the researcher's faculty chair, Meredith Park, at mjpark@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

You will be provided a copy of this document for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in this study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

_____

Signature of Participant   Date

_____

Signature of Investigator   Date

APPENDIX C: Demographic Survey

1. Are you currently employed as a full-time teacher?

2. Do you currently hold a valid Virginia teaching license (not provisional or conditional)?

3. Do you have a School-Based Mental Health professional in your school who is currently

   working with at least one student?

APPENDIX D: Interview Questions

1. Please introduce yourself to me, as if we just met one another.

2. Please tell me how long you have been teaching.

3. Please tell me about your own educational background.

4. About how many students do you have in each class?

5. How many students do you see each day?

6. What type of teaching schedule/calendar does your school follow?

7. How many of those students are currently receiving SBMH supports in your classroom?

8. How long have you had SBMH professionals in your classroom? (how long during the day and how many years?)

9. Please walk me through your typical day at the school where you teach, beginning with the subject that you teach, and grade levels.

10. Please describe what guides your current style of teaching.

11. What factors lead to the development of that pedagogy?

12. Please discuss what it means to you to relate to your students.

13. Please discuss what it means for you to show empathy to the students in your classroom.

14. Please explain the relationship between empathy in your classroom and displays of facial expressions and body language.

15. Please give me an overview of your classroom climate, including any recurrent positive or displays of student behaviors.

16. Please give me an overview of any recurrent negative displays of student behaviors.

17. Please discuss the abilities and limitations of your students, such as those in the gifted program, those who receive special education services, are twice exceptional, etc.

18. Please discuss your interactions with individuals from the school-based mental health program.

19. If you do not interact with the individuals from the school-based mental health program, please tell me more about that.

20. I may need to make a follow-up phone call or interview if anything needs to be clarified, or additional questions come up. What is the best way to contact you for that?

21. A lot of ground has been covered in this conversation, and I appreciate the time given to this interview. One final question, what else would be important for this interviewer to know about the impact of SBMH on class/room practice?

APPENDIX E: Classroom Observation Protocol

School: _____

Teacher: _____

Grade Level: _____

Subject: _____

Date: _____

Time in: _____ am/pm   Time out: _____ am/pm

Number of staff members present: _____

What is the role of each staff member present?

_____

_____

_____

What are the students being taught during the observation period?

_____

_____

_____

_____

_____

Is/are there:

_____ Lecture

_____ Visual Aids

_____ Hand-On Learning

_____ Group Work

_____ Paired Work

_____ Video/Audio

_____ Other – Please Describe: _____

_____

_____

_____

Are any students out of the classroom with a School-Based Mental Health Professional? _____

Are any students taken out of the classroom to work with a School-Based Mental Health Professional during the observation period? _____

What is/was the precipitating factor? Or was the student scheduled for a single/group therapy session?

_____

_____

_____

_____

What does the teacher do when a School-Based Mental Health Professional calls the classroom via telephone? _____

_____

_____

_____

What does the teacher do when a School-Based Mental Health Professional enters the classroom?

_____

Additional observations:

APPENDIX F: Classroom Sketches

Anne

4A   Driver's Ed.
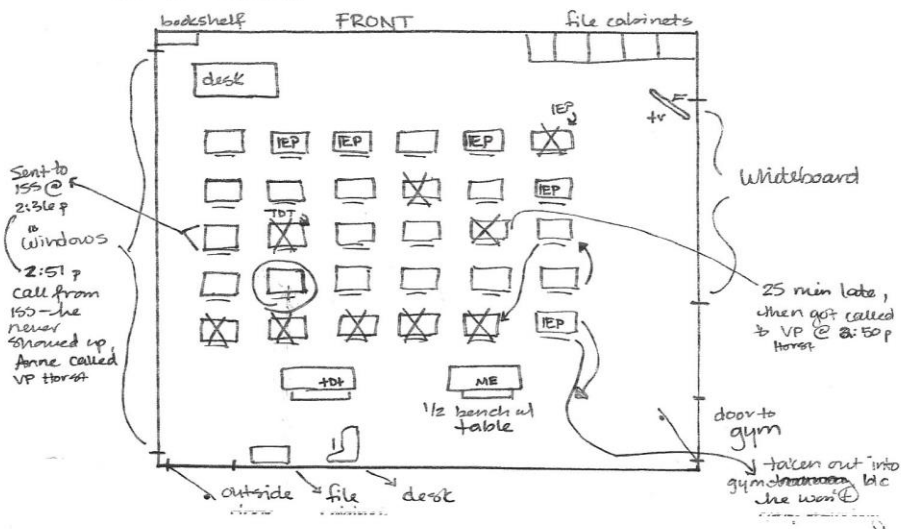
24 Students	14 Males	1 DI — had phone
4 absent	7 females	
2 TDT	6 Af. amer. / mixed	
(1 Absent)	6 IEPs / 2 504s	

a fill-in

2:31 p new TDT counselor comes in — sits at
other picnic bench, on phone (Anne says
this is typical of this partic. TDT prof.,
but not the others)

2:38 p — bathroom break   TDT kid talks to TDT
to 2:45   during break about
                             feelings
                               — leaves @ 2:40 p
1 Phonecalls → ISS, not TDT while Anne is in gym
          → V.P.   monitoring kids

Athena

door   Whiteboard →   projector screen   door (stayed open)

Windows w/inside ledge

Teacher's desk

desk
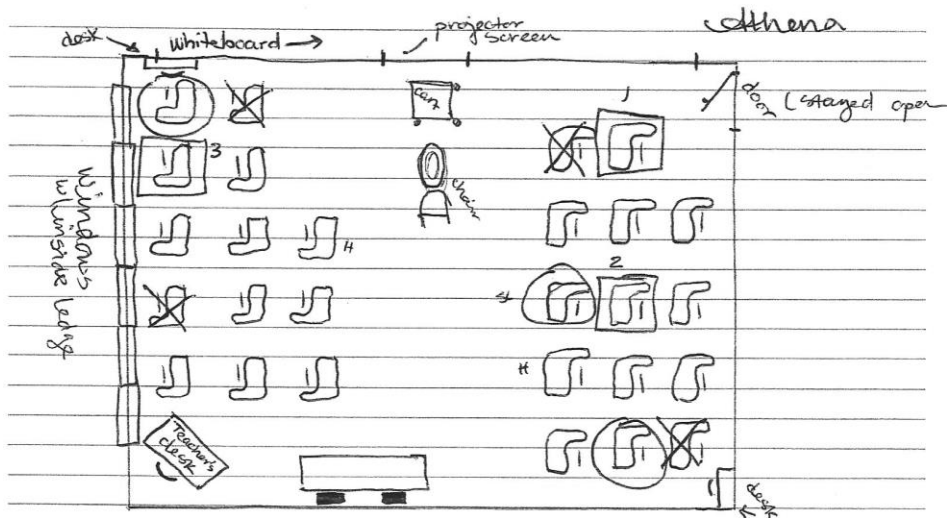
$\cancel{8}$ 2 absent (1 tardy)   3 TDT   teacher not feeling
23 kids   2 males, 1 female   well when I arrived.
11 males   1 sleeping s   —headache—
12 females   2 w/ hoodies H
2 Af. Amer.   also the one that was late
1 Asian   ② Left @ 2:38p for bathroom
                       3:01p returned
                   ① Left @ 2:58p — checked
                       out early by mom

50% seniors
  ⊕ 8 +/- juniors
  1 sophomores sophomores   explained why she was
  3 freshmen   late, said "just want
                            to make sure we're
                            good, b/c I don't need
                            another referral".

Brent

White board

door

desk 1

table

cart

moved

1 2 moved

ASD

table

taken into the hallway

dismissed fr TDD

Windows

kid here

1 3

8

hat, headph. laptop hoodie + sleeping on phone did no work

he moved here, moved other desk

FC
FC

desk 2

desk 3

kid moved here

kid here ASD

kid here

moved here

Comp. desk

table FC

File Cabinets

sent to "Stop" or ISS?

needs it, no Medicaid

had 2 years dismissed, idea why

out @ beginning of class

1. 9/24 yelling, calling Renaldo "bitch", etc., throwing sticks and

⤷ 11:17a – went w/ job coach

7 kids @ bell ring
1 kid w/
5 Absent

2. 11:16a – went to RR – obv. ASD, but apparently according to IEP he's not – back @ 11:21, rattling door

Warm up Questions – 55 31 4^2 6^4 7 25
$+66$ -19 $\times 6$ $\times 0$

teacher desk # 3 – T/A, humming
T/A – mumbling under breath
T/A

11:05 – worksheet 13 kids 3 females
+ MobyMax 10 males
TAs go around 1 Af Amer
and assist 2 50/50
10 Caucasian

3. In hallway, maybe – 11:26 – alone, while Barb gets 2 loaner chromebooks for 2 kids who left them home | Isn't changed

Brent

9th	4	
10th	3	kids @
11th	4	each grade
12th	1	level

I was introduced as "a work friend" of the teacher who was just visiting

1. Slammed a door, came back mad b/c another kid called him ugly

3 + 8 trying to instigate 1 — saying "Adidas" which is a trigger word

8 — taken into hallway 11:58 a, back w/in 1 min from Lead teacher talking to him.
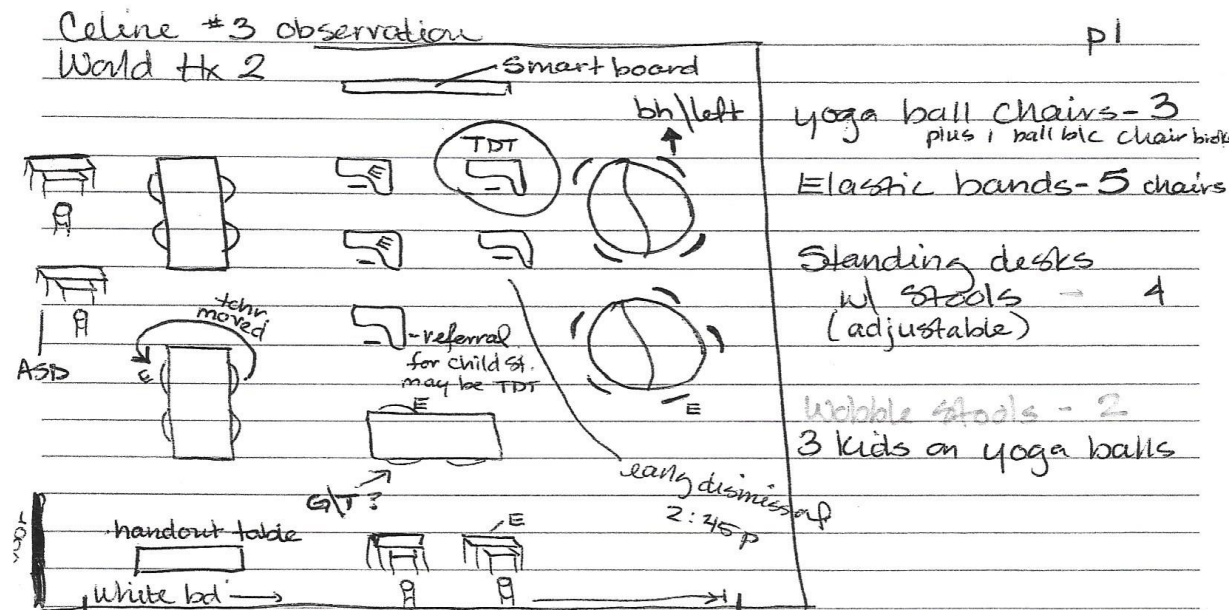
Lots of burping + farting

SPED class 18 (13 today) IEPs

12:12 starts free time for 1 kid b/c he did work

2. did no work — mom works @ BK and is bringing him lunch — rewards for nothing.

Celine #3 observation   p1

World Hx 2

Smart board

bh/left

yoga ball chairs - 3
plus 1 ball b/c chair bk

TDT

Elastic bands - 5 chairs

Standing desks
w/ stools → 4
(adjustable)

tchr. moved

ASD

~ referral
for child St.
may be TDT

Wobble Stools - 2
3 kids on yoga balls

G/T?

early dismissal
2:45 p

handout table

white bd →

E

2 p - group of kids,   23 kids   7 Af. Amer.
1 lectured @ saying   16 Caucasian
"Shut up"

                                    10 females
TA walks around room to   13 Males
provide support - mainly
in the back - 2:06 p - walks out, back @ 2:07 p

Lecture again about being rude and
giving opinions

2:25 p - lecture\conflict w/ student - then sent
him out in the hall
       ↳ teacher left w/ student in hall
       ↳ T/A took over w/ notes
            ↳ class not listening
     2:27 p - Lead teacher back in

ASD kid @ Left adjustable table → up and down
a lot in stool, looking thru belongings

TA - went to one kid who was cutting up, addressed it.

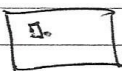Celina   p2
  2:54 p - TA addresses student to get him to
   focus and fill out notes
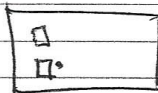
Individual work - starting @ 3:07 p

3:15 p - Teacher and TA going around class to
   help kids

3:15 p - TA walked out, back in @ 3:19

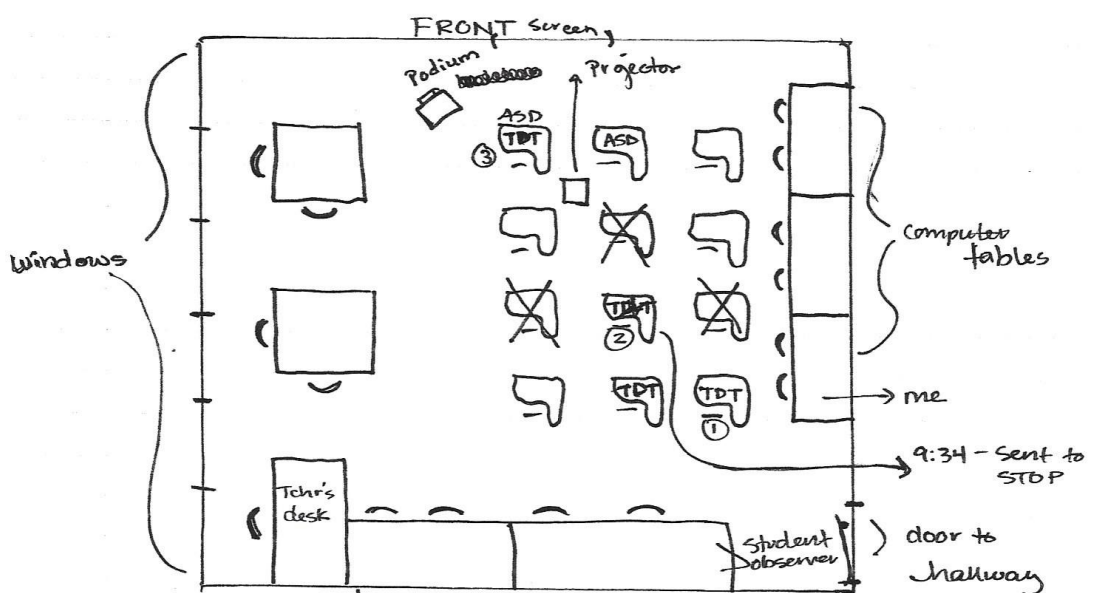T\A sat @ table

Lead sat @ table

Class mostly quiet while sitting @ and doing indep.
   work.

      ✳ Get graph paper to sketch
         each classroom? ✳

"Chris"

FRONT screen

Podium   whiteboard   → Projector

ASD
TDT
③

ASD

computer tables

TDT
②

TDT

TDT
①

→ me

9:34 - Sent to STOP

windows

Tchr's desk

student observer

) door to hallway

comp. tables

✗ Absent
13 students
   1 female
   2 Af. Amer.
13 IEPS

3 TDT - 3 males
   1 Af. Amer
   2 Caucasian

① 9:20 - Kid sent to CM   SPED passed
   9:40 - bubble of feelings of grandma TDT
   9:26 - Teacher texted TDT

   9:30 - another SPED tchr came in to work @ his desk

② This is who he texted TDT about

9:55 to 10 → Break

① Very aggressive
   cursing a lot
   adversarial w/ ③

③ Bigger than ①, ASD
   also aggressive

"Clifford"

beginning of Class - one student late ~~was~~ ~~at~~ Coordinator
of ~~the~~ LAC - Liberty achievement center was
there looking for him

the ~~too~~ LAC transitions kids from
Alt Ed \ detention ctr, etc back into
the regular school.

↓ she came back @ 1p to check on
new kid - no info, 1st day there, presumably
to walk him to next class \ lunch.

↓
kid repeatedly a lox problem,
but teacher had no info.
- teacher also a coach

1 TDT - male, possibly new kid, too

* pm - @ 1:00 - TDT in training

		kicked out of Lynchburg City Schools in Middle School
30 kids		hasn't been in the school syst
0 absent	para came in	
20 males	during lunch	
10 females	after class	for [2] years,
1 mix	and ~~talked~~ w/	but teacher
5 Af. Amer.	teacher, was	didn't know where
1 pacific islander? or philippines?	filling him in on the new student.	he was for the past few years
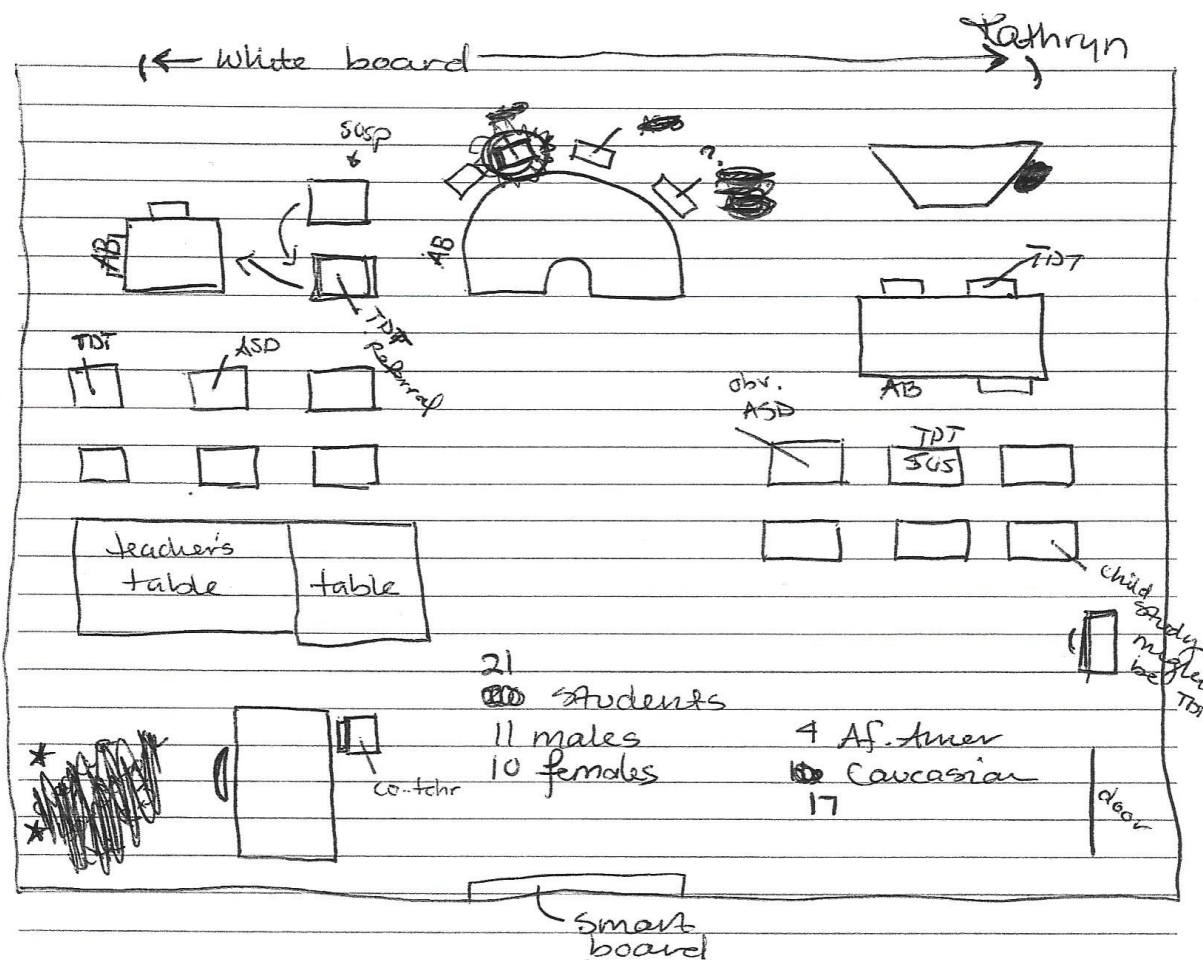
← White board ——————→ Kathryn

SGSP
ASD
AB
AB
TDT Referral
TDT
ASD
TDT
obv. ASD
AB
TDT
SGS
teacher's table | table
child study maybe TDT
21 students
11 males   4 Af. Amer
10 females   Caucasian
                17
Co-tchr
door
Smart board

9:15 am   9:20 Co-teacher came
9:30a – 1 to RR   Up-front   hasn't engaged w/
  9:36a – back   instruction   students – setting up
explanation of a rubric   front on laptop
interactive smart board
discussion of multimodal
ways to present their
fairytale projects   Classroom.google.com

9:52 – time given to   (me)
work on projects   It's hard to get past
                                 the fact that TDT isn't
9:55 – Co-t starts engaging   always anger outburst
w/ 1 kid w/ hand raised
(lasts >1 min), standing   23 students
up watching kids

DIVOGA

Boards on the wall w/visuals
handmade benches ½ picnic tables

"Nicole"

door to the outside

trash

crates

windows

blocked by paper & shades

bench

stool

Nicole's desk

picnic table

storage cabinets etc.

Pallets\materials

Whiteboard

picnic table

door to the shop
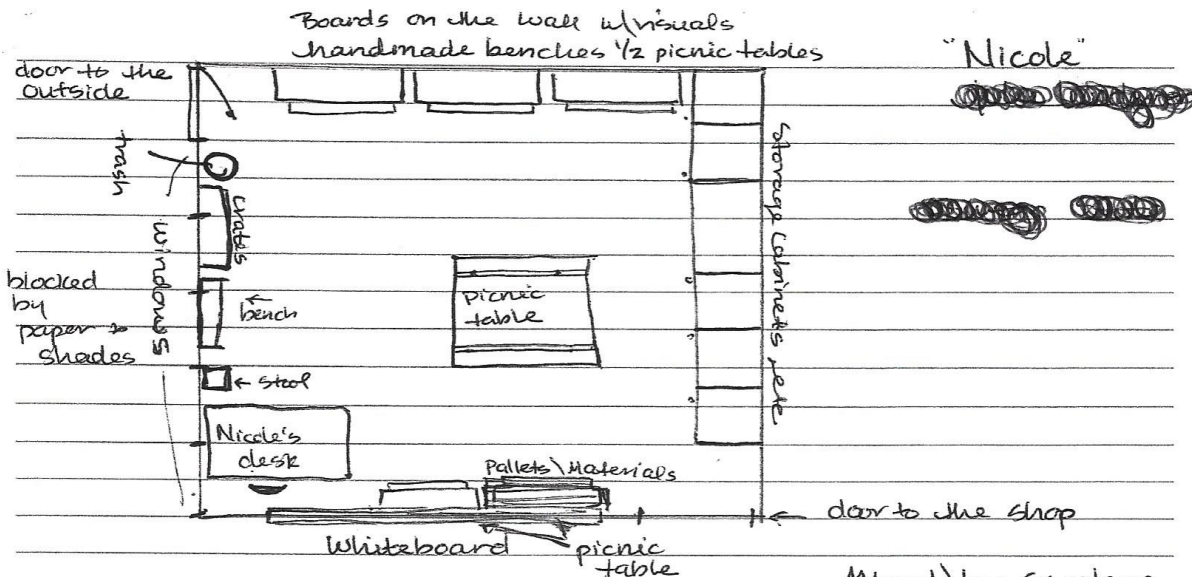
Attend\bx system

15 kids	5 females	1 TDT
2 absent	10 males	male
∨	1 Asian	
according to clip system	1 Af am\ Cauc-mix	
	13 Caucasian	

white | green | black (attendance) | yellow | red

good bx   neg. bx

10:55 TDT comes back w/kid while
teacher is giving directions,
TDT on his cellphone, she's
continuing teaching, no emoting,
etc. Ignores him.
— he goes to RR 10:58 to

→ tchr told me TDT kid was leaving early
for court-mandated counseling, included
TDT in the conversation, he already knows
this, but apparently the student just told
teacher this.

Teacher is observed looking @ TDT about 11:06 a
while student is still in RR. Sent student
to check on kid, who said he was just
standing outside RR. she looks @ TDT, again
who is just standing there.
11:10 - tchr asks TDT to go get him out of RR

both came back 11:11a and tchr gives student is No data sort of data

the "mom" look

Student can only participate minimally b/c he
   doesn't have some sort of permission form
   signed.

Also has kid that was in Brent's class

Nice principal came thru x2 going to the
   shop and back

tchr getting kid to do a makeup worksheet,
   look's @ TDT as a peer, able to joke w/
   him about giving kid clues on Wksht.
      - tchr working 1-on-1 for a few minutes
         on Wksht.
      - TDT helps minimally b/c he doesn't
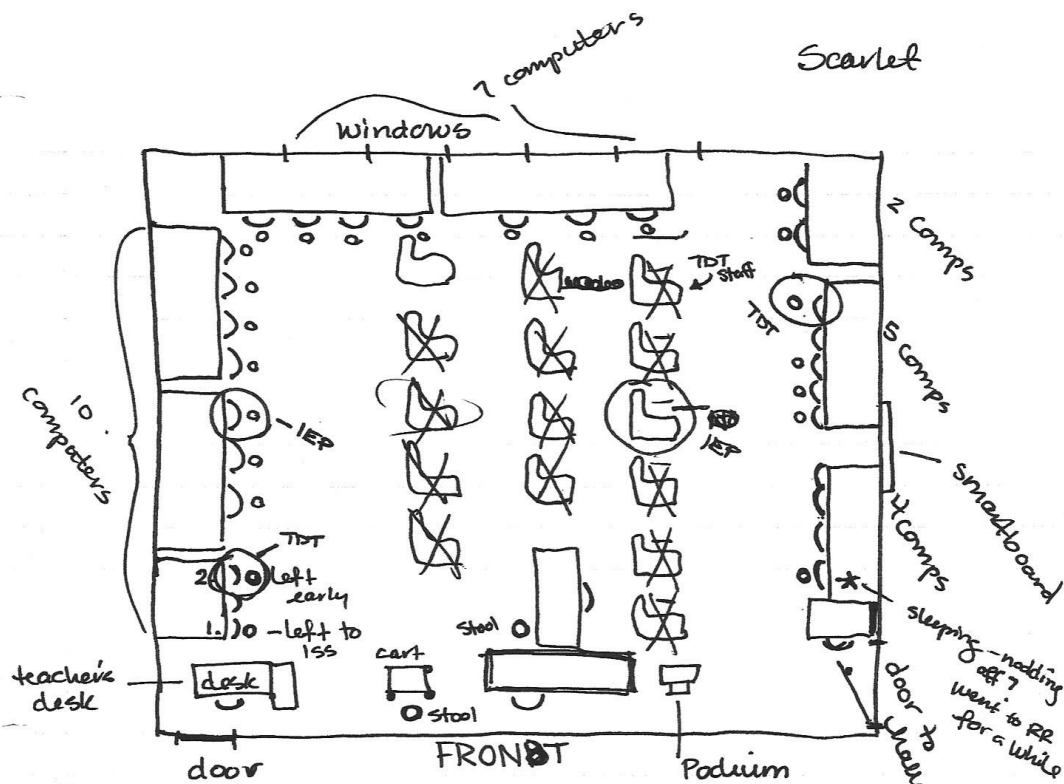   know what they're doing.

11:36 - TDT leaves.

11:45 - TDT kid gets caught trying to leave to get something
      - I couldn't hear what - glasses?

12:05 - TDT student sent w/ another to dump trash,
      other student came back, he didn't, bell rang.

Scarlet

Diagram labels:
- 7 computers
- windows
- 2 comps
- 5 comps
- TDT & Staff
- TDT
- 10 computers
- IEP
- IEP
- smartboard
- 4 comps
- sleeping - nodding off? went to RR for a while
- TDT 2.))O left early
- 1.))O - left to ISS
- teacher's desk
- desk
- cart
- stool
- stool
- door
- FRONT
- Podium
- door to hallway

11:05 TDT male walks in - no response
to 11:37 - took TDT w/ him - asked Teacher's permission
first, she said "OK" and smiled - back @ 11:33

lesson on communism, economics, and
socialism
- opener
  ↳ video on communism \ socialism
    → Indiv. w/ pause + discussion - ended 11:27 a
    → Indiv: work time w/ Edgenuity
    → Closing video @ 12:08 p

1. Student left to go to ISS b/c owsley called
   prior to class
2. Student called out of class - early pt?

23 Students   9 males
  2 Students left early   16 females
      (1 was TDT)   4 Af. Amer
                               2 TDT → 1 male, 1 female
                               2 IEPs - 1 male, 1 female

Online learning requirement
according to Bed\Co & VA state,
so Bedford bought Edgenuity to check off that box \ requirement

"Sue"   ①

Yami Key   9/16/2019

9 females   4 Af. Amer
13 tables w/ 2 chairs each   8 males   11 Caucasian
2 stand-alone desks   1 other (Asian)(pacf.
2 sink/desks w/ 3 spots each   1 mixed race

SOL 11-12 "Today I will explain ~~whether~~ weather phenomena and energy transfer so that I can predict weather and read weather maps. I will know I have it when I can Jeopardy Questions w/ 70% proficiency.
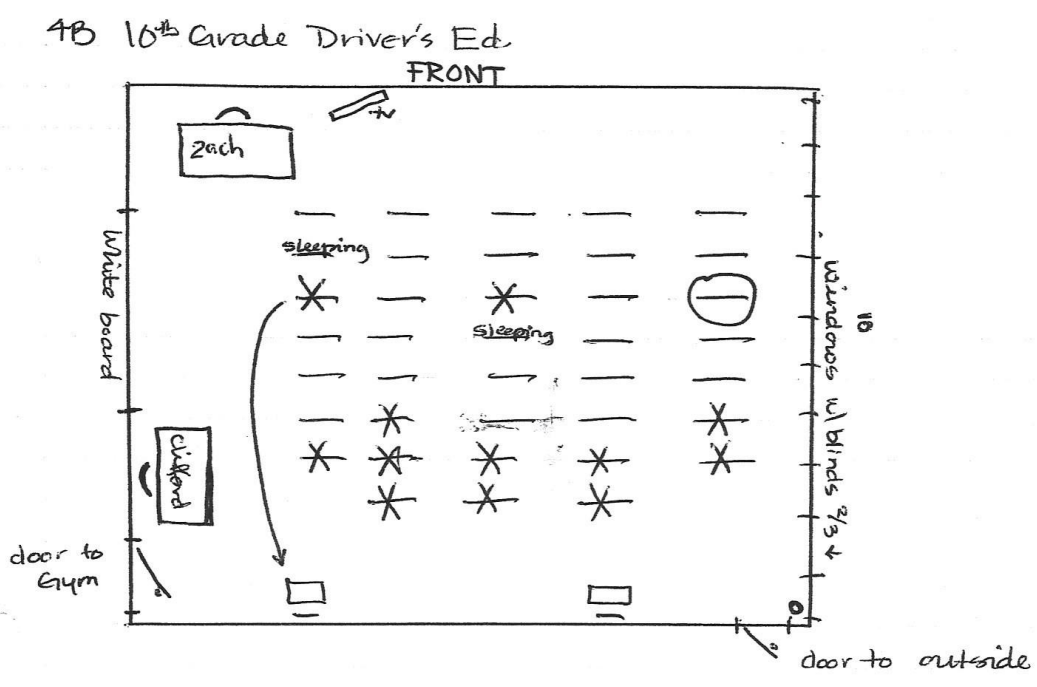
17 students

beginning of class
    1st - mc Q on overhead projector w/ QR code - type
        card scanning
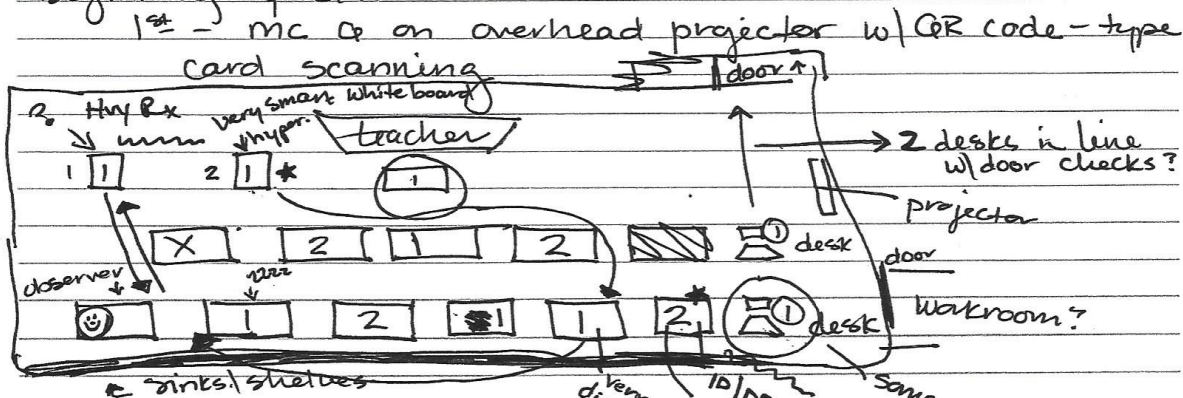
JK - front half of room
RK - walks @ classroom

- Students seem unaware that I'm even here
- Loud, active class
- 1 student sleeping
    2:10 - one student taken outside, chat, back in (RK)

    2:11 - student coming in, spoke w/ teachers (RK) outside (18th)
        student left

Review until 2:15p, then new info
    ↳ class calming down, taking notes, quieter

DIVOGA

"Zach"

4B 10th Grade Driver's Ed.

FRONT

27 Students   1 IEP   12 males
                   ? TDT   15 females
                                    4 Af Amer

- Working on driver's Ed Modules indep.
    on Chromebooks 30 min.
- ~~Video~~ interactive TV on VDOE Module 3, Topic 1 - Laws of Nature
    group review
        2:36 - stretches for 30 sec.
        kids are tired!

2 phonecalls - neither TDT

No TDT presence this period

- break time 3:15

Appendix G: School Bell Schedule

2019-2020 LHS Bell Schedules

	Regular Schedule	Extended Homeroom Schedule	Club Day Schedule	Two Hour Delay Schedule	Two Hour Early Dismissal Schedule	Pep Rally Schedule
Warning Bell	8:45	8:45	8:45	10:45	8:45	8:45
Homeroom	8:50-9:00	8:50-10:00	8:50-9:00	10:50-11:00	8:50-9:00	8:50-9:00
1st Pd Class	9:05-10:40	10:05-11:20	9:05-10:10	11:05-12:00	9:05-10:00	9:05-10:25
CLUBS			10:15-10:55			
2nd Pd Class	10:45-12:20	11:25-12:45	11:00-12:05	12:05-1:05	10:05-11:05	10:30-11:45
3rd Pd Class and lunch (see below)	12:25-1:50	12:50-2:15	12:10-1:35	1:10-2:35	11:10-12:35	11:50-1:15
1st Lunch	12:25–12:50	12:50-1:15	12:10–12:35	1:10-1:35	11:10-11:35	11:50-12:15
Return from lunch	12:50–12:55	1:15-1:20	12:35–12:40	1:35-1:40	11:35-11:40	12:15-12:20
3rd Pd Class	12:55–1:50	1:20-2:15	12:40–1:35	1:40-2:35	11:40-12:35	12:20-1:15
3rd Pd Class	12:25–12:50 & 1:25 – 1:50	12:50-1:15 & 1:50-2:15	12:10–12:35 & 1:10 – 1:35	1:10-1:35 & 2:10–2:35	11:10-11:35 & 12:10-12:35	11:50-12:15 & 12:50-1:15
Travel to lunch	12:50–12:55	1:15-1:20	12:35–12:40	1:35-1:40	11:35-11:40	12:15-12:20
2nd Lunch	12:55–1:20	1:20-1:45	12:40–1:05	1:40-2:05	11:40-12:05	12:20-12:45
Return from lunch	1:20–1:25	1:45-1:50	1:05-1:10	2:05-2:10	12:05-12:10	12:45-12:50
3rd Pd Class	12:25–1:20	12:50-1:45	12:10–1:05	1:10-2:05	11:10-12:05	11:50-12:45
Travel to lunch	1:20– 1:25	1:45-1:50	1:05– 1:10	2:05-2:10	12:05-12:10	12:45-12:50
3rd Lunch	1:25–1:50	1:50-2:15	1:10–1:35	2:10 -2:35	12:10-12:35	12:50-1:15
4th Pd Class	1:55–3:30 3:30-driver/ car riders only	2:20–3:30	1:40–2:50	2:40–3:30	12:40-1:30	1:20-2:40
CLUBS/ PEP RALLY			CLUBS 2:55-3:30			PEP RALLY 2:40-3:30
	1	2	3	4	5	6

APPENDIX H: Classroom Photographs