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Transforming School-Based Mental Health to Heal the Collective Soul Wound

Andrea L. Holowka
AHOLOWKA@uwo.ca

Abstract

Pervasive well-being concerns of youth in Alberta are steadily contributing to society's collective soul wound. In response to this growing need, K-12 systems are faced with increased demands for school-based mental health services. Public Prairie School Division (PPSD) provides student mental health intervention needs through onsite access to school-based teacher counsellors and referrals to centralized psychologists. However, decisions regarding mental health practitioner allocations or practice standards are often left to individuals and generally follow historical practice. This Organizational Improvement Plan (OIP) problematizes PPSD's lack of system-wide approaches to mental health interventions that can provide assurance of improved efficacy and equity in meeting student mental health needs. Transformative leadership applied within a utilitarian consequentialist lens has the potential to improve individual and collective student well-being. The decolonizing lens of scarring the collective soul wound will elevate system leadership to counter pervasive neoliberalism and allow for change and healing within ethical spaces. Actioning psychosocial change using transformative learning theory positions practitioners as co-creators of new counselling practice standards in response to student and parent feedback. Allocation changes stemming from systemic analysis of demographic and referral data should increase equity of access to teacher counsellors. Evidence of improved access and efficacy in mental health interventions will be sought through interconnected plan-do-study-act cycles and more broadly confirmed through a RE-AIM framework. Verifying PPSD's collective soul wound scar also requires the application of an Indigenous wellness perspective.

Keywords: K-12 schools, school-based mental health, transformative leadership, system leadership, psychosocial change, decolonizing lens

Executive Summary

Addressing the mental health needs of youth has become an increasingly important responsibility of public education within Alberta. Schools provide convenient and familiar settings for mental health interventions (Bruns et al., 2016; Lambie et al., 2019). The continued rise of youth mental health challenges has been exacerbated by the COVID-19 pandemic (Government of Alberta, 2021; Lifeso et al., 2021; Schwartz et al., 2021). Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019) attribute this decreased well-being to the imposed sense of separability caused by neuro-colonization, resulting in a collective soul wound. This Organizational Improvement Plan (OIP) addresses the Problem of Practice (PoP) stemming from the absence of a system-wide approach to mental health interventions that equitably and effectively addresses student well-being outcomes. By elevating perspective holder voice and engagement, the transformation of intervention systems within The Public Prairie School Division (PPSD; *an acronym*), should enable healing and scarring of the collective soul wound.

Chapter one situates PPSD as a large hierarchical organization within a neoliberal province. Further described is PPSD's challenge to address the social agenda expected within education, amidst high diversity in student needs, considerable public scrutiny, and accountability for achievement and fiscal responsibility. Despite these pressures, organizational prioritization of student well-being aligns with senior management's commitment to equity, diversity, inclusion, and decolonization (EDID). As a superintendent, I have agency and responsibility for creating system-wide change to improve student well-being. Embedded within utilitarian consequentialism, this OIP utilizes transformative leadership to achieve improved student mental health by critiquing inequity, elevating ethical imperatives, unlearning Eurocentrism, and enhancing the collective good (Battiste, 2021; Brown, 2004; Burnes & By,

2012; Burnes et al., 2018; Dei, 2019; Shields, 2010, 2022; Weiner, 2003). Further exploration of the political, economic, social, technological, environmental, and legal (PESTEL) influences, combined with internal and external data related to PPSD's mental health services, demonstrates unmet mental health intervention needs. The gap between the current reality and desired future state is confirmed through these analyses. The chapter concludes by imploring for transformative leadership, reflexivity, and collective reflection at the meso (superintendent) level within Ermine's (2007) ethical spaces of two-eyed seeing, and at the micro (practitioner) level as interrogators of reality and co-creators of practice change.

The second chapter situates transformative leadership within a decolonizing framework for leading change, where individual and organizational assumptions and beliefs are challenged and transformed. This shift requires engagement with the Indigenous, cultural, and other community perspective holders, and the development of psychologists and teacher counsellors as a cohesive team of transformative leaders. Central to this chapter is the articulation of the framework for leading change, comprised of Schein's (1996) psychosocial model of change actioned through transformative learning theory (Mezirow & Taylor, 2011). This framework will create ethical spaces that can guide practitioners through experiences of reflexivity and dissonance, followed by collaborative discourse and collective action. Practitioners will co-create Bartunek and Moch's (1987) third-order change upon exposure to student and parent voice data that indicates insufficiency in access and practice. Organizational readiness is confirmed through Deszca et al.'s (2020) questionnaire and Rafferty et al.'s (2013) multileveled framework. Three potential solutions are offered and analysed for the resources required, considerations of equity, diversity, inclusion, and decolonization (EDID), ethical impacts, and related change drivers. The chapter concludes by selecting the solution best situated to scar the collective soul wound.

Chapter three activates the preferred solution through a change implementation plan that leverages community input, access data, student/parent voice, and practitioner engagement. The multi-phased plan is described, beginning with the establishment of a systemic vision of the collective soul wound, as described by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019). Further implementation planning involves the use of demographic and referral data to adjust teacher counsellor allocations in response to student need. Later implementation phases are supported by Schein's (1996) psychosocial model of change and Mezirow and Taylor's (2011) transformative learning theory, where leaders and practitioners respond to student/parent survey results by engaging in mindset shifts to co-create of practice changes. Chapter three also shares a knowledge mobilization plan that draws from Deszca et al.'s (2020) phases of communication, Klein's (1996) stages of organizational change, and Reed et al.'s (2020) and Wright et al.'s (2023) Indigenous concepts of knowledge mobilization. Three Plan-Do-Study-Act (PDSA) cycles of inquiry allow for interconnected progressions of monitoring and adjustment (Deming, 1983). Further evaluation is exhibited through Glasgow et al.'s (1999) RE-AIM tool to measure reach, efficacy, adoption, implementation, and maintenance of the intended change. Finally, the First Nation Health Authority's (2023) perspective is utilized to confirm collective wound scarring through a lens of decolonization.

Given the convergence of increased mental health challenges, post-pandemic needs, and the continued pursuit of EDID, the school's ability to provide student mental health interventions must remain a priority. This OIP elevates those directly serving students as transformative leaders, allowing them to become system co-creators as they engage in their own unlearning and disconfirmation. Enabling change where perspective holder engagement is maximized can shift power imbalances, impact student outcomes, and contribute to collective healing and relearning.

Acknowledgements

I have completed the majority of my doctoral program on the traditional territories of the Blackfoot Nations, which includes the Siksika, the Piikani, and the Kainai. I also acknowledge that I am an uninvited settler living among the Tsuut'ina and Stoney Nakoda First Nations, the Métis Nation (Region 3), and all people who make their home in the Treaty 7 region of Southern Alberta. My white settler experience has afforded me privilege, requiring that I apply reflexivity to understand my bias from a colonialized perspective, while seeking to create conditions of equity and decolonization through my writing and leadership. It is my hope that this OIP provides an incremental step towards increased equity and collective well-being, while contributing to my ongoing growth as an educational leader and a person living on treaty land.

There are many who have provided significant support to me during my doctoral journey. My husband, Jason, has patiently watched me pursue my passions and ambition over the years, this doctoral program included. Claire and Emily, my two beautiful daughters, have cheered me along while learning how to manage their own meals and laundry, and becoming self-sufficient young women. Countless family and friends have also provided encouragement and care over the past three years. My two most recent employers hired me amidst my studies and were quick to demonstrate support, for which I am truly grateful. Finally, I must express appreciation for Western's faculty and students who have been instrumental to my success. My K-12 cohort offered an incredible sense of community for the first two years, and my group of seven in course eight provided critical feedback to further refine my thinking and writing. Congratulations to all of you! Finally, thank you to the many instructors and staff, particularly Dr. Lowrey, whose patience, advice, and time were endless and invaluable during the construction of my OIP.

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Acronyms

EDID	Equity, Diversity, Inclusion, and Decolonization
MTTS/RTI	Multi-Tiered Systems of Support or Response to Intervention
OIP	Organizational Improvement Plan
PDSA	Plan-Do-Study-Act
PESTEL	Political, Economic, Social, Technological, Environmental, and Legal
PoP	Problem of Practice
PPSD	Public Prairie School Division
RE-AIM	Reach, Efficacy, Adoption, Implementation, and Maintenance

Definitions

All My Relations: A term used in many Indigenous cultures to represent the interconnectedness of all dimensions of self, associated with others and the natural environment (Quinless, 2022).

Cognitive Redefinition: Cognitive redefinition is the result of a shift in mindset, as defined within Schein's (1996) psychosocial model of change. Such reframing can be achieved by re-envisioning concepts through the process of redefining, broadening, or applying new standards of judgment.

Collaborative Learning Processes: Collaborative learning processes refer to intentional learning experiences (typically among adults) that are structured to encourage dialogue, questioning, and curiosity. These are sometimes referred to as public learning or professional learning communities (Fullan & Quinn, 2016; Mezirow & Taylor, 2011; Park, 2018; Safir & Dugan, 2021).

Collective Soul Wound: Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019) describe the collective soul wound as the pain and suffering resulting from our broken, colonialized society, in which individualistic motivations have created disconnection with self, others, and the land. Healing the wound requires acknowledgement of our collective neurobiology, the revitalization of relationships, and the creation of a new reality in the form of a scar.

Congruence Model: Nadler and Tushman's (1980) congruence model analyzes inputs, transformational processes, and outputs that characterize organizational functioning. This model can be used in a variety of applications, such as predicting organizational behaviour, performing gap analyses between current and desired future states, and analyzing potential solutions to organizational problems.

Disconfirmation: Within Schein's (1996) psychosocial model of change, disconfirmation is described as the driving force that motivates transformation. When presented with data accepted as valid and relevant but misaligned with one's current mindset or perspective, dissonance-related anxiety can provoke the experience of disconfirmation. New conceptualizations can occur if disconfirmation occurs within conditions of psychological safety (Coghlan, 2021; Schein, 1996).

Discrepancy: As one of five messaging domains highlighted by Armenakis and Harris (2009), discrepancy addresses the degree to which an organization's ideal future state and current performance differ. Discrepancy must exist as a motivator for change, by identifying that something within the organization is not as it should be and must therefore be corrected.

Equity-Deserving: Equity-deserving groups are those experiencing significant barriers as compared to the greater society. These hardships can be caused by social discrimination, economic challenges, or other barriers that limit full and equal participation in greater society (Queen's University, 2022).

Ethical Space: Ermine (2007) describes ethical space as the equitable engagement of differing worldviews, each of which are considered equally valid. Battiste (2021) similarly describes the value of Indigenous knowledge and implores for its visibility within the Eurocentric monoculture.

First-Order Change: Bartunek and Moch (1987) share that change categorized as first-order allows for reinforcement and alignment with current organizational schemata. Such change supports existing configurations and interests and does not seek to shift organizational schemata or mindsets.

Macro-Level: Macro-level examination considers the broadest systems within an organizational

analysis. Within this OIP, the macro-level refers to the provincial landscape, often in terms of legislative requirements or political influences.

Meso-Level: The meso-level is a subset of the macro-level of organization. In this OIP, the meso-level is defined by the school authority, PPSD, as well as its superintendents.

Micro-Level: The micro-level refers to subsets within the meso-level. Within this OIP, this can refer to schools, groups, or individuals. Given the subject of mental health interventions, this will often include groupings of mental health practitioners, including teacher counsellors and centralized psychologists.

Neoliberalism: Neoliberalism is political rationality that values free-markets and entrepreneurialism, while reinforcing hierarchical, Eurocentric models of leadership (Gobby, 2017; Winton & Pollock, 2016). When applied to education, neoliberalism seeks to quantify and commodify education through its heightened focus on assurance, standardization, and competition, with less emphasis on developing critical thinking or addressing socially driven outcomes toward equity.

Neuro-colonization: Ahenakew (2019) terms neuro-colonization as the "imposed sense of separability that leads us to neglect our fundamental responsibilities" (p. 73). This neglect is further described as a choice, where relational actions are often based on transactional motivations or to satisfy a desire for martyrdom.

Neuro-decolonization: Neuro-decolonization is activated by the sense of entangled relationality and a reduced value of individualism (Ahenakew, 2019). This holistic commitment to equity is required to heal the collective soul wound.

Personal Valence: Personal valence is one of five messaging domains highlighted by Armenakis and Harris (2009). Within this domain, change participants evaluate the impact of the change

(both positive and negative), the fairness of the change, and the treatment of individuals throughout the change process.

Perspective Takers: Perspective takers refer to those who have been sought out to provide input into decision-making. Weiner et al. (2020) emphasize the importance of engagement among those with diverse backgrounds, expertise, and experiences when designing change initiatives. This term is used in place of the colonialized version of *stakeholders* which generally refers to those groups or individuals with whom those in power engage, for the purpose of advancing the interests of the organization, without regard for the impact on others (Sharfstein, 2016). Perspective takers is interchangeable with *perspective holders*.

Positionality: Holmes (2020) describes positionality as the set of ontological and epistemological assumptions that guide a researcher's interactions, decisions, and experiences within the research process. The act of exploring one's positionality is captured within the concept of reflexivity, which is a self-reflective practice in which an author or researcher examines the influence of their own emotions, motives, power, and biases on individuals, practices, and research processes and outcomes (Robinson & Wilson, n.d.).

Psychosocial Model of Change: Schein's (1996) psychosocial model of change enhances Lewin's model of change to add various cognitive refinements. In this enhanced model, change occurs through disconfirmation as a motivating force, by which new information creates impetus for a shift in mindset, leading to cognitive redefinition (Coghlan, 2021).

RE-AIM Tool: Commonly used in health-related research, the RE-AIM tool investigates the reach, efficacy, adoption, implementation, and maintenance of an intended change (Gaglio et al., 2013; Glasgow et al., 1999; Glasgow et al., 2019).

Reflexivity: Reflexivity is a self-reflective practice in which an author or researcher examines

the influence of their own emotions, motives, power, and biases on individuals, practices, and research processes and outcomes (Robinson & Wilson, n.d.). Reflexivity is a requirement of decolonizing research, both to ethically limit the possibility of exploitation and to epistemically recognize the inherent biases within the author's body of knowledge. Reflexivity is related to positionality, which Holmes (2020) describes as the set of ontological and epistemological assumptions that guide a researcher's interactions, decisions, and experiences within the research process.

Relational Leadership Theory: Uhl-Bien (2006) defines relational leadership theory as an overarching framework for the study of leadership as a social influence process that impacts both social order and change. Within this theory, leadership is characterized as both an *entity* through which leaders interact with and influence others, and as *relational* through which leaders and followers jointly construct knowledge systems.

Relational Transparency: Bird and Wang (2013) describe relational transparency as an essential element of authentic leadership, where leaders intentionally develop strong, open, and honest relationships with their followers. Leaders possessing relational transparency are deeply interested in the success, development, and empowerment of their colleagues.

Scarring: Ahenakew's (2019) and Jimmy et al.'s (2019) conceptualization of scarring responds to the healing required to mend the collective soul wound that exists within our broken, colonialized society. Scarring requires an intentional effort toward collective healing, in which a new reality is created. The scar is not simply the wound repaired, but rather signifies the formation of a new reality that is different than what came before, creating a new, ethical space where plurality is accepted, and all people are well and whole.

Schemata: Schemata is a term used to describe the perceived worldviews held by an individual

or groups of individuals with respect to a certain concept (Bartunek & Moch, 1987). Schemata can also be referred to as *mindsets*, *paradigms*, *cognitive maps*, or *frames*, among other terms.

Second-Order Change: Bartunek and Moch (1987) share that change categorized as second-order prompts change participants toward acquiring changes in schemata, but requires that external forces shape such changes. Internalized motivation toward change is not developed within second-order change.

Third-Order Change: Bartunek and Moch (1987) suggest that third-order change involves organizational members gaining awareness of their current schemata in order to adopt new schemata when deemed necessary or advantageous by the individual. In this model, schemata change can be externally facilitated but ultimately requires internal motivation and impetus.

Transformative Leadership: Transformative leadership is based on a morally driven call to action that critiques inequity, elevates ethical imperatives, and strives toward individual fulfillment and the collective good (Brown, 2004; Cartegena & Slater, 2022; Shields, 2010, 2022; Shields & Hesbol, 2020; Weiner, 2003). In the context of this OIP, transformative leadership involves creating conditions for neuro-decolonization by encouraging awareness of assumptions and beliefs held by both the individual and organization and providing a moral impetus toward increased equitable outcomes.

Transformative Learning Theory: Transformative learning theory is centered on a communicative process by which participants question their underlying assumptions and respond by shifting mental models and taking action (Hyde, 2021). This theory considers both the cognitive and affective experiences of participants as they engage in individual and then collective exposure to disorienting dilemmas that promote critical reflection, further refined through collaborative dialogue (Mezirow & Taylor, 2011).

Two-Eyed Seeing: Two-eyed seeing is the act of braiding useful Western strands of research epistemologies with Indigenous forms of knowledge, world views, and cultural practices that can further research and/or practice (Quinless, 2022).

Unlearning: In this OIP, unlearning is defined both as a process required within the framework for leading change and as a premise within the act of decolonization. In Schein's psychosocial model of change, coercive unlearning occurs when disconfirmation disrupts restraining forces attempting to protect the status quo (Coghlan, 2021; Schein, 1996). When described from a decolonizing perspective, unlearning is required to disrupt the foundational monoculture of Eurocentrism ingrained in societal and organizational mindsets and practices (Ahenakew, 2016; Battiste, 2021; Jimmy et al., 2019; Stein et al., 2020).

Utilitarian Consequentialism: Utilitarian consequentialism is a theoretical framework through which actions are valued by the extent to which they morally advantage the greatest number of perspective takers (Burnes & By, 2012; Burnes et al., 2018).

Chapter 1: Problem Posing

Addressing the well-being of youth has long been a priority in the landscape of education, heightened by recent post-pandemic related student welfare concerns (Government of Alberta, 2021; Lifeso et al., 2021; Schwartz et al., 2021). This increasing challenge exists amidst traditional educational structures that further widen the gap between those with privilege and *equity-deserving* students. Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019) identify this brokenness of colonialized society as our *collective soul wound*. Scarring the wound requires listening to the voices of the powerless, engaging in reflexivity and dissonance, and prioritizing the well-being of our collective youth. This provides an opportunity for Public Prairie School Division (PPSD; *an acronym*) to thoughtfully transform school-based mental health intervention services in response to student need. The engagement of perspective holders in interrogating reality, then forming a solution, will support relearning within ethical spaces that result in wound healing. This Organizational Improvement Plan (OIP) will use Ermine's (2007) description of ethical space as the equitable engagement of differing worldviews within the context of Ahenakew's (2019) collective vitality. The process of advancing equity and well-being across PPSD must begin with an examination of the leadership required for such change.

Leadership Positionality and Lens Statement

I am one of two associate superintendents assigned to lead all aspects of learning, student support, and school operations for more than 130,000 students across approximately 250 schools. I have nine years of superintendent experience, but only two years with my current division. I must therefore be mindful of my leadership approach and emerging organizational relationships.

Leadership Agency

Although student well-being and mental health services are under the collective purview

of my partner and me, I am ultimately responsible for managing these interventions, including determining staffing allocations and counselling practices. Thus, the agency for this system-wide change rests with me, supported by my superintendent colleague. Within our accountability for school operations, we have also directed principals to prioritize student well-being through school-based supports and referrals to centralized mental health services. My superintendent responsibilities also require that any changes are consistently implemented and experienced across the organization. However, I also recognize my limited agency to impact the daily experiences of schools. In any system-wide change effort, coherence between the organizational vision held by system leaders and its actualization among professionals working directly with students will require mutual understanding, ownership, and intentional actions at all layers of the organization (Fullan, 2021; Naicker & Mestry, 2016; Norqvist & Ärlestig, 2020).

Positionality

I position myself as the product of a colonial, white, middle-class upbringing which has provided me with significant privilege and biases in my approaches to educational leadership. While I consider myself to be a transformative leader seeking improved outcomes for individuals and the greater society, I recognize that my judgments and decisions are not influenced by experiences of marginalization that are borne by those I am seeking to support. Reflexivity is required to acknowledge the potential impact of personal experiences, biases, and power on research and practice (Robinson & Wilson, n.d.). I must therefore practice reflexivity when applying a leadership lens to ensure that my decisions truly serve the needs of others.

Personal Leadership Lens

Philosophically, I approach leadership actions with altruistic intentions that must result in improved student outcomes. I therefore align with a utilitarian consequentialist lens. Both

utilitarianism and consequentialism have been explored extensively in literature, both as separate and combined concepts. In an early view of utilitarianism, Richard Cumberland (1631-1718), bishop of Peterborough, posited a morality-based ethic upholding the happiness of the most people as the most benevolent approach to achieving the common good (Schneewind, 1997). Consequentialism similarly supports altruism but determines the value of an action by its associated consequences, not through the motivation or character of the actor (Kagan, 1992). Bringing the two concepts together to address my Problem of Practice (PoP) utilizes a philosophical approach grounded in both moral intent and evidence-based accountability, where healing for all students dually serves as the moral imperative and the required outcome.

Failing to apply utilitarian and consequentialism approaches in tandem may create potential challenges. A leader's positionality allows for their personal judgment of what should be deemed as "good" when determining desired outcomes. As such, critics of consequentialism suggest that this outcomes-based approach to decision-making can be devoid of considerations related to morality, social justice, or even the leader's ability to execute the necessary changes (Andric, 2017; Mendola, 2005). Similarly, utilitarianism on its own can be problematic. In seeking to achieve collective happiness by creating the greatest good for the highest number, a leader's latitude in determining the gauge by which happiness or goodness is measured could also limit the contemplation of ethics, justice, and morality (Andre & Velasquez, 1989).

My leadership positionality and agency require that my intentions and actions result in improved student well-being outcomes. As such, I will avoid using a generalized consequentialist framework or solely rely on utilitarianism, both of which could allow my personal discretion to define the good of both my actions and corresponding student outcomes. Combining both philosophical approaches with reflexivity and the moral obligation to improve

student well-being will position me to avoid potential egoistic leadership motivations, the perpetuation of inequity, or invoking harm to organizational members. Utilitarian consequentialism recognizes that actions are valued by the extent to which they morally advantage the greatest number of perspective takers (Burnes & By, 2012; Burnes et al., 2018). This teleological approach requires that leaders are transparent and explicit about the ethical values they are using and promoting, while ensuring that their leadership actions can achieve the greater needs of the organization and society through planned and participatory change (Burnes & By, 2012). As a relative newcomer to PPSD, I must explicitly share my framework for ethical decision-making, the intended outcomes, and invite others into the change planning process.

My Leadership Approach

Utilitarian consequentialism requires leadership deeply ingrained with moral purpose and improved outcomes for the majority. Therefore, I will enact utilitarian consequentialism through a transformative leadership approach that critiques inequity, elevates ethical imperatives, and strives toward individual fulfillment and the collective good (Brown, 2004; Shields, 2010, 2022; Weiner, 2003). Transformative leadership is a practical extension of utilitarian consequentialism, as it too requires actions that lead to greatest good for the highest number as well as the needs of the broader society. Thus, it is not the intent of leadership but the impact that matters most.

In consideration of healing the collective soul wound and seeking equity in student well-being, I must ensure that measurable outcomes can be achieved beyond well-intended superficial or ineffective initiatives. To create sustainable change that is socially just, leaders must prioritize equity and well-being among the many objectives within the neoliberalist, hegemonic agenda (Ahenakew, 2016; Battiste, 2021; Winton & Pollock, 2016). Transformative leadership will require authentic space to hear and value the minoritized voices of parents, students, and

community often absent from decision-making tables, while balancing the vulnerability of staff in receiving critical feedback (Black & Mayes, 2020; Bryan et al., 2018; Khalifa et al., 2016). Also central to utilitarian consequentialism, leaders must create conditions to prevent harm to perspective takers. Allowing for co-construction and feedback can balance the emotionality accompanying change efforts (Ahmad & Huvila, 2019; Bartunek et al., 2006; Lewis, 2006).

Applying a transformative leadership lens to achieve equity and improved well-being also necessitates an acknowledgement of my biases and limitations. Self-reflexivity is required by settlers in confronting impacts of colonization that are contrary to their own experiences of privilege and power (Chrona, 2022; Holmes, 2020; Robinson & Wilson, n.d.; Stein et al., 2023). Thus, exploring and seeking to heal the collective soul wound requires recognition of my ontological and epistemological assumptions, paired with the utilization of strategies that broaden my narrow settler leadership perspective, including community input and co-creation. Such reflexivity and engagement should strengthen my transformative leadership approach to increase the common good in ways not solely defined by my own background and experience.

Advancing Equity and Decolonization Through Mental Health Interventions

As a large, provincially mandated organization, PPSD is a microcosm of the broader Westernized society. The impact of colonialization on well-being is captured in the conceptualization of the collective soul wound described by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019), also supported by Battiste's (2021) explanation of childhood trauma caused by cultural imperialism. Thus, a leadership lens addressing equity and decolonization is required to resolve inequities originating from this Eurocentric worldview. This involves creating space for *two-eyed seeing*, in which Western and Indigenous epistemologies are considered equally valid and respected (Quinless, 2022). PPSD has explicit commitments

toward improving student well-being through mental health interventions. My position and agency require my application of leadership to improve student well-being outcomes, while recognizing PPSD's neoliberal tendencies that may contribute to the collective soul wound.

Leading social change in educational organizations necessitates focus on actions that are sustainable, equity-driven, and improve both individual and the common good (Brown, 2004; Fullan, 2021; Shields, 2022; Waks, 2007). This moral imperative aligns with a transformative leadership approach, through which Brown (2004) and Shields and Hesbol (2020) describe the importance of seeking equity through challenging existing personal and systemic knowledge frameworks that influence policy and practice. Thus, my transformative approach must explore inequities in mental health access and practice that originate from colonialized approaches.

PPSD must move beyond the status quo, wherein system-wide assurance of the equity and effectiveness of mental health interventions is largely unknown. Achieving equity in well-being through mental health interventions also aligns with research supporting the propensity of equity-deserving groups to require more but receive less access to mental health supports (Bryan et al., 2018; Gilmour, 2019; Kirmayer et al., 2011; Nelson & Wilson, 2017). The current lack of focus on access equity reduces PPSD's understanding of the degree to which student needs are being adequately met across the system. Using a transformative leadership approach within a utilitarian consequentialist stance requires that improved well-being exists beyond an intention but reflected by evidence. This outcome is the scar, representing the healing of the collective soul wound. However, attending to this healing requires deeper understanding of PPSD's contextual complexities and opportunities to elevate the moral imperative for change.

Organizational Context

PPSD is the largest school division in Western Canada, with increasing levels of

enrolment and diversity. Serving a city with significant settlement rates, PPSD has historically welcomed hundreds of immigrants each year. PPSD's newcomer influx has exponentially increased within the past year, as federal borders have reopened in response to the lifting of pandemic restrictions. These newcomers include many refugee and evacuee students, whose families have suffered significant trauma before and during their relocation. Although cultural diversity varies across the system, almost one quarter of PPSD's students speak a first language other than English. Contributing to PPSD's diversity are approximately 5,000 students who self-identify as Indigenous. Individual representations of sexuality and gender identity are also recognized and supported within PPSD. Additionally, almost 20% of students are issued a special education code recognizing their unique cognitive, physical, or mental health needs.

Political, Economic, and Social Contexts of the Organization

Politically, the provincial government continues to hold an extraordinary degree of influence over educational jurisdictions. At this macro-level, there is high value on provincial standardization, assessments, and data analysis aligning with a neoliberal model of assurance. Conversely, provincial support for well-being, diversity, and reconciliation has also been legislated for education systems and professionals (Alberta Government, 2020; Government of Alberta, 2021; Province of Alberta, 2020). Despite declarations toward supporting equity and diversity, educational authorities across the province maintain traditional hierarchical and bureaucratic structures. Pervasive neoliberalism and cultures of accountability limit the ability for school systems to engage in critical thinking patterns needed to address social inequities (Gobby, 2017; Winton & Pollock, 2016). Thus, radical structural change within PPSD has been limited through adherence to provincially required bureaucratic parameters and the maintenance of traditional educational experiences familiar and advantageous to politicians, bureaucrats,

trustees, and system leaders. Transformative change within PPSD is further restricted by ongoing media and governmental scrutiny, creating organizational motivation toward increased centralized knowledge and practice. PPSD's gradual reduction of site-based autonomy, combined with the sheer size of the system, presents both barriers and opportunities in creating trust and coherence among system and school-based leaders.

The prioritization of student well-being presents fiscal challenges. The provincial government has developed guidelines, legislated requirements, and earmarked funding related to student wellness (Alberta Education, 2023; Alberta Government, 2017; Province of Alberta, 2020). Such discrete funding allocations, while beneficial, are not sufficient to address the scope of school-based interventions required to support well-being. Adequate mental health support would require a significant redirection of instructional resources toward counselling services. Given the primacy of instructional mandates within K-12 education, paired with a dearth of provincial well-being intervention models, this redirection of funds is generally minimal.

Socially, PPSD is well situated to prioritize student mental health. Data from the provincial health authority, PPSD, and the research community collectively demonstrate increases in unmet student mental health needs (Edwardson, 2022a, 2022b; Government of Alberta, 2021; Lifeso et al., 2021; PPSD, 2021a). At the meso-level, PPSD publicly shares its commitment to providing social supports for students (PPSD, 2022b, 2022d). PPSD's generalized commitment to equity, diversity, inclusion, and decolonization (EDID) correlates with its desire to achieve equity in student well-being. Mental health needs are higher among equity-deserving groups suffering from the greatest stigma and least agency to access care (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017).

The social context within education is further supported through research indicating the

importance of schools as significant access points for non-educational social supports (Bruns et al., 2016; Lambie et al., 2019). Internalized well-being concerns such as anxiety and depression that emerge during adolescent years can develop into mental disorders in adulthood (Doering et al., 2019; Lambie et al., 2019; Splett et al., 2013). At the micro-level, school-based mental health practitioners are positioned with unique expertise and access to detect and support these internalized conditions, by providing counselling services from trusted adults in settings where students are connected, known, and routinely supported (Christian & Brown, 2018; Eklund et al., 2020; Lambie et al., 2019; Shields et al., 2018).

Organizational Structures, Approaches, and Practices

PPSD is supported by a formal, traditional leadership hierarchy, where the chief superintendent leads an executive team. Although I report to the chief directly, provincial legislation dictates my leadership accountabilities (Alberta Government, 2018a; Province of Alberta, 2020). My partner and I supervise a team of directors who oversee principals and other system leaders. This organizational structure aligns with Bolman and Deal's (2017) machine model of bureaucracy, in which accountability toward the macro provincial goals and accompanying legislative requirements define the overall leadership structure. However, the orchestration of systemic change required at the system, department, and school levels relies on connectivity that is more akin to an interdependent, organismic model (Bolman & Deal, 2017). This requires consideration of context at each level, centered on serving students. Systemic change within PPSD is generally approached incrementally and through an interpretivist lens. An interpretivist frame allows hierarchical structures to remain intact but seeks out incremental change to achieve progress toward system goals (Burrell & Morgan, 1979; Hartley, 2010; Morgan, 2006; Putnam, 1983; Scotland, 2012). In contrast to these traditional structures,

leadership at the system and school level is generally inclusive of a transformative approach embedded in utilitarian consequentialist thinking, as educational leaders seek to increase outcomes for individual students as well as improving the school or system as a whole.

Impact of Theoretical Frameworks on the Organization and Its Leaders

The impact of neoliberalistic accountability in driving academic outcomes creates significant challenges at the meso-level for system leaders. There is little extrinsic reward for systems or individuals to embed their practice in achieving equity or inclusion, while the list of academically related demands for educators and system leaders continues to grow. Similarly, the neoliberalistic agenda's lack of adequate funding for social supports within schools has impaired meaningful and sustainable change. This has historically positioned PPSD to simply maintain systemic, Westernized counselling systems devoid of measurable student well-being outcomes that may only be superficially and inequitably addressing the existing wound of our youth.

Fullan's (2021) plea for considering student well-being alongside academic pursuits accurately depicts the tension faced by PPSD in responding to student needs that have heightened since the pandemic. Research indicates the imperative for schools to recognize and address student mental health needs (Bruns et al., 2016; Fazel et al., 2014; Government of Alberta, 2021; Schwartz et al., 2021). In PPSD, the desire to support students socially is evident at the micro-level of schools. This dual commitment to learning and student well-being is demonstrated in school development plans and through daily interactions between staff, students, and families. High school principals still choose to hire teacher counsellors within their resource allocations. Schools refer students to the centralized psychology team. While an increased system-level utilitarian consequentialist focus on achieving equitable student healing is required, schools are actively working to support student well-being as best they can.

Organizational Commitments to Equity, Diversity, Inclusion, and Decolonization

The foundational aims of PPSD include both the neoliberalistic drive for academic excellence and the recognition of social responsibility toward EDID. PPSD's mission is to support each student toward high school completion and preparation for a future uniquely aligned with their individual goals and abilities. This lives within the organizational values of placing students first, ensuring that learning is the central purpose, and serving the common good. The mission and values are enacted through the system's education plan, which drives organizational actions and outcomes while adhering to provincial assurance requirements. EDID commitments are articulated in key actions and resources related to fostering student well-being, advancing equity, and promoting reconciliation. All social commitments exist within PPSD's primary mandate of high school completion, creating a constant tension for PPSD. Systemically, there is struggle in providing sufficient supports not central to curricular learning, but antecedent to student readiness for learning. PPSD must therefore engage in addressing adequate mental health services that can then enable academic success for all students.

Leadership Problem of Practice

Historical colonialized decision-making has blinded our collective recognition of holistic wellness, through which the wounds borne by anyone have significant impact on everyone (Ahenakew, 2019; Jimmy et al., 2019). The corresponding prevalence of student mental health issues with insufficient access to intervention services poses an increasing challenge for school jurisdictions across the province. Research demonstrates that schools serve as natural places for mental health interventions, through existing relationships with students, convenient places of access, and removal of barriers such as transportation and parent attendance during the workday (Bruns et al., 2016; Lambie et al., 2019). School-based mental health interventions have

demonstrated improved outcomes related to anxiety, depression, aggression, and substance abuse (Bruns et al., 2016; Fazel et al., 2014). There is no shortage of need for mental health support among youth. PPSD student survey results indicate that approximately 30% of students self-report frequent feelings of fear, intense anxiety, sadness, or discouragement (PPSD, 2021a). Alberta Health Services has reported a 38% increase to emergency room admittance for mental health concerns in children and youth since 2018 (Edwardson, 2022a, 2022b). This increased demand requires that school authority leaders carefully consider the ability of school-based interventions to enhance and holistically heal student mental health. The PoP that will be addressed is the absence of a system-wide approach to mental health interventions that equitably and effectively addresses student mental health outcomes with PPSD. Considering efficacy and access together is required to provide assurance of systemic equity and healing. Simply focussing on the quality of service may result in better mental health outcomes but could perpetuate gaps in access for some students. Similarly, concentrating on access alone may explore system-wide service availability but would not evaluate the extent to which the services are effective. This inclusive approach can allow for collective soul wound healing by supporting effective and accessible well-being interventions for all students in need.

Current State

Currently, PPSD's mental health interventions exist within traditional, Westernized practices available through Multi-Tiered Systems of Support or Response to Intervention (MTTS/RTI) models found extensively in research (Avant & Swerdlik, 2016; Bruns et al., 2016; Hewson & Hewson, 2022). Through this model, students presenting with mental health needs are brought to a school-based team comprised of teachers, school-based leaders, and school staff with some degree of specialization to suggest potential actions. Generally, school-based supports

are first considered by ensuring the existence of safe and caring learning environments for each student and providing universal socio-emotional skill acquisition and practice. If these supports are not considered responsively appropriate for the severity of the mental health presentation or are not successful after repeated attempts, student mental health interventions delivered by a school or system-based practitioner may be provided. PPSD's school-based counselling and centralized psychology practices require greater understanding and coherence. As shared later in this chapter, there is limited system-wide data regarding intervention requests or counselling services. From a utilitarian consequentialist perspective, this situates the healing impact of PPSD's counselling practices as largely unknown, as no previous efforts have been made to track service patterns or gather student or parent voice in response to intervention practices.

Desired Future State

Creating an intervention system that coherently and equitably addresses student well-being outcomes requires leaders and practitioners across PPSD to be intentionally transformative. A transformative leadership approach allows leaders to critique inequity, elevate ethical imperatives, and strive toward both individual and collective good (Brown, 2004; Cartegena & Slater, 2022; Shields, 2010, 2022; Weiner, 2003). By putting forth opportunities for individual reflexivity and collective reflection, transformative leaders at all levels will better understand PPSD's current system and co-create actions toward healing the existing soul wound. This exploration must prioritize the attainment of student well-being outcomes while nurturing an ethical space for co-creation (Bartunek et al., 2006; Ermine, 2007; Lewis, 2006; Weiner et al., 2020). Examining factors surrounding the PoP can further illustrate the change imperative.

Framing the Problem of Practice

Wounds must be treated for healing and scarring to begin. If left exposed to the

conditions by which they were created, wounds may become infected and create systemic damage. Scarring the emotional wounds of PPSD's youth requires intentional systemic understanding and commitment to change and healing.

Historical Overview of the Problem of Practice

Targeted and universal mental health interventions have been supported within PPSD for decades, primarily provided by psychologists and teacher counsellors. School-based teacher counsellors are appointed through site-based allocations at the discretion of the principal and do not follow centralized models of practice expectations or service data reporting. In the past, there have been limited systemic efforts to understand practices among teacher counsellors or provide formalized leadership. Conversely, centralized psychologist practices have been required to evolve, partially in response to funding reductions leading to a 30% decrease in PPSD's psychologists over the past decade. This decrease in personnel has increased the need for efficiency through coherence in practice and caseload management. However, there has been a dearth in the collection of system-wide service requests for teacher counsellors and gaps in provisioning data from both psychologists and teacher counsellors. Service data juxtaposed with equity-deserving demographic data can improve understanding of needs across the system and support equitable access (Gruman et al., 2013; Shields et al., 2018).

Despite its lack of data-informed systems, a history of care for student well-being is evident within PPSD. Student well-being features strongly in district and school-based education plans (PPSD, 2022d). PPSD's English language learner, Indigenous education, and sexual orientation and gender identity teams support population specific well-being initiatives. Additionally, PPSD has provided teacher professional learning to bolster universal supports through daily classroom experiences and health curriculum delivery. These foundational

elements position PPSD to engage in Deszca et al.'s (2020) reactive and incremental change by advancing current service approaches, as opposed to completely disrupting hierarchical structures through radical change less tolerable to the neoliberal ethos.

Social Justice Implications

Notwithstanding the limits to PPSD's centralized knowledge of their counselling practices, traditional Westernized practices are predominantly used. Mental health needs are changing in response to post-pandemic conditions, increased refugee influx, and diverse populations requiring additional and varied approaches to intervention (Government of Alberta, 2021; Lifeso et al., 2021; Schwartz et al., 2021). However, school-based decisions regarding teacher counsellor allocations or practices are not driven by knowledge of student-centered needs or in pursuit of system-wide equity. Gathering feedback from impacted youth in educational settings can be empowering and informative in understanding impact and removing obstacles (Gibson et al., 2015; Lavik et al., 2018). Barriers to achieving equity and healing must be fully examined before engaging in change planning.

Multifactor Analysis of Influences

It is important to consider the political, economic, social, technological, environmental, and legal (PESTEL) influences affecting PPSD's mental health services. Politically, the provincial government continues to demonstrate inclinations to address post-pandemic mental health challenges (Edwardson, 2022b; Government of Alberta, 2021; Schwartz et al., 2021). Economic pressures require school authorities to balance the demands of student support and classroom based instruction (Alberta Education, 2023; Alberta Government, 2018a, 2018b, 2020; Alberta Learning, 2004). Socially, the mental health needs of youth cannot be ignored. Mental health problems that emerge during adolescent years often surface in highly internalized, clinical

presentations of anxiety and depression (Doering et al., 2019; Schwartz et al., 2021). Increased stigma surrounding mental health and decreased agency within equity-deserving groups creates challenge in identifying internalized mental health problems in populations where they are typically more prevalent (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017). These compounding, often invisible symptoms both complicate systemic understanding of need and unintentionally perpetuate inequity among those with decreased agency (Shields et al., 2018; Weiner, 2003).

Although relatively underutilized within PPSD, research supports technological solutions for screening tools, caseload management, data collection, and virtual counselling platforms and services (Gibson et al., 2015; Gruman et al., 2013; Navarro et al., 2020; O'Dea et al., 2017). From an environmental perspective, conditions within PPSD mirror the inequity and power imbalance of our colonialized society, further exacerbated by the pandemic. Those already experiencing social and economical hardships generally experienced increased difficulty during this time, thereby increasing the gap between equity-deserving groups and the greater society (Government of Alberta, 2021; Lifeso et al., 2021). However, this neoliberal environment is countered by organizational commitment to achieving well-being, equity, and the common good. Finally, legal considerations include legislation, guidelines, and professional colleges, all of which direct and protect district employees who provide mental health services (College of Alberta Psychologists, 2022; Province of Alberta, 2019, 2020, 2022). These protocols provide guidance to various professional groups but can provide conflicting direction across documents or when compared with employer expectations. All such guiding documents and expectations are aligned with neoliberal, Westernized approaches and structures. Systemic commitment to supporting student mental health within a colonialized landscape presents challenges in knowing

and addressing the collective soul wound, thereby furthering the need for additional data review.

Internal Data Review

Even with the limited knowledge of systemic effectiveness, current internal data indicates unmet needs. During the 2021-2022 school year, just over 500 PPSD students were referred to the centralized psychology team to receive counselling services (PPSD, 2022a). This represents less than one percent of the student population. Even when accounting for undocumented interventions by teacher counsellors or external providers, this data is far less than the suggested 20% of children and youth facing mental health challenges (Canadian Mental Health Association, 2021). PPSD survey results also exhibit gaps in relational well-being, with only 63% of students feeling connected to at least one adult at school (PPSD, 2021a). PPSD's provincial survey data indicates that only 70 to 75% of youth and parent respondents agree that students are receiving appropriate supports and services at school (PPSD, 2022c). More specifically, students provided a 25% disagreement response in their ability to receive help at school with problems unrelated to academics. This body of internal evidence suggests gaps in PPSD's ability to impact student well-being outcomes.

External Data Review

Prior to the pandemic, increasing trends in mental health challenges among youth had already been noted. In 2003, 76% of Canadian youth reported excellent or very good mental health, declining to 60% by 2019 (Garriguet, 2021). According to the Canadian Mental Health Association (2021), over 20% of Canadian youth are affected by a mental illness or disorder, with a 60% increase in mental health related emergency department visits and hospitalization between 2008 and 2019. Prior to 2020, it was estimated that only 20% of children and youth receive appropriate mental health services (Canadian Mental Health Association, 2021; Mental

Health Commission of Canada, 2022). This access of care for youth is of particular importance as the emergence of mental illness is generally first detected before age 18 (Canadian Mental Health Association, 2021; Doering et al., 2019; Mental Health Commission of Canada, 2022).

The experience of the global pandemic elevated concern for child and youth mental health. One Canadian study performed during the early months of the pandemic demonstrated that 60% of youth and young adults reported worsened mental health since the onset of the pandemic, higher than any other age group (Findlay & Arim, 2020). This trend is supported more broadly through similar provincial and national research (Cost et al., 2022; Lifeso et al., 2021; Schwartz et al., 2021). Increases in incidents of self-harm, substance use, unhealthy behavioural changes, and decreased well-being were paired with increased requests for service from mental health care providers (Government of Alberta, 2021). Further overrepresentation in poor mental health outcomes within equity-deserving groups was also witnessed during the pandemic (Government of Alberta, 2021; Lifeso et al., 2021).

A Holistic Frame to Achieve Systemic Equity and Healing

Within these extensive contextual forces, this deep wound among our youth requires a holistic approach to relearning, healing, and scarring. Ahenakew's (2019) and Fenton's (2018) Indigenous lens of well-being conceptualizes systems thinking as a collective neurobiology, in which all community members must acknowledge societal pain and strive toward wholeness. Through this communal responsibility, system leaders, practitioners, and other organizational members must engage in self-reflexivity, collective reflecting, and relearning to renew and heal our wounded youth, as shown in Figure 1.

Figure 1

Frame for Healing the Collective Wound of Students

Note. This healing frame prioritizes community influence on healing, supported by critical internal personnel. Change actions must include self-reflexivity, collective reflecting, relearning, and renewal as described by Ahenakew (2019), Battiste (2021), Jimmy et al. (2019), Robinson and Wilson (n.d.), and Stein et al. (2023). Copyright 2023 by A. L. Holowka.

Figure 1 positions collective soul wound healing of students as the central outcome of this holistic frame. The professionals involved in creating conditions for improved student well-being are represented in the circular perimeter and include system leaders, psychologists, teacher counsellors, and principals. Community is also included within the circle, recognizing the criticality of Elders, Knowledge Keepers, and others who are representative of our wounded youth but not present as voices within the internal school system. Inclusion of community voice is emphasized by Chrona (2022), Khalifa et al. (2019), Lopez (2021), and Stein et al. (2023) to provoke self-reflexivity of leaders which can then lead to collective reflection to advance the organization. Such engagement will involve drawing upon relationships already present within PPSD to receive perspective and voice that cannot be found within. These include groups of Elders and Knowledge Keepers, parents, and representatives of cultural diversity. The imperative for drawing upon community to better understand and shape change also aligns with research

supporting the propensity of equity-deserving groups to require more but receive less access to mental health supports (Bryan et al., 2018; Gilmour, 2019; Kirmayer et al., 2011; Nelson & Wilson, 2017). Also within Figure 1 are the processes by which the system will engage in holistic healing, situated just outside of the core triangle. Here, sustainable change can be created through self-reflexivity, collective reflecting, relearning, and renewing. Ahenakew (2019), Battiste (2021), Jimmy et al. (2019), and Stein et al. (2023) reinforce the importance of such actions to renew society's collective vitality and to advance decolonization.

Ahenakew (2019) explains that Indigenous ways of knowing do not identify pain as belonging solely to an individual but rather as a health indicator of the collective heart. Quinless (2022) similarly considers holistic health as the interconnected foundation of society that supports harmony and balance. Adopting this holistic frame requires PPSD's leaders to prioritize systemic wound healing by seeking understanding and coherence among multiple perspective takers. Successful change implementation is more likely when participants engage in feedback from others (Weiner et al., 2020). PPSD must therefore hear from wounded youth directly, and their communities, to understand what is needed for their healing and renewal.

Guiding Questions from the PoP

Two questions will guide PPSD's systemic interrogation of reality and future planning.

How Can Acknowledging the Collective Soul Wound Catalyze Organizational Change?

The collective wound is a powerful impetus for change only when fully understood by all relevant perspective takers. Organizational members are certainly aware of widespread societal youth mental health challenges and would likely accept that this trend is mirrored in PPSD. What remains unknown is the data representing the effectiveness of, or equity of access to, PPSD's mental health interventions. Gathering service user feedback can successfully shape changes to

counselling practices (Anderssen, 2018; Rousmaniere, 2017; Thomas & Bellefeuille, 2006). Triangulating service data with geographic areas representing demographic groups shown to have greater mental health challenges can highlight unmet need and address intervention access (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017).

Acknowledging the collective soul wound through a decolonized perspective, or two-eyed seeing, will be critical for PPSD. Systemic change requires questioning assumptions behind current structures and approaches, rather than simply accepting Eurocentric representations of the problem through existing policy and organizational expectations (Bacchi, 2012; Battiste, 2021; Dei, 2019; Stein et al., 2020). Surfacing problematic impacts of our individual and collective consciousness can remove the desire to protect Westernized ways of knowing and being (Ahenakew, 2016; Andreotti, 2021; Stein et al., 2020). Such reflexivity requires engagement with the Indigenous community and other representative voices. Thus, the wound cannot only be identified internally, but also by leveraging the wisdom of our Elders, Knowledge Keepers, and other community leaders. Reflexivity that questions the status quo will nudge PPSD to become reflective in their learning and enhance their transformative leadership approach, while maintaining provincially required hierarchical structures. Change envisioned through a decolonized lens can encourage mental health practitioners to consider building new, and not predetermined, practices embedded in ethical spaces which have made space for the breadth of society and gained knowledge of the collective soul wound through Indigenous knowledge systems. This openness can allow for Battiste's (2021) *learning through spirit* where only that which is helpful to communal growth and healing is nurtured and promoted.

How Will Trust and Safety be Prioritized Within the Change Process?

Given the importance of surfacing student voice and inequity in service, it will be critical

to tend to the care and safety of mental health practitioners while they engage with the data that will drive them to understanding and relearning. As a relative newcomer to PPSD, I recognize that my leadership positionality and actions are under constant scrutiny. Enacting transformative change will require others to have trust in my leadership skillset, intentions, and commitment to advancing student outcomes. Kutsyuruba and Walker (2016) describe the criticality of a leader's role in constantly nurturing trust between leaders, followers, and the organization as an entity. Similarly, Ahmad and Huvila's (2019) research demonstrates organizational vulnerability during a period of change. As a change initiator and agent, I must invest in the well-being of organizational members through Bird and Wang's (2013) description of *relational transparency*. It will also be imperative to involve tenured and trusted leaders, including key perspective holders among mental health professionals, principals, system leaders, and community. Emphasis must be placed on the knowledge and experience of practitioners, who are, by nature, transformative leaders and champions for social justice and equity (Shields et al., 2018).

As shared by Bryan et al. (2018) and Black and Mayes (2020), there can be reluctance, vulnerability, and emotionality when considering data that demonstrates student impact in response to the actions of professionals. Further to a utilitarian consequentialist approach, I must prioritize empathy when structuring the reception of data among mental health practitioners. Creating conditions of psychological safety enables members to be actively involved in the process of leadership (Schein, 2019). Building trust, safety, and understanding can be further elevated through a clearly articulated vision that captures the moral imperative.

Leadership Focussed Vision for Change

The desired future state of PPSD involves systemic relearning to heal our students' collective soul wound. Articulating this vision requires individual reflexivity on personal agency

and motivations, collective reflection on current systemic limitations, and committing to a future that embraces two-eyed seeing and extends beyond our Westernized, neoliberal approaches.

Vision for Hope, Exploring, and Healing

Healing requires that mental health services meet student needs across the system, as evidenced by data. Ahenakew's (2019) notion of Eurocentric *neuro-colonization* describes the instilled motivation to succeed at the expense of others, thereby decreasing social responsibility to the collective. A vision based on Ahenakew's (2019) *neuro-decolonization* can advance the organizational mindset toward the common good. Committing to change requires an investment in unlearning Eurocentric ways of knowing, which have contributed to marginalization, racism, and judgments of Western superiority (Ahenakew, 2016; Battiste, 2021; Dei, 2019). This unlearning can create an ethical space that prioritizes the collective and entangled health of all and recognizes that the organization can only thrive when all members are whole. Latitude for entering this space is justified by provincial and organizational mandates to address student mental health (Alberta Education, 2023; Alberta Government, 2018a, 2018b, 2020). Advancing PPSD leaders and mental health practitioners into a reflexive space will create an opportunity to explore the collective wound and reflect on the necessary changes required for healing.

The Gap Between the Present and Desired Future States

Nadler and Tushman's (1980) congruence model can identify gaps between current and desired future states by focusing on organizational components and their level of congruence. Using this model, system inputs, transformational processes, and outputs are analyzed to understand and change organizational behaviour. This comparison of present and desired future states relative to the inputs, processes, and outputs is represented within Appendix A. Despite organizational commitment to student well-being, mental health challenges across PPSD's youth

act as a significant environmental input. This wounded landscape is compounded by inadequate access to school-based mental health support, caused by insufficient resources to address student well-being and PPSD's lack of system-wide intentionality. The congruence model's analysis of strategy considers the extent to which leaders focus on actualizing the organization's mission through setting goals and developing resourcing strategies (Nadler & Tushman, 1980). In PPSD, the current student mental health intervention strategy is based upon a continuation of Westernized practice models, relying mainly on individual professional discretion and decision-making. There has been little system-wide strategy beyond resourcing and employing practitioners, and in some cases, team leads. This loose approach has led to significant gaps in output analysis, where access data or effectiveness of counselling practices is not entirely known.

Analysis of the transformational components within the congruence model requires examination of the tasks, individuals, the informal and formal organizational arrangements, and the degree to which they create coherence in achieving the desired outputs (Nadler & Tushman, 1980). Within this OIP, tasks are defined as the counselling practices of teacher counsellors and psychologists. Formalized leadership of the psychologist team exists, while teacher counsellors, who do not benefit from such formalized leadership, are likely approaching their practices through independent decision-making or through advice provided by informal networks. The lack of systemic coherence across intervention tasks, paired with scant formal organization of the practitioner groups, creates a significant gap in applying a utilitarian consequentialist approach through which outcomes are measured. Intentional cohesion and support across organizational actors would be required to achieve a future state where wound healing could be evidenced.

The Future State of Systemic Equity and Healing

Achieving the desired future state requires a strategic approach to reflexivity, reflection,

unlearning, and relearning to renew our students. Healing can be confirmed through evidence of scar formation. System-wide assurance is achieved by defining outputs, examining the effectiveness and consistency among required transformative factors, then collecting data to assess output achievement (Burke, 2018; Ford & Evans, 2002). In the desired future state of PPSD, mental health intervention outputs are defined and then measured across the system. This process would begin by knowing the current scope of the wound and systemic gaps in achieving healing and equity, as evidenced by voice and service access data. The act of exploring this gap would guide the relearning process. In essence, the organization must be encouraged into Ermine's (2007) representation of an ethical space, where curiosity drives co-creation.

Ultimately, all participants must be exposed to data that will enable mindset shifts leading to individual and collective change. Disconfirming the validity of current Eurocentric approaches will require disrupting the Western hegemonic status quo and creating new ethical spaces (Ahenakew, 2016; Battiste, 2021; Dei, 2019; Ermine, 2007; Stein et al., 2020). Schematic reframing can be initiated through a phase of unlearning, triggered by individual dissonance-related anxiety within a psychologically safe environment (Coghlan, 2021; Schein, 1996). Communal grappling can catalyze collective action toward a new reality (Christie et al., 2015; Dirkx et al., 2006; Hyde, 2021; Mezirow & Taylor, 2011). Elevating organizational actors as transformative leaders allows them to actively promote equity by shaping the change (Brown, 2004; Cartegena & Slater, 2022; Shields, 2010; Uhl-Bien, 2006). Thus, identifying the wound and empowering actors to build the scar will create a future state for significant social change.

Priorities for Change Through Relearning

Setting the conditions of relearning to best meet student mental health needs will dictate prioritization within the change plan. Although commitment to this change process is not yet

initiated, foundations to achieve systemic coherence are already in place. Philosophically, the mission, values, and goals of the organization support a focus on the social needs of students. The neoliberal prioritization of academics and assessment can be supported alongside social needs by demonstrating research reflecting positive mental health as an antecedent to academic success (Agnafors et al., 2020; Patiyal et al., 2018; Suldo et al., 2011). As increased resourcing to support mental health interventions is not the intended outcome of this change, the organization can continue to prioritize current funds earmarked for classroom learning while focussing on how best to maximize the resources already set aside to address mental health needs. Thus, neither of PPSD's vision nor their strategic resourcing requires reprioritization.

Prioritization will focus on how intervention services are provided for students. Scarring the collective soul wound will require placing value on receiving community, student, and parent voice that surfaces mental health service challenges. The application of student and parent feedback can enact meaningful and sustainable educational change (Gibson et al., 2015; Lavik et al, 2018). From the utilitarian consequentialist perspective, the degree to which interventions can be considered effective must be evidenced by improved mental health outcomes for all students, as voiced by students, parents, and other perspective holders. Listening to the larger community can develop ethical space, through which curiosity, vulnerability, and empathy challenge historical protectionism over Eurocentric practices that advantage those in authority (Battiste, 2021; Dei, 2019; Ermine, 2007). Prioritizing student and parent voice to drive change must be supported by conditions that allow system leaders, principals, and mental health practitioners to recognize and resolve the possible inadequacies and inequities in current practice.

Macro, Meso, and Micro-Levels of Leadership

The role of provincial macro-level leadership in driving changes to student mental health

intervention is present only through provincial legislation and guidelines. This overall absence of provincial leadership requires school authority leaders to play critical roles in changing the status quo while adhering to the mandates within the neoliberal agenda. Leveraging leadership at the meso-level requires system leaders, such as superintendents and directors, to be transformative in driving forward the imperative to alter the status quo and achieve healing for all students. System leaders must explicitly lead with a utilitarian consequentialist lens in both prioritizing improved outcomes for all students while also ensuring harm is not caused in the process. Meso-level leaders must create conditions for reflexivity and dissonance among practitioners that entice them into becoming co-creators of change. System leaders cannot drive change from hierarchical positions of power, but rather situate themselves as conveyors of an enticing vision and conveners of ethical space, to both motivate and safely situate the change among others. These conditions allow mental health practitioners to be critical change agents at the micro-level. Research indicates the tremendous capacity for teacher counsellors and school psychologists to be transformative leaders for change within schools and school systems (Christian & Brown, 2018; Gruman, et al., 2013; Shields et al., 2018; Splett et al., 2013). Applying transformative leadership to actualize healing will be instrumental within the change planning process.

Chapter 1 Summary

School-based mental health interventions can provide immediate support for students in convenient and familiar settings. Prioritizing the healing of PPSD's collective youth must therefore optimize resources available to students across the organization. Intentional focus on improving mental health outcomes through school-based intervention requires the activation of a utilitarian consequentialist stance and transformative leadership approach across PPSD. Driving toward improvement of the common and individual good, transformative change efforts must

first examine how the status quo perpetuates inequity, reinforces colonialized practices, and contributes to the collective soul wound. Engagement with Indigenous, cultural, and other community members is integral to the development of two-eyed seeing throughout PPSD. System leaders must also elevate practitioners as transformative leaders and safely set conditions for exploration of the existing wound as evidenced by student data and voice. Through individual reflexivity, collective reflection, and commitment to action, PPSD can increase equitable access and practices that heal the collective soul wound through neuro-decolonization. Successful application of transformative leadership to increase equity and efficacy in mental health interventions will require the development of a framework for leading change, consideration of organizational change readiness, and the examination of several possible solutions.

Chapter 2: Planning and Development

Formal education features largely among many influences shaping young people on their paths to becoming adults. To extend beyond academic support, research calls system leaders to focus on student well-being, equity, and building community (Andreotti, 2021; Fullan, 2021; Khalifa et al., 2019; Shields, 2022). Healing will require leadership that recognizes the collective wound, its origin within colonialized society, and the courage needed to seek a new reality.

Transformative Leadership: A Courageous Approach to Change

Ahenakew's (2019) and Fenton's (2018) notions of neuro-decolonization and interconnectedness require educational leaders to address systemic inequities and adopt a moral imperative for change. Shields' (2010, 2022) transformative leadership theory prioritizes excellence, but requires that all students are afforded this outcome. Both Shields (2010, 2022) and Weiner (2003) call upon transformative leaders to seek equitable student outcomes by first acknowledging, then disrupting education's traditional, neoliberal beliefs and structures. Brown (2004) similarly positions transformative leadership as the weaving of critical reflection, rational discourse, and action toward social justice, through which leaders engage in awareness of both self and community. Cartegena and Slater (2022) also describe transformative leadership as a commitment to understanding, then experiencing shifts in both self and context to facilitate meaningful change for students. The critical nature of transformative leadership theory invites a decolonizing lens, through which Eurocentric hegemony can be disrupted and replaced with worldviews supporting holism and equity (Ahenakew, 2016; Battiste, 2021; Jimmy et al., 2019). Within this OIP, transformative leadership creates conditions for neuro-decolonization by encouraging reflexivity regarding the assumptions and beliefs held by individuals and collective organizational reflection to determine actions to improve well-being outcomes for all students.

Transformative Leadership as the Conduit to Healing

Addressing mental health outcomes equitably across PPSD requires acknowledging that past and current colonialized leadership practices have contributed to the origin and perpetuation of the collective soul wound. Transformative leadership involves awareness of self, organization, and community (Brown, 2004; Cartegena & Slater, 2022; Shields & Hesbol, 2020). Actions to address mindsets and knowledge frameworks of the organization and its employees will involve reflexivity in questioning the status quo and then endeavouring to achieve equity. Given the lack of data regarding mental health intervention outcomes and the apparent underservicing of less than one percent of available students, system leaders must examine the structures and practices surrounding mental health interventions and allow mental health practitioners such reflection. Shields et al. (2018) suggest that practitioners are uniquely and favourably positioned to act as transformative leaders, as they are foundationally attuned toward ethical change through individual counselling practices. This moral imperative, combined with their specialized student well-being knowledge and skillsets, situates practitioners as social justice leaders. Positioning practitioners as a cohesive group of transformative leaders requires increasing their participation and accountability in shaping system-wide outcomes beyond individual student counselling practices (Shields et al., 2018). In PPSD, strategic engagement of psychologists and teacher counsellors can allow them to co-create conditions for system-wide wound healing.

My superintendent role affords me both the agency and responsibility to create conditions for systemic change. In pursuit of collective healing, the change process must allow organizational members to authentically engage in reflexivity and collective reflection. The building of Ermine's (2007) ethical spaces can allow for inquiry into the disconnection experienced inequitably among our youth, as well as PPSD's practices that contribute to the

collective wound. Framing reflection among a group of adult learners requires their exposure to information that creates individual reflexivity and dissonance, collaborative discourse, then collective action (Dirkx et al., 2006; Hyde, 2021; Mezirow & Taylor, 2011). Transformative learning theory and relational leadership theory will extend transformative leadership theory into actionable phases in which the impetus for change resides with adults undergoing the learning process (Christie et al., 2015; Uhl-Bien, 2006). In PPSD, encouraging transformative leadership among mental health practitioners can support their progression from individual reflexivity toward group discourse, culminating in collective action. Encouraging collaborative reflection aligns with research demonstrating networks as levers in shifting practice (Langley et al., 2010; Park, 2018; Safir & Dugan, 2021). This process can also strengthen relationships, trust, and community within and among the previously isolated psychology and teacher counsellor groups, contributing to system alignment. Interpersonal connections based on trust are required for deep, collective commitment to change (Ahmad & Huvila, 2019; Kutsyuruba & Walker, 2016).

Contextual Challenges and Dangers of Further Wounding

Transformative leadership and related change theories require analyzing the status quo, then committing to equity-driven change. The desire to upend hegemony must be tempered by understanding what can and cannot change. Provincial context continues to reinforce a dominant Eurocentric ideology driven by and for economic gain. Foucault (2008) similarly describes the tendency of neoliberalism to submit non-economic spheres of social services to commodification driven by competitive democratic norms. As suggested by Winton and Pollock (2016), acknowledging pervasive neoliberal tendencies and regimes does not equate to their acceptance. Rather, successful application of transformative leadership nurtures conditions that allow for change beyond these ideologies, by identifying the grander moral purpose to further equity and

the common good. Certainly, limits do exist in hierarchical structures, legislation, and professional practice standards. Ignoring these could create unrealistic expectations or barriers to successful implementation. However, great latitude still exists for mental health practice changes that do not disrupt legislated structures or contravene practice standards. By identifying the parameters, while emphasizing the agency of leaders and practitioners to impact meaningful change, hope and determination should drive collective actions toward wound healing.

Transformative Leadership and Co-Creating Change

Transformative leadership requires redistribution of power, deconstruction of knowledge frameworks, and the mandate for deep and equitable change (Brown, 2004; Shields, 2022; Weiner, 2003). Presenting practitioners with data, or the absence of data, that demonstrates ineffective or inequitable outcomes from intervention practices should compel practitioners to interrogate reality. For example, sharing lower than expected numbers of students accessing mental health interventions or identifying the lack of student voice in confirming intervention effectiveness may provoke wondering from practitioners regarding the sufficiency of access or the reception of their counselling practices. Compelling practitioners to engage in morally driven collective action can be optimized by having them positioned alongside system leaders in co-creating the change. The benefit to co-creation is also supported by research highlighting the unique skillset, access, and knowledge of school-based mental health professionals as transformative leaders (Fazel et al., 2014; Lenares-Solomon et al., 2019; Shields et al., 2018). Transformative leadership that alters mental health intervention structures or practices must involve leading practitioners through a structured framework for change.

Framework for Leading the Change Process

Although scar healing may imply metaphorical change, the inequitable suffering caused

by neoliberalism and Eurocentric motivations is far from symbolic. Wounds that heal into scars indicate both the depth of the injury and the support required for healing. Thus, a superficial approach will not heal the wounds of neuro-colonization, nor create meaningful shifts in PPSD's practices. Scar formation requires a framework that transforms those performing the healing.

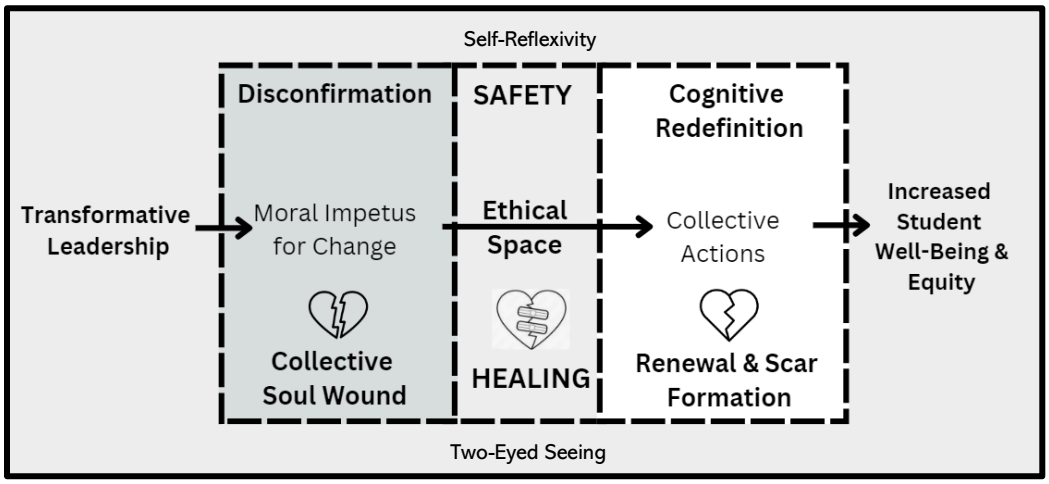
Psychosocial Framework for Collective Healing

PPSD's path to healing is captured in a layered conceptual framework that draws upon Schein's (1996) psychosocial model of change, transformative leadership theory, and scarring of the collective soul wound as conceptualized by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019). This composite framework is represented in Figure 2. Foundational to this framework is psychosocial change, through which coercive unlearning and disconfirmation disrupts restraining forces attempting to protect the status quo (Coghlan, 2021; Schein, 1996). When provided with conditions of psychological safety and relearning supports, participants can individually and collectively form new and sustainable cognitive redefinitions. Disconfirmation, the creation of safety, and structures for change must be supported through transformative leadership. Both system leaders and mental health practitioners have agency to act as transformative leaders by drawing upon a moral imperative, understanding current inequities, and committing to meaningful change (Shields, 2022; Shields et al., 2018). As evidenced by equity-related research, a transformative framework must support self-reflexivity of personal assumptions and worldviews, interrogate colonialized practices and structures, gather the voices less heard, and heal the collective wound by relearning how to address the needs, hopes, and strengths of those most damaged by our fragmented and individualized society (Ahenakew, 2019; Downey & Burkholder, 2018; Jimmy et al., 2019; Safir & Dugan, 2021; Stein et at., 2023; Weiner et al., 2020). The establishment of two-eyed seeing through the creation of ethical and

safe spaces can facilitate exploration of practice changes needed to reduce existing power imbalances and encourage wound healing.

Figure 2

Psychosocial Framework for Collective Healing



Note. This framework is built upon Schein's (1996) psychosocial model for change and Shields' (2022) transformative leadership theory. Collective soul wound healing, as conceptualized by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019), requires self-reflexivity and two-eyed seeing within ethical spaces. Copyright 2023 by A. L. Holowka.

Through this layered framework, data exploration should create self-reflexivity and disconfirmation among PPSD's mental health practitioners. Psychologists and teacher counsellors likely approach their practice with the intention and assumption that their actions are healing students, but have not been supported with fulsome data sets that provide assurance of access equity or efficacy of practice. System-wide exploration of data that surfaces challenges in current access or practice should stimulate anxiety within Schein's (1996) phase of unlearning. Unlearning is also highlighted as a process within decolonization, through which societal and organizational practices are questioned and disrupted (Ahenakew, 2016; Alteo et al., 2022; Battiste, 2021; Stein et al., 2020). Transformative leadership must extend beyond

disconfirmation into emancipatory and liberating actions to create holistic change in a morally-just society (Alteo et al., 2022). Aligned with utilitarian consequentialism, this framework should allow healing and scar formation across the majority of PPSD's student body.

First-Order, Second-Order, and Third-Order Change

Using this framework requires consideration of change at all levels within PPSD. Bartunek and Moch (1987) recognize the complexity of schemata changes during organizational development. The sheer size of PPSD can present challenges in shifting organizational schemata to create significant change in short periods of time. However, the urgency to heal the collective soul wound denies PPSD's ability to simply accept this limitation. It will therefore be critical to use the self-reflexive, disconfirmation, and cognitive redefinition processes outlined within Figure 2 to shift individual and organizational mindsets toward the pursuit of equity and healing.

In Schein's (1996) psychosocial model, dissonance stimulates the process of change. This complements Battiste's (2021) description of Eurocentric unlearning, Stein et al.'s (2023) suggestion of self-reflexivity, and Shields' (2022) plea to deconstruct knowledge frameworks perpetuating the historical continuation of inequity. This OIP's framework for leading change centres upon recognizing the soul wound and its origin within colonial society, then seeks to challenge the status quo by impacting current mindsets. As such, *first-order change* and *second-order change* are insufficient in addressing this PoP. First-order change upholds the current schema, thereby resulting in incremental change that protects current structures and practices (Bartunek & Moch, 1987; Waks, 2007). Second-order change seeks to shift schemata through external influence (Bartunek & Moch, 1987). Healing the soul wound requires self-reflexivity among participants through internalized schematic change. Thus, superintendents acting alone cannot achieve scarring. Rather, their primary agency is in creating conditions for practitioner

reflexivity, dissonance, and disconfirmation that compels them to become transformative change agents. This aligns with Bartunek and Moch's (1987) *third-order* change, where personal awareness of misalignment causes individual motivation and actions toward schematic change. Mindset shifts in practitioners can activate their shaping of equitable outcomes for all students.

Psychosocial Framework for Collective Healing: Risks and Limitations

Positioning the system to achieve individual and collective schematic changes does not come without risk. Trust between superintendents and the field is newly forming and formal grouping among mental health practitioners is limited. The framework for change requires safe spaces where dissonance can be freely experienced. To create conditions of safety within ethical spaces, employee well-being must be supported. System leaders must ensure that actions taken to heal students do not cause significant and irreparable harm to those performing the healing. Superintendents must nurture trust between leaders and practitioners, and within and among practitioner groups. Developing trusting relationships can allow a sense of hope and healing to permeate a change process (Bartunek et al., 2006; Kutsyuruba & Walker, 2016). Failure to establish trust may reduce motivation to boldly seek equity, thereby maintaining the status quo.

Establishing common understandings of scope and agency must permeate the process. Legislative, financial, and professional limitations to counselling practices must be understood among change participants. Superintendents must continually apply transformative leadership to uphold the moral imperative, while acknowledging these limitations and boundaries. Exploration of PPSD's change readiness will also assist leaders in setting conditions for transformation.

Organizational Change Readiness

Determining organizational change readiness involves exploring antecedents of successful implementation (Hustus & Owens, 2018). Napier et al. (2017) suggest that change

readiness analysis requires focus on those individuals essential to adopting the change, while Rafferty et al. (2013) highlight the criticality of analyzing cognitive and affective domains of change readiness. Both Deszca et al. (2020) and Rafferty et al. (2013) emphasize the importance of performing a multidimensional exploration across the organization. This OIP will explore the readiness of individuals, work groups, and PPSD as a whole, as multi-layered organizational commitment is required to support system-wide change efforts. Affective and cognitive domains must also be considered given the need for individuals and work groups to engage in the experience of dissonance and understand the need for moving beyond the status quo.

Several factors will be used to fully assess system readiness for change. Deszca et al. (2020) suggests several readiness dimensions, such as previous change experiences, executive support, openness to change, and rewards and accountability for change. Incorporating Rafferty et al.'s (2013) framework also allows for readiness exploration at various organizational levels and within cognitive and affective domains. This hybrid approach is shown in Appendix B, which depicts the most critical organizational levels and domains for each readiness dimension in advancing wound healing across PPSD.

Previous Change Experiences

It is important to consider PPSD's history when predicting readiness to embark on future change. Related to this category, Deszca et al.'s (2020) questionnaire posits organizational-level questions relating to past change experiences, general mood, and related motivation. PPSD has not suffered from substantial failures and has in fact experienced a wide variety of recent, positive change experiences. Examples include increased proficiency with online learning platforms, inclusive learning practices, and outcomes based assessment. However, these changes would likely be viewed as necessary and incremental as opposed to innovative and

transformative. This may temper the degree to which these recent efforts bolster organizational cognitive belief in readiness for holistic change. Also within this dimension, organizational mood must be considered. PPSD employees have recently reported decreased workplace culture and increased workload concerns (PPSD, 2022e). This general malaise may impact affective readiness and subsequent motivation to change. Thus, recent incremental change successes, tempered by fatigue, provides an overall neutral result for this dimension.

Leadership Support

Executive support, credible leadership, and change champions present an overall assessment of the leadership's capability in managing change (Deszca et al., 2020). The executive level of support considers the degree to which senior management champions the change and can situate its alignment with the overall goals of the organization. Rafferty et al. (2013) also highlight the impact of a leader's ability to articulate the vision and change process. PPSD's superintendents will personally share and advocate for the change vision. Direct involvement of senior leaders positively impacts both cognitive and affective readiness domains. However, relational trust continues to build with the relatively new superintendents and the field, including practitioners. Research shows a correlation between the change recipients' trust in their leaders and their acceptance of proposed change (Ahmad & Huvila, 2019; Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006). PPSD's practitioners must feel that their professional judgments and actions are valued by the superintendents prior to and during the process of shifting individual and collective mindsets. This emerging level of trust considered in balance with high executive support places this readiness dimension at a neutral response.

Openness to Change

Openness to change can be considered at organizational, work group, and individual

levels. Deszca et al.'s (2020) scale evaluates the malleability and responsiveness of the organization. Investigating patterns of innovation, analysis, and strategy form the cognitive analysis for organizational openness to change. PPSD generally utilizes a goal-oriented approach to change, with outcomes evidenced through data. The dearth of equity-related internal mental health service data presents challenge in knowing the extent of the problem. However, from a cognitive domain, the desire to garner data in support of deeper understanding should enhance motivation and therefore create a net positive score for organizational change readiness.

Focusing on openness to change among work groups and individuals requires equal exploration of both cognitive and affective domains. In response to the proposed change process, psychologist and teacher counsellor groups and individuals will likely consider the impact of potential changes to their work. Although contemplation of equity may be novel when approaching practice change considerations, it would align with the service-oriented philosophies of mental health practitioners and therefore serve as a positive cognitive factor. Potential barriers are more likely to surface in affective responses to the change. Individual and work group considerations of risk, safety, and support during the change are likely to arise. Emotionality felt among individuals may spread as a contagion within a work group (Bartunek et al., 2006; Rafferty et al., 2013). The vulnerability inherent to the change process, paired with the possibility for collective emotional sharing, places the affective readiness dimension in a negative position. The balance between the cognitive and affective within the multileveled analysis would create a net zero result for openness among both work groups and individuals.

Rewards and Accountability

This final dimension considers the rewards and accountability surrounding the change effort. Rewards will rarely provide financial gain for educational institutions or employees.

Therefore, this consideration must draw upon the moral imperative to achieve equity and well-being for the greatest possible number of students. PPSD's culture, mission, and values support this imperative and prioritizes accountability and results. Thus, achieving measurable, equitable mental health outcomes within PPSD will be perceived as rewarding for the organization within a cognitive domain and will yield a net positive readiness result for this dimension. For individuals, both cognitive and affective rewards are possible, but only if felt to outweigh the risks of the change process. As shared by Rafferty et al. (2013), individuals will experience positive emotions toward the change if they can sense future positive personal outcomes that align with their motivations and goals. Factoring the still emerging trust into the risk-reward ratio creates a neutral result for this readiness dimension among practitioners. Perceived future rewards are possible but tempered by the risk involved in the change proposition.

Summative Readiness

This readiness analysis utilizes a hybrid of Deszca et al.'s (2020) and Rafferty et al.'s (2013) factors. As shown in Appendix C, each readiness dimension is examined for the organizational level and readiness domain most impacted. The analysis demonstrates that emerging trust in leadership and poor extant data do present some challenges in readiness among individuals and groups. However, a general commitment to student well-being at all levels tempers this risk and positions the organization as ready for this change. Further, given the wound's severity, PPSD must prioritize actions to manage risk and move the change forward.

Organizational Actors, Responsibilities, and Competing Forces

This in-depth exploration of organizational readiness highlights the importance of tending to each aspect outlined in Figure 2. Healing the collective soul wound figures largely in developing the moral imperative for all participants to accept the need for change. Core

individuals such as superintendents and mental health practitioners within PPSD must have courage to acknowledge the wound and recognize their agency to stimulate healing. Reinforcing counselling practitioners as transformative leaders elevates their importance and accountability in leading change (Shields et al., 2018). As emerging trust presents a negative influence on PPSD's change readiness, superintendents must create safety to allow for reflexivity and disconfirmation. Finally, system leaders must continually reinforce the prioritization of equity and scarring as the ultimate goal. A clear and effective change vision can de-escalate rumors and negative narratives, allowing optimism and strong morale to drive the organization forward (Rafferty et al., 2013). While nurturing the affective domain, a cognitive redefinition of equitable and effective interventions can form. To facilitate this evolution, careful discernment of possible solutions can indicate the best way to approach healing and scar formation.

Solutions to Address the PoP

Three solutions for healing will be articulated, including the resources, EDID factors, ethical considerations, and change drivers involved. Further analysis will study the inputs, transformational processes, and outputs using Nadler and Tushman's (1980) congruence model.

Solution 1: Data Informed Teacher Counsellor Allocations for Equitable Access

The first solution focusses on improving access to mental health interventions by intentionally allocating teacher counsellors across the system according to predicted and documented need. There are several justifications for focussing on access as a means to achieve equity. Research suggests the general inadequacy of access to child and youth mental health services, as well as the link between improved outcomes and early access to intervention (Canadian Mental Health Association, 2021; Doering et al., 2019; Lambie et al., 2019; Mental Health Commission of Canada, 2022; Schwartz et al., 2021; Splett et al., 2013). Schools are

natural places for mental health interventions, where existing relationships can be leveraged and barriers presented by services occurring outside of schools can be alleviated (Bruns et al., 2016; Lambie et al., 2019). School-based teacher counsellors possess unique expertise, relationship, and timely access to detect and support these internalized conditions (Christian & Brown, 2018; Eklund et al., 2020; Lambie et al., 2019; Shields et al., 2018). Adjusting teacher counsellor access in response to student need is therefore a reasonable approach to systemic wound healing.

Increasing equity through teacher counsellor access would be achieved in two phases. First, system leaders would explore demographic data available from the municipality and school authority that correlates with specific populations shown in research to have higher mental health intervention requirements (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017). The system could identify schools with higher demographic indications of mental health needs, then shift existing teacher counsellor allocations across the system to better serve these school communities. The second phase of this solution involves tracking student mental health intervention requests across the system over time. Data collection and analysis processes would be initiated, then sustained to adjust teacher counsellor allocations based on actual, not simply predicted needs. These cycles of data gathering and allocation changes would ensure equitable access to on-site mental health professionals based on student need.

Resources Required

This solution maintains the overall amount of teacher counsellors across the system, but shifts the determination of allocations from the purview of principals to system-level decisions based on data indicative of need. A new or expanded database management tool, supported by additional personnel, would allow for this collection and analysis. A centralized teacher counsellor lead would be hired to support superintendents with their allocation decisions and to

develop a formalized teacher counsellor group. Current leaders, principals, and teacher counsellors would need to invest time into gathering demographic and referral-based data to drive allocation changes. These data-related actions first involve the examination of demographic factors associated with schools and reallocating counsellors in response to demographic associated mental health needs, then setting up referral tracking systems to collect data that will allow for further allocation adjustments according to student requests for intervention. While an initial outlay of time and resources would be required to establish leadership, determine allocations, and track data, the centralization of the teacher counsellor group would allow for quick gains in system coherence and access measurement. This solution's centralized decision-making would result in change occurring more expeditiously than a co-created solution.

EDID Considerations and Challenges

Equitable access to on-site mental health support is essential to healing the collective soul wound where it is the most damaged. Using demographic data to address diverse student needs across the system advances PPSD's commitment to EDID. Later, when referral data is collected, further equity of access could be achieved. This solution's centralized allocation strategy aligns with a bureaucratic mentality favouring efficiency and control through top-down management systems (Marion & Gonzales, 2014; Morgan, 2006). Hierarchical structures within PPSD would be reinforced, and the possibility of receiving input from those most closely impacted by the change would not be considered. This solution therefore reduces the system's ability to evolve away from neoliberalism and Eurocentrism. Finally, EDID considerations are limited to equity in access and do not consider the impact of intervention practices on students. Consideration of access without exploring practice impacts may result in superficial healing.

Ethical Considerations

The ethics of care, community, justice, and responsibility are fundamental to this OIP. The ethic of care prioritizes dignity, worth, and fulfillment of humans both as individuals and in relationship with each other (Ehrich et al., 2015; Starratt, 2005, 2012). Aligned with Shields' (2010, 2022) and Weiner's (2003) requirement that transformative leadership seeks to advance the common good, this first solution addresses the ethic of care by increasing mental health access for students most in need. Similarly, this focus on system-wide allocations supports Furman's (2004) ethic of community, through which education has the moral responsibility to prioritize communal impact. Ensuring appropriate access to interventions also aligns with an ethic of justice, defined within research as the pursuit of equitable treatment and outcomes for all (Ehrich et al., 2015; Starratt, 2005, 2012). Central to this OIP is the utilitarian consequentialist frame applied within a transformative leadership approach, through which leaders must intentionally consider the impact of morally driven changes (Brown, 2004; Burnes et al., 2018; Shields, 2010, 2022). Thus, this solution also aligns with Weber's (1946) definition of the ethic of responsibility, in which the deliberation of outcomes, both intended and unintended, is the central point of decision making for leaders. In this solution, achieving access where it is most needed is certainly the intended outcome and the driver for decisions within the change process.

The simplicity of this solution also creates restrictions within these ethical perspectives. Student, parent, practitioner, and community input is not solicited, thereby limiting the impact of other perspectives and expertise in forming the outcome. This could challenge the ethic of care by decreasing feelings of dignity and self-worth as decisions are imposed without input. Additionally, the solution's inattention of the efficacy and impact of counselling practices on students may also limit the extent to which the improvement of the individual or collective good

is achieved. Finally, Shapiro and Stefkovich's (2016) description of an ethic of critique is only scantly captured within this solution. The system leaders' initiative in questioning then creating centralized change serves to disrupt the status quo in allocation practices, but also reinforces bureaucratic dynamics already in place. The maintenance of hierarchical power imbalances is counterproductive to achieving a new ethical space and can perpetuate harm caused by colonial ways of thinking and acting (Battiste, 2021; Ermine, 2007).

Change Drivers

A framework for determining change drivers is adopted from key themes found in research (Armenakis & Harris, 2009; Kirsch et al., 2011; Whelan-Berry & Somerville, 2010). This framework considers the drivers of vision, leadership, participant involvement, and required change resources. Change vision can be a significant driver, both to the degree that it is accepted by change participants and in its alignment with the organizational vision and related policies (Kirsch et al., 2011; Whelan-Berry & Somerville, 2010). In this solution, beginning with a clearly articulated vision of healing can build acceptance of the need for equitable access to teacher counsellors. Further, this change vision supports the larger organizational mission, values, and goals. At the macro-level, this solution also reinforces the provincial expectation for education to provide mental health intervention in schools. However, this solution is limited to envisioning equitable access and omits the consideration of intervention quality.

Although the leaders' commitment and role within the change process may appear to reinforce the vision, this solution's hierarchical leadership approach may act as a barrier, rather than a driver of change. The extent to which change recipients place trust in the leaders' actions, intentions, and relationships is critical to the acceptance of proposed change (Ahmad & Huvila, 2019; Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006). This vulnerable,

emerging trust being curated by the superintendents may be eroded by this solution's vertical decision-making and communication methods. Also impacted by this solution's top-down approach is third driver of change participant engagement. Participant engagement opportunities and ongoing two-way communication can actively drive change implementation efforts (Ahmad & Huvila, 2019; Bartunek et al., 2006; Uhl-Bien, 2006). Here, this hierarchical approach to determining allocation changes reduces participant engagement, even if the moral imperative for the change is supported in principle. Finally, strategic provisioning of human and other resources can also act as a significant driver. Investment in employee training, hiring, and developing structures and controls can demonstrate commitment and provide organizational confidence toward achieving outputs (Kirsch et al., 2011; Whelan-Berry & Somerville, 2010). This solution devotes resources to build data gathering structures, hire data analysts, and develop a formalized group and leader of the teacher counselling team.

The overall analysis of change drivers in this solution yields mixed results. The data-informed allocation decisions align with the organizational vision and are accompanied by appropriate resources. However, system confidence is diminished by hierarchical decision-making and communication methods, as well as the distinct lack of change participant co-creation opportunities. This insufficient set of drivers, accompanied by the narrow focus on access to in-school teacher counsellors, requires the consideration of other solutions.

Solution 2: Practice Changes Determined by Practitioners in Response to Voice Data

This second solution seeks to heal the soul wound by capitalizing on the professional expertise of both practitioner groups, while also elevating the voice of service recipients through student and parent surveys. Mental health practitioners are significant leaders in education due to their unique skillset, experience, and knowledge of student mental health challenges (Fazel et al.,

2014; Lenares-Solomon et al., 2019; Shields et al., 2018). In this solution, system leaders prioritize equity through voice by surveying students (and their parents) who have received intervention services and collate this information for practitioner review. This data collection would occur initially to inform potential practice changes, and then later to determine the effectiveness of practice changes as they are implemented.

Superintendents would use the framework in Figure 2 as a guide to change, first to explain the rationale for change to practitioners and then later to collaboratively review survey results. Collaborative learning processes must be structured to encourage dialogue, questioning, and curiosity in ways that place student success at the centre (Fullan & Quinn, 2016; Park, 2018; Safir & Dugan, 2021). Change within adult learners can occur when they are exposed to information that creates conditions of dissonance, discourse engagement, and, when coordinated across a group or system, collective action (Christie et al., 2015; Dirkx et al., 2006; Hyde, 2021; Mezirow & Taylor, 2011). In this solution, practitioners will determine changes to their collective intervention practices in response to student/parent survey responses. After initial practice changes are implemented, further surveying may suggest additional practice adjustments. Intervention access and practitioner allocations are not considered in this solution.

Resources Required

System leaders would need to dedicate significant time and technological resources to oversee survey development, administration, and analysis of perspective holder data. Similar to the first solution, data management would require additional personnel. Resources would also be required to create structures for practitioner collaboration among and across both the psychologists and teacher counsellor groups. The superintendents, directors, and psychology team leads would create these structures, adding to their already maximized workloads. The

addition of a teacher counsellor lead would support the formalized organization of teacher counsellors and implementation of practices changes suggested by this group.

EDID Considerations and Challenges

This solution places emphasis on gathering the experience of service recipients and their parent advocates, while creating the conditions for practitioners to recognize inadequacies within current practices. By questioning the colonialized status quo, change participants can engage in disconfirmation, unlearning, and shifts away from entrenched Eurocentric mindsets (Ahenakew, 2016; Battiste, 2021; Stein et al., 2020). Surfacing voice is essential in advancing EDID. Similarly, student and parent input are beneficial in supporting meaningful and sustainable educational change (Gibson et al., 2015; Lavik et al, 2018). This solution further considers equity by listening to those youth and parents often possessing the least agency but with greater mental health needs than mainstream society (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017). Giving change agency to service providers also supports equity and duly recognizes practitioners as transformative leaders (Shields et al., 2018). Significantly, this solution does not address access to interventions, which would continue to be determined by principals and could result in perpetuating unmet and unsurfaced student needs. Continuing access inequity also limits student voice to those already receiving interventions. Feedback from students who have not participated in interventions as a result of limited access would be lacking. Also absent is consultation with members of Indigenous, cultural, or other external communities.

Ethical Considerations

Similar to the first, this solution also addresses the ethics of care, community, justice, and responsibility. The ethic of care is addressed through the focus on student impact resulting from intervention practices and is further extended to practitioners through their involvement in co-

creating practice changes. Allowing practitioners' decision-making authority in response to reviewing student and parent voice data will uphold their dignity and worth as professionals, while supporting a positive organizational culture. Educational professionals may experience emotionality when receiving student and parent commentary on their practices (Black & Mayes, 2020; Bryan et al., 2018). As such, leaders will promote the ethic of care by supporting practitioners through the emotionally laden process for change outlined in Figure 2. This approach also supports the ethic of community by supporting professionals within ethical and safe spaces as they seek a system-wide solution to the collective soul wound.

Unlike the first, this solution does not approach an ethic of justice through a focus on access, but by changing intervention practices in response to student/parent feedback to enhance student well-being. Seeking improved outcomes aligns with the utilitarian consequentialist perspective and the ethic of responsibility (Burnes et al., 2018; Starr, 1999; Weber, 1946). This solution also elevates the ethic of critique. Surfacing student and parent voice, while placing the agency for change within the practitioners deviates from the status quo of hierarchical, neoliberal approaches to change, but does not delve into seeking input from important community representatives required for authentic two-eyed seeing and self-reflexivity.

Change Drivers

Consideration of change drivers again requires focus on the impact of vision, leadership, participant involvement, and resources. Here, the change vision is focused on healing the soul wound by improving intervention practices through data gathering, practitioner reflection, and collective determination of practice changes. Thus, this vision would serve as a change driver, as it aligns with organizational goals and policies, while also supporting teacher counsellors' and psychologists' professional obligations to meet service user needs (Canadian Psychological

Association, 2017; College of Alberta Psychologists, 2022; Shields et al., 2018). A clear and compelling change vision articulated by leaders is an important driver in change initiatives (Whelan-Berry & Somerville, 2010). However, the vision itself does not address equitable intervention access. This solution's reduced visionary focus could be offset by the shared approach to practitioner creation and the reduction of top-down decision-making. The superintendents responsible for the change are still gaining relational trust within PPSD. Trust in leaders becomes even more challenged during change efforts and is therefore a critical change driver (Ahmad & Huvila, 2019; Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006). In this second solution, high participant engagement, supported by intentional two-way communication, can actively drive implementation even among conditions of emerging trust.

The last driver considers resource investment. Leaders would need to significantly support the process of gathering and sharing of student/parent voice data. Equally important would be the training and structures needed to engage practitioners in reviewing data and moving through disconfirmation, collective discourse, and practice change determinations. Investment in both structures and people can demonstrate organizational commitment and confidence in change efforts (Kirsch et al., 2011; Whelan-Berry & Somerville, 2010).

Although this solution establishes the organizational commitment to meeting student need and achieving change, it is limited in its lack of a comprehensive vision related to equity, consideration of service access, community engagement, and output measurement. Research reinforces the need for counselling interventions to be supported by outcomes assessment (Grier et al., 2001; Gruman et al., 2013; Wei et al., 2011). In this solution, evidence is measured solely through further surveying of students and parents in response to practice changes. Other sources of data to verify healing are not considered. Inequity of access to teacher counsellors could also

continue as principals would retain sole discretion to determine allocations, potentially leaving some schools underserviced. Even where teacher counsellors are allocated, they retain autonomy to practice in ways that may be preferable to them. This suggests the need for a third solution.

Solution 3: Multi-Leveled Transformative Leadership to Impact Access and Practice

The third proposed solution dedicates resources to lead and guide mental health professionals, while establishing system-wide direction and accountability. Similar to the first solution, demographic data would be used to initially identify schools with higher probabilities of mental health needs, then shift teacher counsellor allocations across the system to better serve these school communities. This would also require the second phase of tracking student mental health intervention requests across the system over time, then adjusting allocations based on actual referral trends. A teacher counsellor leadership role would again be created to support allocation decisions and practice consistency. Additionally, this third solution would also draw from aspects of the second solution, where system leaders initiate surveying students (and their parents) who received counselling services. The breadth of student voice would increase over time, as students with previously limited access would begin to receive interventions and feed into later cycles of the student voice data. Practitioner learning groups would form to analyze student voice data, both in separate teams and across groups. Cross-team collaboration can support increased subsystem congruence, decreased perceptions of competition between professional groups, and sharing of expertise (Agresta, 2004; Avant & Swerdlik, 2016; Romer & McIntosh, 2005; Shareef, 1994). Similar to the second solution, transformative leadership roles of mental health practitioners would be leveraged through their interpretation of the feedback.

Unique to this solution, the centrally determined vision will be implemented through a change plan collaboratively developed by system leaders and practitioners, and informed by

input from Indigenous, cultural, and other community representatives. Superintendents would be responsible for communicating and implementing the vision through to completion as evidenced by measurable outcomes. Achievement of equitable outcomes must involve using data for accountability toward morally based, transformative change (Safir & Dugan, 2021, Shields et al., 2018). System-wide effectiveness would be confirmed by student, parent, principal, and mental health provider feedback, in addition to studying well-being data and referral trends over time.

Resources Required

Significant investment in time, technological and research structures, and additional personnel is required to lead and manage this multi-step solution. Data collection and analysis would include the teacher counsellor allocation data systems and personnel from the first solution, the student/parent voice data processes outlined in the second solution, and accessing additional data to verify healing. System and practitioner team leaders must also create conditions for practitioner collaboration across psychologist and teacher counsellor groups and opportunities for community input. The pace of change in this solution would be the most gradual, given the complexity of considering both service access and practice changes through demographic data review, referral tracking, individual and collaborative reflection, community input, solution co-creation, and outcome measurement.

EDID Considerations and Challenges

When compared to the others, this solution most strongly positions the achievement of equity. By reviewing data centered on student access to and experience with counselling practices, this solution seeks to know the extent of the wound, create the most optimal conditions for healing, then secure validation that scarring has truly occurred. In this solution, progress toward EDID through systemic leadership practices is somewhat reduced by the familiar

neoliberal approach to hierarchically driven change. However, centralized authority's involvement in setting the vision and determining teacher counsellor allocations is counterbalanced by the practitioners' co-creation of practice changes and through community perspective holder engagement. Hierarchical decision-making must be limited to creating structure and systemic coherence, and not seek to interfere with practitioner data review.

Ethical Considerations

As with the first two solutions, the ethic of care is supported by a focus on the achievement of equitable student well-being and care for practitioners in their examination of student voice. Furman's (2004) ethic of community is addressed through the placement of teacher counsellor allocations and the construction of system-wide practices that enable healing of the communal wound. Addressing access and using student voice ensures a focus on equity and therefore an ethic of justice. This solution most intentionally uses data to measure outputs, thereby supporting the ethic of responsibility and utilitarian consequentialism. The ethic of critique is more strongly supported here than in the first solution, through the elevation of student/parent voice, practitioner co-creation of practice changes, and community perspective holder engagement. However, critique is lessened by systemic reliance on hierarchical leadership to establish a centralized vision, determine allocations, and provide evidence of healing.

Change Drivers

Within this solution, Ahenakew's (2019) and Fenton's (2018) vision based on neuro-decolonization prevails as a strong driver of systemic change. This vision requires focus on equity and efficacy resulting in improved student outcomes. As such, this holistic vision would act as a more significant driver in this solution than the first and second. This visionary driver can allow system leaders to emphasize the importance of both the process of change and the

measurable outcome of improved student well-being through practice and access changes. However, the role of system leaders in this change process must be carefully navigated. A leader's ability to acquire or maintain trust is a significant driver within the change process (Ahmad & Huvila, 2019; Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006). If superintendents are too dominant in their articulation of the moral imperative, this may reduce practitioner agency, trust, and engagement in the emotional review of student/parent voice data. Thus, superintendents must drive the moral imperative for healing, while carefully nurturing relational trust. Superintendent positioning of meaningful practitioner and community engagement will act as a strong driver in the process. Finally, investment in resources such as data management systems and personnel will demonstrate the leaders' commitment to the change process, while providing the necessary tools for the change to occur and eventually be verified.

Analysis of Solutions

Each solution would be beneficial in moving the system toward creating a new scar. Determining the most optimal solution requires a return to Nadler and Tushman's (1980) congruence model. Each solution will be evaluated on inputs and required resources, transformational processes involving acceptance and engagement, and outputs related to wound healing through equitable access and practice efficacy. Appendix D uses demonstrates favourability of these factors for each solution. Solution one requires the lowest resourcing load and should result in more equitable access to services. However, the transformational processes are least favourable in achieving the employee engagement necessary to achieve mindset shifts. Additionally, this first solution does not consider practice changes in response to student need. The second solution requires increased resources to engage and shift practitioner mindsets toward the need for practice changes indicated by voice data. However, the solution does not

address potential barriers to accessing mental health supports nor does it provide robust output measurement beyond reapplying student/parent surveys. The third solution is the most resource intensive and does retain some level of hierarchical leadership over the process, thus reducing employee engagement as sole decision-makers. However, sufficient levels of practitioner engagement and community input, combined with compelling vision, commitment, and support from superintendents, should allow for the mindset shifts required by the framework for leading change. The more gradual pace of change within this solution allows for such schematic evolutions. Further to this, the third solution requires additional time to address the complexity of using community input and demographic, referral, and student/parent voice data to address both equitable access and practice changes, with success to be verified by broader output measurement. Therefore, solution three is the chosen solution based on its potential to impact the deep and meaningful change needed to scar the collective soul wound.

Chapter 2 Summary

Planning to heal the collective soul wound requires careful determination of the leadership approach and framework for leading change, while considering organizational readiness. The incorporation of transformative leadership into Schein's (1996) psychosocial change model positions Ahenakew's (2019) and Fenton's (2018) call for neuro-decolonization within an ethical space to shift mindsets across PPSD. Transformative change will require a delicate balance of system leadership direction and authentic practitioner co-creation. Enacting a solution centered on intervention access data, community input, student/parent voice, and practitioner engagement can increase equitable access and allow for practice changes leading to systemic healing. Implementing this solution will require intentional planning, communication, and evaluation to ensure that the scar has truly formed and will remain healed into the future.

Chapter 3: Implementation, Communication, and Evaluation

Chapter one framed the PoP within the context of PPSD as a large neoliberal organization committed to improved student well-being. Also shared was the importance of considering change within a utilitarian consequentialist lens, through which improved student well-being must be actualized beyond well-intended proclamations. Chapter two outlined a psychosocial framework for collective healing through transformative leadership, where positive organizational readiness permitted the exploration of three possible solutions. Chapter three will focus on activating the preferred solution from chapter two, by leveraging access data, community input, student/parent voice, and practitioner engagement to increase access equity and practice efficacy across PPSD. Operationalizing this solution will enable system-wide healing through the creation, communication, and evaluation of a change implementation plan.

Actioning improved mental health intervention access and efficacy will require mindset shifts among practitioners. Transformative leadership will guide the prioritization of improved student outcomes while supporting an emotionally laden change experience. A strong vision will offer a moral impetus to ignite the process, increase momentum, and enhance clarity. Ultimately, measurable evidence of wound healing will provide assurance to change agents and recipients across the system. This implementation process will build organizational confidence in allocation and practice changes, while allowing for ongoing monitoring and necessary refinements.

Change Implementation Plan

While transformative leadership and learning are required to achieve wound scarring, implementation planning must consider PPSD's existing structures, processes, and personnel.

Organizational Alignment

The implementation plan will fulfill PPSD's priorities of improved student well-being

and equity through the familiarity of evidence-informed change. Although leveraging community input and using student/parent voice data are novel approaches to counselling practice changes, alignment exists with the organizational focus on improved student well-being. Visionary leadership from superintendents, supported by involvement of key perspective holders in change implementation processes, would also be expected. Differing from current practice is the elevation of practitioner voice over that of school-based administrators. Superintendents must actively garner principal acceptance of centrally determined teacher counsellor allocations and practices and practitioner leadership in co-creation. This will require continued relationship development between superintendents and principals through ongoing dialogic communication. The remainder of the implementation plan aligns with PPSD's overall organizational strategy.

Transition Management Through Transformative Leadership, Learning, and Co-creation

Schein's (1996) change model for individual and collective disconfirmation will drive systemic evolution towards measurable and sustainable outcomes. Appendix E exhibits the four phases of the implementation plan toward collective soul wound healing: establishment of the moral imperative, transformative learning community formation, disconfirmation and collective dissonance, and cognitive redefinition, neuro-decolonization, and co-creation. Each phase will include short, medium, and long-term goals and benchmarks that will be captured throughout the process. Cycles of inquiry will be further described as part of monitoring later in chapter three.

Phase 1: Establishment of Moral Imperative Through Transformative Leadership

This first phase focusses on short-term actions spanning February to April within year one. Aligning with PPSD's hierarchically driven change processes, superintendents will begin by sharing the central vision of healing the collective soul wound. In educational settings, visionary leadership can mobilize change participants as transformative leaders who possess practice

standards and sensibilities toward improved student well-being (Fullan, 2021; Shields et al., 2018). A centrally communicated change vision based upon a moral responsibility also builds organizational confidence in the system leaders' commitment to change (Bartunek et al., 2006; Brown, 2004; Fullan, 2006; Shields, 2010; Weiner, 2003). This vision will acknowledge systemic challenges with locally determined allocations and practices, while demonstrating the presence of the collective soul wound through the extant data outlined in chapter one. The current systemic inability to confirm counselling efficacy and access equity will also be carefully conveyed. Doing so will position the importance of confirming the impact of interventions on student mental health, while also ensuring that practitioners understand that the responsibility for the gap lies with system leaders who must therefore create conditions for organizational change.

The decolonialized concept of the collective soul wound, as presented by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019), is foundational to the vision. It will be imperative to consult with Indigenous and other perspective holders, as well as include Indigenous indicators of well-being, to effectively represent the holistic nature of health in tending to student health needs in educational settings. Quinless (2022) describes the connectedness of such health indicators within the Indigenous notion of *all my relations*, where harmony and balance considered within mental, emotional, physical, and spiritual health. This holistic approach to wellness is represented in the First Nation Health Authority's (2023) graphic shown in Appendix F. The visual depicting concentric layers of wellness facets, values, and critical components provokes a decolonialized consideration of interconnected health factors that can guide both the change vision and change plan evaluation, as described later in chapter three.

Within this visioning phase, illustrating deficits must be carefully nuanced. Altruistic intentions toward the ethic of care must be recognized, while explicitly driving utilitarian

consequentialist based outcomes (Burnes & By, 2012; Burnes et al., 2018). The vision toward equity must also highlight groups commonly described in research as underserved and overrepresented with their mental health intervention needs (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017; Quinless, 2022). The vision will posit that colonialized intervention practices may be furthering inequities. However, care must be taken to ensure that groups with increased need are not presented within a deficit lens. It is critical to situate the narrative within an ethical space or two-eyed seeing where strength-based approaches prioritizing social cohesion and spiritual healing are identified and supported (Quinless, 2022).

This initial phase will also address equitable intervention access across PPSD. Equity is an overarching key indicator of health (Laliberte, 2012 as cited in Quinless, 2022). Thus, the intentional assurance of access equity will be an important benchmark of wound healing. To achieve equity of access, the newly appointed teacher counsellor lead will be tasked with analyzing existing demographic data that correlates with populations shown in research to have higher mental health intervention needs (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017; Quinless, 2022). Identifying schools with higher demographic indications of need will allow for the shift of teacher counsellor allocations in the next staffing cycle to better serve these school communities. The teacher counsellor lead and system leaders will also establish a student referral data system to better inform future allocations. Currently, a data framework captures school-based student referrals to centralized counselling psychologists. A similar structure created by the teacher counsellor lead, in collaboration with system leaders, could create a system-wide data set to quantify teacher counsellor referrals at each school site. Per school and overall access to intervention trends would not require collection of individual student data, alleviating concerns about personal data privacy use and allowing for focus on

trends that guide broader decision-making. Referral and demographic data could indicate school-based intervention needs that guide future teacher counsellor allocation changes.

Phase one benchmarks will include systemic understanding of the vision to heal the collective soul wound through intervention changes, thereby connecting holistic health, education, and transformative leadership. Practitioner understanding of the brokenness of colonialized society will be further observed through their willingness to engage in transformative learning in future phases. Other phase one outcomes will include the appointment of a teacher counsellor lead, teacher counsellor reallocations in response to demographic data, and the establishment of a teacher counsellor referral data system.

Phase 2: Transformative Learning Community Formation

The second phase will continue to reinforce the centralized vision, while forming a transformative learning community among practitioners. This phase will action medium-term goals in year two, requiring several months to establish safe and ethical transformative learning spaces centered on the use of student/parent voice to drive practice changes. Prioritizing external voice will require practitioner openness to first engage in survey development processes and extend to data review in later phases. Schein (1996) shares that participant reluctance in admitting to imperfection can be a barrier to learning and changing. Research also demonstrates a correlation between change recipients' trust in their leaders and their acceptance of proposed change (Ahmad & Huvila, 2019; Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006). Emotionality can be heightened by the presence of student voice data that reflects the impact of educational professionals' actions on students (Black & Mayes, 2020; Bryan et al., 2018). Only when conditions supporting safe inquiry have been established can participants engage in the emotionally laden experience inherent to transformative change (Mezirow &

Taylor, 2011). By engaging in transformative learning communities, practitioners can develop survey questions that will confirm or disconfirm their assumptions about practice efficacy. Thus, phase two benchmarks include the establishment of ethical spaces, while engaging in co-creation and administration of student/parent surveys. Situating transformative learning groups to receive student/parent voice are precursors to the significant shifts required in phase three.

Phase 3: Disconfirmation and Collective Dissonance

This third intermediate phase will require two additional months for practitioners and leaders to review student/parent survey data. Both transformative learning theory and the psychosocial model for change seek to involve adult learners in mindset shifts (Mezirow & Taylor, 2011; Schein, 1996). Transformative learning theory considers the cognitive and affective experiences of participants as they engage in individual and then collective exposure to disorienting dilemmas that promote critical reflection, further refined through collaborative dialogue (Mezirow & Taylor, 2011). As practitioners are presented with student/parent voice data, they are likely to experience dissonance between the intentions behind their counselling practices and the student experience. While some data may affirm practice intentions, other aspects of the voice data may highlight practice deficits in addressing the collective soul wound.

Individual deconstruction and reconstruction of meaning is highly influenced by the worldview, experiences, assumptions, and values attached to one's self-identity (Coghlan, 2021; Hyde, 2021; Mezirow & Taylor, 2011). However, cognitive and affective internalization of change can be elevated through collective discourse by allowing for examination of alternative points of view, consensus building, and transforming the views and habits of mind among participants in relationship with others (Christie et al., 2015; Coghlan, 2021; Hyde, 2021). The

desired benchmark within the third phase is the priming of individual and collective mindset shifts in response to student need that will allow for practice changes in phase four.

Phase 4: Cognitive Redefinition, Neuro-Decolonization, and Co-Creation

Implementation of practice changes will occur in April to May of year two and become further refined in year three and beyond. Practitioners emerge from phase three's dissonance created through Mezirow and Taylor's (2011) transformative learning and move into Schein's (1996) categorization of cognitive redefinition in phase four. Here, individual and collective mindsets of practitioners and leaders will broaden and their cohesion will increase, allowing for powerful co-construction of practice changes in response to student/parent voice data. Through this process, practitioners should collectively reject the status quo that perpetuates inequities created by neoliberal approaches to supporting students. Doing so will enable Ahenakew's (2019) and Fenton's (2018) call for neuro-decolonization, through which practitioners recognize the tangled relationality and take collective responsibility for systemic wound healing.

System leaders will continue to promote a utilitarian consequentialist lens and require evidence of improved student well-being outcomes. Ongoing exploration of demographic and referral access data and student/parent surveys provide such assurance, particularly when combined with other sources of data, such as further perspective holder feedback and the student well-being data referenced in chapter one. These additional data sources will be later described in the context of outcome evaluation. Cycles of inquiry and evaluation within phase four will provide benchmarks of achievement, both immediately and into year three, to ensure that practice and access changes accurately meet student needs. This entire body of evidence will allow system leaders and practitioners to determine the degree to which intervention access and practice efficacy have improved and consider possible future adjustments.

Perspective Holder Inclusion and Empowerment

As shared in the second phase of the implementation plan, PPSD must support ethical space and two-eyed seeing, through which multiple perspectives have equal value and agency to co-create. To achieve ethical space, there are several critical perspective holder groups that require consideration. These include the practitioners, students (and their parents) accessing services, community members, and PPSD leaders impacted by these changes. Practitioner co-creation is critical to successful implementation for several reasons. First, such engagement recognizes and activates mental health professionals as transformative leaders with unique training, experiences, and motivation to support student well-being (Shields et al., 2018). Truthfully, only they have the clinical knowledge needed to ascertain and implement practice changes. Secondly, practitioner engagement allows for collective learning processes that can extend across the organization and into future practice (Mezirow & Taylor, 2011; Safir & Dugan, 2021). Thirdly, involving practitioners assists PPSD in advancing a decolonized approach to decision-making, in which collective action toward equity and holism is advanced beyond individual decision-making or superficial proclamations (Alteo et al., 2022). Finally, inspired by the ability to improve student outcomes, practitioners will engage in Bartunek and Moch's (1987) third-order change, where their self-reflexivity and awareness of schematic misalignment motivates change to create new alignments. Through third-order change, practitioners will strive toward the achievement of effective interventions for all students, enabling the scar to form.

Using student and parent perspectives to guide practice changes allows for those most impacted by counselling practices to have significant voice in shaping change. Healing the collective wound without engaging the wounded would not align with a decolonized approach to change. Student and parent input can provide significant insight when designing student-centered

sustainable changes in education (Gibson et al., 2015; Lavik et al., 2018). Elevating student voice supports the creation of ethical space while garnering essential understandings of the collective soul wound. Engagement with Elders, Knowledge Keepers, and other culturally significant community representatives is also critical to stimulate reflexivity and better understand the extent of the wound and the need for change. Finally, the plan must engage principals and other system leaders. Informing principals of potential practice and allocation changes would align with PPSD's normalized process of change. Thus, communication and evaluation shared later within chapter three will specify principal involvement in knowledge mobilization to demonstrate respect while capitalizing on their organizational influence.

Potential Issues and Limitations

Care must be taken to identify potential issues and limitations inherent to this plan. Temporarily removing practitioners from counselling activities to engage in reflection and co-creation will reduce counselling services for a short time. While provisions for emergent student needs will be required, investing practitioner time in co-creating practice changes supports a utilitarian consequentialist lens toward improved outcomes. This may provide temporary practical and optical challenges, requiring plans for temporary student support and continued emphasis surrounding the vision to heal the wound and confirm knowledge of scar formation.

However, the most significant levels of risk exist within the transformative learning experiences in phases three and four. Disconfirmation and collective dissonance in response to student voice data provokes significant vulnerability, yet are required to actualize cognitive redefinition and neuro-decolonization. To create conditions of safety, superintendents must nurture trust between leaders and practitioners, and within and among practitioner groups. Developing trusting relationships can create organizational fidelity, optimism, and commitment

to change (Bartunek et al., 2006; Ismail et al., 2022; Kutsyuruba & Walker, 2016). Conversely, vulnerability can be exacerbated in the presence of student voice data, as research indicates the emotionality experienced by professionals when receiving student feedback (Black & Mayes, 2020; Bryan et al., 2018). Superintendents must be vigilant in their observation of practitioners to ensure that emotionality does not impede progress or further contribute to the collective soul wound. This may require slowing the pace or investing additional time into building trust or supporting group dynamics, but cannot result in prioritizing employee needs over students.

There are also limitations within the scope of the implementation plan. As previously stated, student voice data is limited to those already receiving interventions and omits input from students who have not received services. Although adjustments to access should increase the breadth of student voice over time, understanding why some students do not participate in counselling services could be a future consideration. Another limitation exists in the selection of perspective holders deeply engaged in implementation. While prioritizing practitioners and students/parents reaches those most central to intervention services, others with valuable insights have been excluded. Principals, teachers, and other school-based staff can be the most knowledgeable about daily classroom experiences of individual students. Other mental health practitioners existing in health care or community settings are also not included. Additionally, this implementation plan does not specifically address all components within Appendix F that contribute to holistic health, such as the health of Nations or connections with land. Also excluded are researchers and exploration of extant research that could influence PPSD's healing process, particularly when considering that internally derived solutions are done so within a neoliberal, highly colonialized context. However, situating this plan within a change model centered on student voice and practitioner experience has benefits in understanding local needs,

attending to the healing of PPSD's wound, and maintaining a reasonable scope within the OIP.

Equity and Social Justice Outcomes

The desired outcome of this implementation plan involves scarring the collective soul wound. As stated by Ahenakew (2019) and Fenton (2018), this requires neuro-decolonization, where student well-being is viewed as a collective responsibility achieved through equitable access and effective intervention practices. Even within the neoliberal environment of PPSD, there exists a systemic desire to seek improved student well-being outcomes. Engagement must occur within ethical spaces that prime leaders and practitioners for increased understanding by hearing the often marginalized voices of students, parents, and representatives from Indigenous and other cultural communities. Among students, those with the most significant mental health needs often possess the least agency (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017). Thus, the social justice outcomes of the plan are twofold. First, healing the collective soul wound creates equity through mental health access and practices that benefit students in need. Secondly, supporting practitioner engagement in neuro-decolonization can enable future decolonization in PPSD. Systemic fidelity toward these morally derived outcomes will require careful communication, monitoring, and evaluation.

Plan to Communicate the Need for Change and the Change Process

An effective communication plan must be in place to enable organizational healing and neuro-decolonization. Miscommunication and lack of clarity are common sources of frustration or even failure during organizational change efforts (Beatty, 2015; Deszca et al., 2020; Klein, 1996). A compelling change vision can clearly articulate challenges with the status quo and share the desired future state (Duignan, 2014; Lewis, 2006). Communication must also address the potential impact of change on various perspective holder groups (Bartunek et al., 2006).

Additionally, change communication must be viewed as ongoing beyond initial change plan phases and allow for participants to engage in sensemaking while building organizational trust (Bartunek et al., 2006; Kutsyuruba & Walker, 2016; Lewis, 2006, 2019). Therefore, multi-leveled communication planning must focus on sharing and maintaining the guiding vision of scarring the collective soul wound, outlining the plan to improve holistic student well-being, and prioritizing perspective holder feedback. Communication shall be considered at each implementation phase and with various perspective holder groups.

Building Awareness of the Need for Change

As shared in chapter two, it will be critical for the communication plan to bolster change readiness by first establishing a compelling moral imperative. A clear, persuasive vision shared by senior leaders is of primary importance in the early stages of communication (Armenakis & Harris, 2002; Deszca et al., 2020; Duignan, 2014; Klein, 1996; Lewis, 2006). Superintendents will share the centralized vision supported by data that demonstrates both the existence of the collective soul wound and systemic deficits in understanding intervention access needs and practice efficacy. While data-informed change processes are familiar to organizational members and should create cognitive resonance, building awareness must also address the affective concerns identified in the readiness analysis. Overt efforts must be made by organizational leaders to establish and nurture trust between leaders, followers, and the organization as an entity, particularly during vulnerable periods of change (Ahmad & Huvila, 2019; Kutsyuruba & Walker, 2016). Personal vulnerability may be heightened while building awareness of future change, requiring intentional communication strategies with principals and practitioners.

Engagement with principals is critical to the communication plan, given their essential leadership roles. Principals have the unique ability and responsibility to transform system-level

initiatives into daily classroom experiences (Fullan, 2006; Katz et al., 2018). However, principals must be supported with their awareness of school-based mental health intervention practices, given the competing demands requiring their attention. Specific to mental health initiatives, research has demonstrated the impact of principal understanding, support, and collaboration with mental health professionals on student well-being outcomes (Blackman et al., 2016; Geesa et al., 2022; Janson et al., 2008). Therefore, early communication with principals can increase their awareness of the need for change, leverage their approval of changes impacting their schools, and prepare them to support impacted staff during each implementation phase.

Building awareness of the need for change among practitioners must account for the affective responses they may experience. Change efforts can be influenced by the level of trust prior to the change and can impact the amount of trust already present (Ahmad & Huvila, 2019; Kutsyuruba & Walker, 2016). The implementation process built upon the psychosocial model for change should bolster practitioner trust by demonstrating the system leaders' value in their role as transformative change leaders. Knowing their involvement as co-creators should enable practitioner receptivity to the data-informed challenges within PPSD's current system. Principals and practitioners will be continually prioritized throughout the knowledge mobilization plan.

Knowledge Mobilization Plan

The knowledge mobilization plan is aligned with the implementation plan, and draws from Klein's (1996) stages of organizational change, Deszca et al.'s (2020) phases of communication, and Indigenous concepts of mobilization drawn from Reed et al. (2020) and Wright et al. (2023). As represented in Appendix G, four discrete phases allow for a progressive sharing of knowledge among various perspective holder groups. Given the high prioritization of well-being within PPSD, as well as internal and external interest in student mental health, PPSD

must consider the objectives and recipients of each communication phase.

Phase 1: Pre-Change

Phase one in communication aligns with the first implementation phase in establishing the moral imperative. Klein (1996) suggests that early communication involves identifying rationale, providing reassurance, and securing perspective holder awareness. In Deszca et al.'s (2020) communication pathway design, the first phase requires securing understanding of the need for change among senior managers. As the change initiators within this OIP are PPSD's senior leaders, these early persuasive efforts can shift to the principals, previously mentioned as important champions of system change. Building principal understanding of the vision toward collective soul wound healing will be beneficial in addressing *discrepancy* and *personal valence*, two messaging domains highlighted by Armenakis and Harris (2002, 2009). Understanding the vision for healing and current systemic discrepancy can increase principals' personal valence as positive change advocates who can support affected school staff and engage in dialogue with system leaders. Addressing practitioner discrepancy and personal valence will also begin in phase one and continue in later phases. Dialogic communication with members of Indigenous and other cultural groups will be intentional within this early phase to ensure that the vision, goals, and change process is articulated and influenced by such perspective holders, initially and throughout the process. Mobilization activities that create understanding, transparency, and involvement effectively seek to foster empowerment among participants (Wright et al., 2023). Intentions to empower participants through engagement continue throughout the knowledge mobilization plan, but are explicitly nurtured in phases one and two.

Phase 2: Developing the Need for Change

Broadening visionary messaging is the central communication component of phase two,

as transformative learning community formation also begins. Sharing the change rationale with urgency and enthusiasm builds confidence and awareness among participants experiencing competing workplace demands and activities (Deszca et al., 2020; Klein, 1996). In this second phase, communication should focus on empowering all educational perspective holders to either act as transformative leaders or be supportive of transformative change through their understanding of the moral imperative and need for systemic equity. Early sharing of a meaningful and persuasive vision, change plan, and critical next steps increases sensemaking and commitment among key change participants (Heide et al., 2018; Ismail et al., 2022; Klein, 1996). Reinforcing a vision that aligns with practitioners' care for student well-being must be enveloped in detailed messages outlining their co-creation involvement, the elevation of student voice, and the establishment of safety to allow for disconfirmation. Communication to students and parents, community members, and the system more broadly, will also be required as surveying begins.

Phase 3: Midstream Change and Milestone Communication

Implementation within this phase primarily involves the strengthening and co-creation of collective mindset shifts among practitioner groups as they review student/parent survey results. This situates much of phase three communication between superintendents and practitioners as they engage in individual disconfirmation and reflexivity that is further reinforced through collaborative dialogue. Superintendents will continue to focus on strengthening practitioners by maintaining the vision, conveying process elements, and creating safe spaces for dialogue. While practitioners engage in disconfirmation, there remain important communication tasks with other perspective taker groups. Deszca et al. (2020) and Klein (1996) reinforce the importance of mid-stream communication from organizational leaders to challenge misconceptions and reassure employees. Continued dialogue with principals allows them to manage messaging and

expectations in their school communities. Essential to this phase is superintendent reinforcement of the vision and implementation plan to principals and the broader community. Ongoing, widely shared communication positions system leaders as authentic and transparent throughout the process and allows for changes to be repeatedly situated within a positive frame (Ahmad & Huvila, 2019; Duignan, 2014). Change processes lacking multiple communication points are more likely to fail, particularly when there is misunderstanding, low acceptance of the rationale, or when the change is perceived as forced (Beatty, 2015; Lewis, 2006). Further strengthening will occur through ongoing connection with the Indigenous and cultural communities, to ensure they are kept informed and given the opportunity to provide ongoing guidance.

Phase 4: Confirming and Celebrating the Change

Sharing implementation success is the main communication objective of phase four. This involves building understanding of change benefits, providing clarity regarding the changes being implemented, acknowledging impact on change recipients, and celebrating successful organizational change (Deszca et al., 2020; Klein, 1996). Central to this phase is the confirmation of collective soul wound healing, which aligns with Wright et al.'s (2023) and Reed et al.'s (2020) notion that mobilization through an Indigenous frame can evoke healing among participants and within communities. Communication in this final phase should be thorough, adaptive, and dialogic, to ensure that institutionalization of new knowledge and structures are accepted across the system (Deszca et al., 2020; Klein, 1996). Throughout this last phase of communication, the amount, type, and frequency of engagement with each perspective taker group should be considered in relation to their personal valence related to change outcomes (Armenakis & Harris, 2002; Klein, 1996).

Communication efforts in phase four must therefore focus on sharing the intervention

changes across the system, with particular attention given to those with high personal valence, such as principals, students, and parents. Indigenous and cultural communities who have been kept informed throughout the process and sought for guidance must also be engaged specifically to understand, contribute, and celebrate in the healing that has occurred. Additionally, as this final implementation phase confirms and implements the counselling practice and allocation changes determined through cognitive redefinition experiences of practitioners, the contributions and leadership of practitioners must be celebrated. Practice and allocation changes in future years will require further communication and celebration. Above all else, this phase must allow PPSD and the greater community to know and experience the healing that has occurred.

Communicating the Path of Change

Within the knowledge mobilization phases, discrete communication pathways must be established. This includes identifying the methods and modalities of communication specific to each perspective taker group. As stated previously, principals are significant in their ability to lead school-based and systemic change, while having substantial influence as opinion leaders within PPSD. Thus, effective and intentional communication pathways can garner principal trust and coherence. Face-to-face interaction remains the most influential means of communication as it allows for the exchange of non-verbal cues and two-way communication (Beatty, 2015; Deszca et al., 2020; Klein, 1996). Given the limits to superintendent availability, deliberate face-to-face dialogic communication with principals will be prioritized, as similar pathways with practitioners have already been established during co-creation. A variety of existing meetings can facilitate communication between superintendents and principals. Directors situated between superintendents and principals can also foster dialogic opportunities.

Accompanying these verbal messages will be visual and print materials to support

understanding. PPSD often uses flatsheets to convey brief messaging that is further articulated in additional documentation, presentations, websites, or webinars. Such unidirectional methods can supplement (not substitute) interpersonal communication with integral perspective holders and inform others with less investment in the change process or outcome (Beatty, 2015). Once principals and other system leaders are verbally informed, these tools can be used by principals and other managers to bolster understanding within schools and service units. Existing communication methods can increase systemic understanding by tailoring sensemaking to various organizational groups (Heide et al., 2018; Klein, 1996; Nishii & Leroy 2022).

The change plan must also be broadly communicated with students and parents, both to create interest in survey participation and prime for future change. Student and parent survey communication, consent, and assent processes will follow established processes within PPSD. Change that is created in response to community engagement, survey results, and referral data must be communicated to students, parents, and community, both to communicate adjustments in counselling practices and to identify the impact of their participation on system-wide change.

Giving Voice

Knowledge mobilization through dissemination, socialization, and institutionalization of change requires participation of perspective takers, especially those most impacted (Levac et al., 2018; Lopez, 2021; Reed et al., 2020; Werlen et al., 2020). Optimally, engagement should result in knowledge co-production, empowering participants to become active producers of new knowledge, thereby increasing acceptance of change while decreasing power imbalances in the creation, dissemination, and responsivity of knowledge (Lewis, 2019; MacGregor & Phipps, 2020; Norton, 2021; Rose & Kalathil, 2019; Tembo et al., 2021). The voice of many is critical to this OIP. Student/parent voice will be elevated to understand impact and influence change.

Seeking out voice from Indigenous and cultural community leaders is essential for reflexivity and guidance. Finally, the voice of practitioners as the agents of healing remains central to change co-creation. Early-stage engagement of principals, community involvement, and co-production with practitioners should increase system-wide understanding and coherence. As comfort in co-creation evolves, system leaders may seek out further co-created change. Finally, it will be essential to consider how voice, and other evidence, can evaluate success.

Change Process Monitoring and Evaluation

Progression through the implementation plan will require ongoing monitoring through each phase to confirm attainment of benchmarks. Focussed implementation evaluation can provide important adjustments to the pacing and content of goals, while bolstering organizational support by quantifying successes (Deszca et al., 2020; Markiewicz & Patrick, 2016). Using the utilitarian consequentialist frame, effective implementation must be evidenced by improved access and efficacy in mental health interventions across PPSD. As such, robust implementation monitoring and evaluation will be required to ensure that wound healing occurs and remains.

Inquiry Cycles to Assess and Refine Phases of Change

Ultimately, change plan success will be gauged by the organization's ability to achieve and sustain equity of access, effective intervention practices, and increased holistic student well-being. Multiple Plan-Do-Study-Act (PDSA) cycles can be used to monitor interdependent phases connected within a larger change plan (Christoff, 2018; Deming, 1983; Donnelly & Kirk, 2015). PDSA cycles are comprised of four connected components. The *plan* phase involves the use of data to design change, which is then enacted within the *do* phase. The *study* phase examines the extent to which the intended change has produced the desired effect, while the *act* phase involves the standardization of the solutions deemed effective or consideration of future changes. The

three interconnected PDSA cycles in Appendix H will guide and monitor the phases of change.

Cycle 1: Access to Teacher Counsellors

The first PDSA cycle aligns with the first phase of implementation by focusing on equitable teacher counsellor access through centralized allocation decisions. The plan phase of this PDSA cycle will involve the collection and examination of demographic data related to populations shown in research to be associated with higher mental health intervention needs (Gilmour, 2019; Kirmayer et al., 2011; Lifeso et al., 2021; Nelson & Wilson, 2017). This phase will also involve the teacher counsellor lead appointment and the development of school-based teacher counsellor referral systems adapted from existing referral systems for centralized psychologists. The do phase allows for initial teacher counsellor reallocations in response to demographic data and later, the inclusion of data from the referral tracking system. The third phase will study referral trends after the initial redistribution of teacher counsellors, as well as any changes in school related demographic information. The final act phase will allow for confirmation or adjustment of allocations based upon data review. Repetition of this cycle will gather new data that may lead to further allocation changes. Given PPSD's annual nature of staffing determinations, this PDSA cycle focused on teacher counsellor allocations will occur each year to continually support access equity during key hiring periods.

Cycle 2: Survey Co-Creation

While much of the second phase within the implementation plan focusses on the establishment of transformative learning communities, its tangible deliverable is the co-creation of student/parent surveys. Thus, this second PDSA cycle supports the development and administration of the survey tool. Beginning with the plan phase, system leaders, team leads, and practitioners will develop student/parent surveys to examine the efficacy of current counselling

practices. Within PPSD, internally derived surveys that advance the goals of the organization, namely to benefit student outcomes, require an internal review process. PPSD's research team will be consulted throughout the process, then will provide approval for the final survey questions and processes (including assent and consent). Given the foundation of Schein's (1996) psychosocial model of change and the establishment of Mezirow and Taylor's (2011) transformative learning communities, leaders will guide practitioner development of survey questions that confirm or disconfirm practitioner assumptions about practice efficacy through student (and parent) perception data. Once questions have been co-created and other aspects of survey development and administration planning have occurred, the cycle will enter the do phase. Here, the survey will be issued to assenting and consenting students who recently received counselling services (as well as their parents) and the results will be gathered and collated. The study phase then allows practitioners and leaders to review the data collected to determine the degree to which the survey informed practice efficacy confirmation or disconfirmation. If the survey questions are deemed to be highly informative in determining practice efficacy, their future use can be institutionalized through the act phase. It is expected that the initial application of this cycle may action adjustments to survey questions co-created by practitioners and supported by PPSD's research team. This survey cycle would occur annually to routinely gather student/parent survey data to inform the practice changes enacted in the third PDSA cycle.

Cycle 3: Co-Creation of Practice Changes

The final PDSA cycle supports the third and fourth stages of implementation, where mindset shifts attained through reflection and discourse lead to co-created practice changes that increase student well-being. System leaders, team leads, and mental health practitioners will use these disconfirmation and dissonance experiences to cognitively redefine optimal counselling

experiences for students. The information gleaned from the student/parent surveys developed and administered in the second PDSA cycle will stimulate this redefinition and result in the co-creation of practice changes in the plan phase of this third PDSA cycle. The do phase will implement these co-determined practice changes and possibly provide input into further teacher counsellor allocations changes (primarily considered in the first PDSA cycle). The next phase of cycle three studies the impact of the practice changes through further student/parent survey administration and analysis (enabled within the second PDSA cycle). The final act phase will then determine if practice standards remain or are further refined, and potentially influence further allocation changes. Beyond the use of PSDA cycles to monitor implementation, effective measurement tools must be used to demonstrate wound healing.

Tools and Measures to Track and Assess Change

In addition to the three PDSA inquiry cycles, the RE-AIM tool can further measure effectiveness of the change. The RE-AIM framework is often used in public health and health behaviour change research to investigate the *reach*, *efficacy*, *adoption*, *implementation*, and *maintenance* of the intended change (Gaglio et al., 2013; Glasgow et al., 1999; Glasgow et al., 2019). More recently, the RE-AIM framework has been used in other diverse contexts, including schools, to provide transparency in change implementation evaluation (Glasgow et al., 2019). Gaglio et al. (2013) identifies the intended application of the RE-AIM tool throughout all phases of a change process, thus complementary to the cyclical nature of the PDSA model in guiding iterative change. As shown in Appendix I, the RE-AIM tool can gauge the impact of counselling practice changes through student/parent survey data, referral trends, perspective holder feedback, and the internal well-being data identified in chapter one.

Within this evaluation framework, the first dimension of reach seeks to identify the scope

of participation among change recipients. Here, this can be quantified by the number of students accessing interventions, through existing psychological services referral data, and the newly established teacher counsellor referral data system. The second dimension of effectiveness would measure the degree to which the co-created changes to intervention practices enabled healing of the collective soul wound. This can be ascertained through the practitioner analysis of the student/parent survey results but will require further triangulation to deeply understand the impact of practice changes. This can be achieved through acquiring feedback from practitioners, team leaders, principals, and community representatives who would be knowledgeable of the intended changes and have diverse vantage points from which they observe impact. The PPSD internal data related to student well-being and access to services can also provide further insight.

The dimension of adoption will consider the extent to which practice changes have occurred across the system. Student and parent survey responses should indicate the level of practice change adoption by practitioners. Referral trends may also provide additional insight into adoption, as student participation in accessing mental health services should be reflective of their acceptance of practice changes. Adoption would also be measured through the perspectives of practitioners, team leaders, principals, and community. These key groups can share their perspectives regarding practice change implementation and indicate any challenges. Adoption related feedback will also allow system leaders to evaluate the extent to which the overall vision of healing the collective soul wound has been embedded among perspective holders.

The final dimensions of implementation and maintenance will measure the level of fidelity to practice changes as well as the sustainability of changes over time. While student/parent surveys are first used to guide initial practice changes, subsequent surveys should demonstrate the degree to which intended changes are occurring across the organization, both

initially and into the future. Again, seeking internal and external perspective holder feedback will also inform the evaluation of implementation and maintenance dimensions. Overall, the use of the PDSA cycles in tandem with the RE-AIM framework should allow for the necessary evaluative rigor to provide system assurance that wound healing is indeed underway.

Given the change vision rooted in decolonization and healing, it is also important to consider the plan's effectiveness through an Indigenous lens. The First Nation Health Authority's (2023) Indigenous perspective (Appendix F) can be used to create an additional evaluation frame shown in Appendix J. This Indigenous evaluation frame begins by connecting the change implementation plan's objectives of increased access, practice efficacy, and student well-being with new and ongoing tools (as outlined in Appendix I) that measure the effectiveness of the implementation plan. These objectives and tools are then mapped to various Indigenous domains of wellness to determine the extent to which the data collected can measure wellness from an Indigenous perspective. As shown in Appendix J, this mapping confirms that the objectives and measures within the change plan align with an Indigenous lens on well-being. Thus, applying an Indigenous evaluation perspective alongside PDSA cycles and the RE-AIM framework provides robust and inclusive assessment of wound healing and scarring. However, even with multiple evaluative lenses, possible barriers to implementation must be identified.

Mitigating Potential Barriers to Successful Implementation

Successful efforts toward investigating, then improving system-wide intervention access and efficacy will have tremendous impact toward the attainment of wound healing. However, ongoing care must be taken throughout the process to ensure that potential barriers can be mitigated and further inequities do not occur. As stated previously, the most prominent risk involves the transformative nature of psychosocial disconfirmation required among practitioners

to accept, drive, and co-create authentic change. Engagement with student or parent perception data can create emotionality that can compound the vulnerability already present for recipients of significant change (Ahmad & Huvila, 2019; Black & Mayes, 2020; Bryan et al, 2018; Kutsyuruba & Walker, 2016). The implementation plan relies on high degrees of participation among practitioners, in part to increase their trust and ownership of proposed changes. However, if pre-existing trust in the leaders or organization is not present among employees, participants may refuse to engage in co-creation or adoption processes (Ahmad & Huvila, 2019; Austin & Harkins, 2008). Establishing ethical spaces and effective relationships within and among system leaders, team leads, and practitioners can mitigate this significant area of risk.

It is also important to acknowledge the scope of the change process and the workload that will be involved. This OIP involves developing trusting relationships, creating collaborative experiences of cognitive redefinition, establishing new data sets and systems, while co-constructing surveys, solutions, and ongoing monitoring processes. Although the timeline allows for multi-year implementation, some paced elements are scheduled according to annual cyclical events such as staffing decisions. Slowing the pace is possible and may be required. However, this may cause some changes, such as allocation shifts, to be delayed by an entire school year.

Perceived workload challenges may also arise. Research presents the perception of increased workload associated with change efforts as a significant negative factor, often outweighing attempts to empower and engage change participants (Austin & Harkin, 2008; Bartunek et al., 2006; Tichnor-Wagner et al., 2017). PPSD's change implementation will require support and time from superintendents, mental health leads, practitioners, principals, and data teams. Additional tasks associated with this change can be mitigated by managing the pace and demands of this change alongside other duties and projects. Also, providing training specific to

change processes, implementation, and evaluation can ease workload pressures by allowing for effective sensemaking and engagement (Austin & Harkin, 2008; Tichnor-Wagner et al., 2017).

Finally, it is critical to underscore that the achievement of Ahenakew's (2019) and Fenton's (2018) vision of neuro-decolonization within Ermine's (2007) conceptualization of ethical space is occurring within a large hierarchical organization in a neoliberal province. Change toward scarring the collective soul wound relies on the transformative leadership of key individuals who embody Shields' (2010, 2022) vision of advancing equity and the common good. It is through the combination of transformative leadership, shifting of mindsets, and a holistic approach to evaluation that PPSD can achieve and maintain effective wound healing.

Next Steps and Future Considerations

Successful implementation ought to increase access and efficacy in student mental health interventions. However, fully healing PPSD's collective soul wound will require future considerations. Practical next steps to support implementation plan include capacity building of personnel involved with and impacted by these changes. In addition to co-creating counselling changes, practitioners may require training to support new practices. As emphasized by Tichnor-Wagner et al. (2017), successful change efforts allocate dedicated training time among change participants, particularly when coherent systemic change is required. Further development of principal understanding and advocacy toward mental health interventions will also benefit student healing. Research identifies that school-based mental health initiatives are generally more successful in schools where principals are knowledgeable advocates (Blackman et al., 2016; Geesa et al., 2022; Janson et al., 2008).

Other future considerations could enhance student mental health outcomes beyond the implementation plan provided. Student voice is currently limited to surveying those who engage

in intervention practices. Extending these surveys to students opting not to engage in school-based mental health interventions would be critical in understanding and removing additional barriers for students. Student engagement could also extend to active co-creation of practice changes. The benefits of mutually developed mental health solutions between practitioners and recipients are shown in research (Norton, 2021; Tembo et al., 2021). Additional measurements of student well-being beyond those mentioned within chapter three could also further refine and evaluate intervention changes. As PPSD routinely partners with academic institutions, engagement with the research community could provide evaluative insight and support.

Finally, it is important to recognize PPSD's ongoing journey toward decolonization. While this OIP is grounded in neuro-decolonization, advancement of EDID within mental health interventions must continue. Further exploration of student voice and research may also reveal the importance of tailoring interventions for various demographic groups. Such targeted support is currently provided to some extent within PPSD's Indigenous, cultural, and other diversity teams. However, further consideration of well-being practices specific to demographic groups should be explored and implemented. Consultation with Indigenous Elders, Knowledge Keepers, cultural leaders, and community advocates to improve healing among diverse student populations will be required to develop more fulsome understandings of need and refine practices that advance EDID. Decolonization of information also requires knowledge mobilization back into communities for their use, while also enabling data sovereignty by sharing research back with the community of origin (Quinless, 2022).

Chapter 3 Summary

Scarring PPSD's collective soul wound requires careful implementation, communication, and evaluation. A systemic vision based on a moral imperative toward healing will anchor

PPSD's transformative leaders in an implementation plan that uses demographic and referral data, community engagement, student/parent voice, practitioner disconfirmation, and co-created change. Comprehensive knowledge mobilization will encourage acceptance among perspective takers and indicate future adjustments. The plan's interconnected nature requires multiple PDSA cycles to create coherence among change plan components and iterative refinement. Finally, new and ongoing data collection will support change evaluation, across the system and over time. Mapping such tools with Indigenous well-being dimensions can allow for decolonization and the authentic realization of the intended scar. Next steps in supporting student well-being will require capacity building, extending student voice, accessing additional data sources, and engaging in further decolonization of mental health practices. Through continued co-creation of knowledge and practice, collective relearning and healing will allow the scar to take shape.

Narrative Epilogue

As an experienced system leader, my OIP instigated an unanticipated journey of critical unlearning and relearning. Initially, applying a Westernized leadership approach assumed that my positional agency, supported by research and data, would induce hierarchically driven change to resolve my PoP. The evolution away from neoliberal change practices began when I encountered Shields' (2010, 2022) theory of transformative leadership. This approach became seminal and aspirational not only for this OIP but also in my role as a system leader. I have also grown to appreciate other organizational members as transformative leaders in their own right, and the need to meaningfully elevate their leadership in the change process. However, the most critical component of my OIP was gifted to me by Dr. Erin Keith, who suggested the writings of Ahenakew (2019) to consider the collective soul wound as a method of decolonizing my OIP. Using neuro-decolonization reinforced consideration of those most impacted by the change, by affording them voice and agency in determining the solution. An authentic commitment to decolonized, transformative leadership requires my continued unlearning of Eurocentrism and the adoption of plurality, humility, and interconnectedness, as suggested by foundational scholars such as Battiste (2021), Ermine (2007), and Stein et al. (2020).

I share my OIP journey to account for the personal changes I have experienced and the challenges that still lay ahead. During my doctoral program, I changed positions across three organizations. These employment shifts presented another gift of unlearning, as it allowed for me to further understand multiple ways to approach change. I have been humbled to know that I was (and still am) limited in knowing leadership from a narrow breadth of experience. I also recognize that my experience and comfort is still centered in neoliberalism and Eurocentrism, and requires deliberate effort to decolonize my own inherent thinking, biases, and leadership

practices. While I engage in this process, I also recognize my role in supporting change in other leaders and organizations. This is slow and deliberate work which requires my attention, influence, reflexivity, and reflection in every facet of my personal and professional life.

Finally, it is essential to advocate for the continued funding of student mental health interventions within education. Post-pandemic research highlights that student well-being must be supported by convenient intervention access within schools (Government of Alberta, 2021; Lifeso et al., 2021; Schwartz et al., 2021). Ensuring that such services truly advance student well-being, as confirmed by multiple lenses and sources of data, will require constant revisiting of practices, allocations, and impact. Mindfulness of staff well-being is essential within this space but can provide the complication of competing needs, whether real or perceived. While not the focus of this OIP, staff are part of the collective soul wound and also require healing.

I leave my OIP with the mental image of a scar. A scar is not generally regarded as beautiful or desirable, and can conjure memories of injury, pain, and regret. Working through my OIP has reminded me that colonization has created damage and destroyed beauty inherent to Indigenous peoples, land, and cultures. This has impacted all of us, through the deliberate hiding of this wound across multiple generations. Current educational leaders and decision-makers, including myself, personally experienced their formal education through a colonialized curriculum that focussed mainly on wars and cultures of lands far away. Engagement in unlearning and relearning is the collective responsibility of my generation to impact current students and future adults. Although the scar is forming, it has not yet formed. The ugliness of what has occurred must be visible and tangible for all to see, and urgently prioritize conditions for healing. Once formed, the scar becomes an organic part of our changing society and can act as a constant reminder of the past to become our greatest collective relearning.

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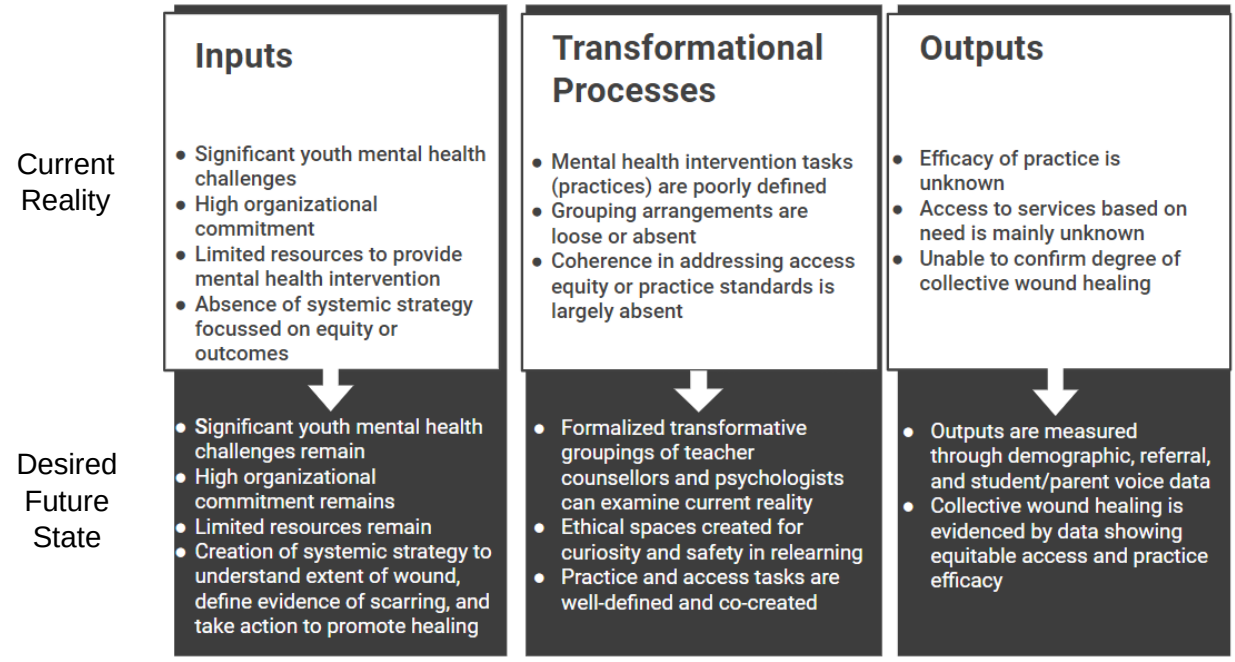
Appendix A: Gap Analysis Comparing Present and Desired Future States



Note. This gap analysis compares the inputs, transformational processes, and outputs between the current reality of mental health interventions within PPSD and the desired future state. The analysis is performed using various components within Nadler and Tushman's (1980) congruence model. Copyright 2023 by A. L. Holowka.

Appendix B: Multilevel Change Readiness Analysis Tool

Readiness dimension	Level of organization	Primary readiness domain(s)
Previous change experiences	Organization	Cognitive and affective
Leadership support	Leaders	Cognitive and affective
Openness to change	Organization	Cognitive
	Work group	Cognitive and affective
	Individuals	Cognitive and affective
Rewards and accountability	Organization	Cognitive
	Individual	Cognitive and Affective

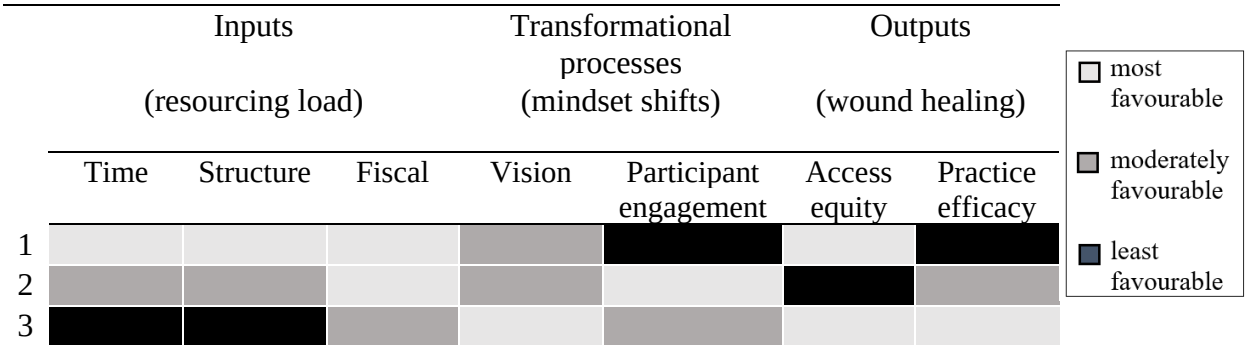
Note. This author developed readiness tool has been created by adapting Deszca et al.'s (2020) readiness for change questionnaire to include Rafferty et al.'s (2013) multileveled considerations and cognitive and affective components of change readiness.

Appendix C: Multilevel Change Readiness Results

Readiness dimension	Level of organization	Primary readiness domain(s)	Readiness Result
Previous change experiences	Organization	Cognitive and affective	Neutral
Leadership support	Leaders	Cognitive and affective	Neutral
Openness to change	Organization	Cognitive	Positive
	Work group	Cognitive and affective	Neutral
	Individuals	Cognitive and affective	Neutral
Rewards and accountability	Organization	Cognitive	Positive
	Individual	Cognitive and Affective	Neutral

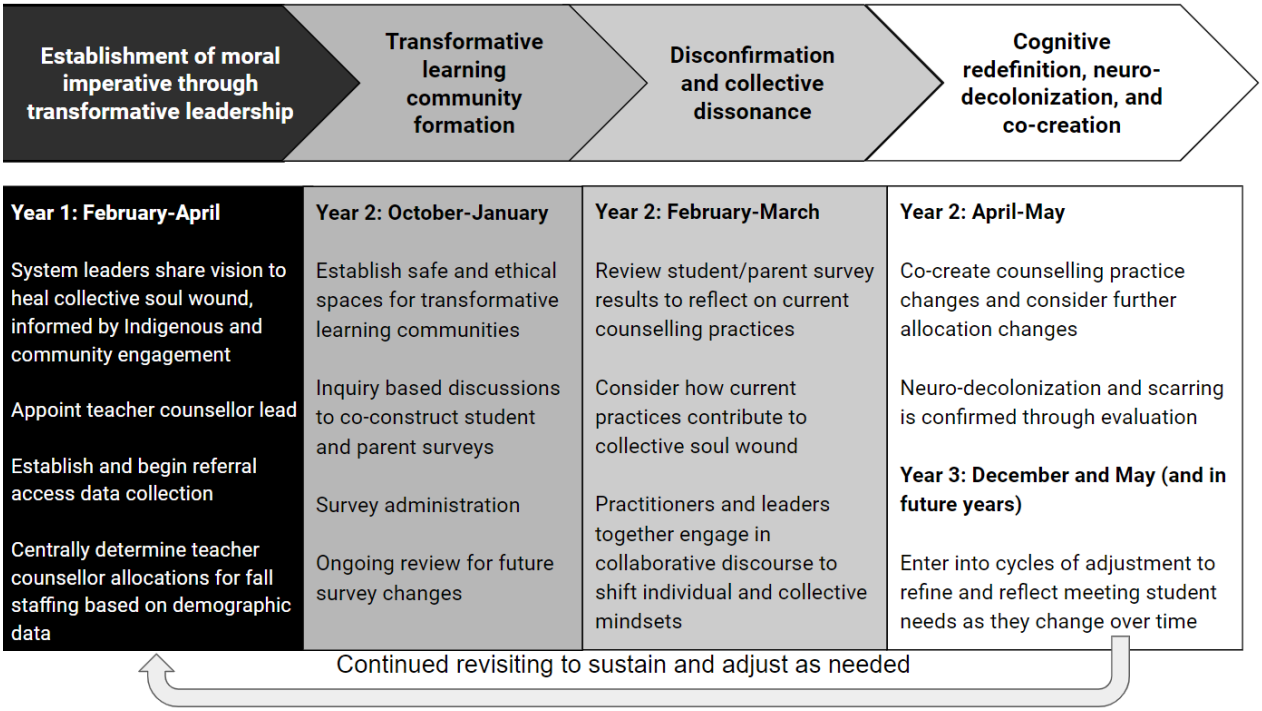
Note. This analysis was performed using components of Deszca et al.'s (2020) readiness for change questionnaire and Rafferty et al.'s (2013) multileveled approach that considers both cognitive and affective components of change readiness.

Appendix D: Evaluation of Proposed Solutions



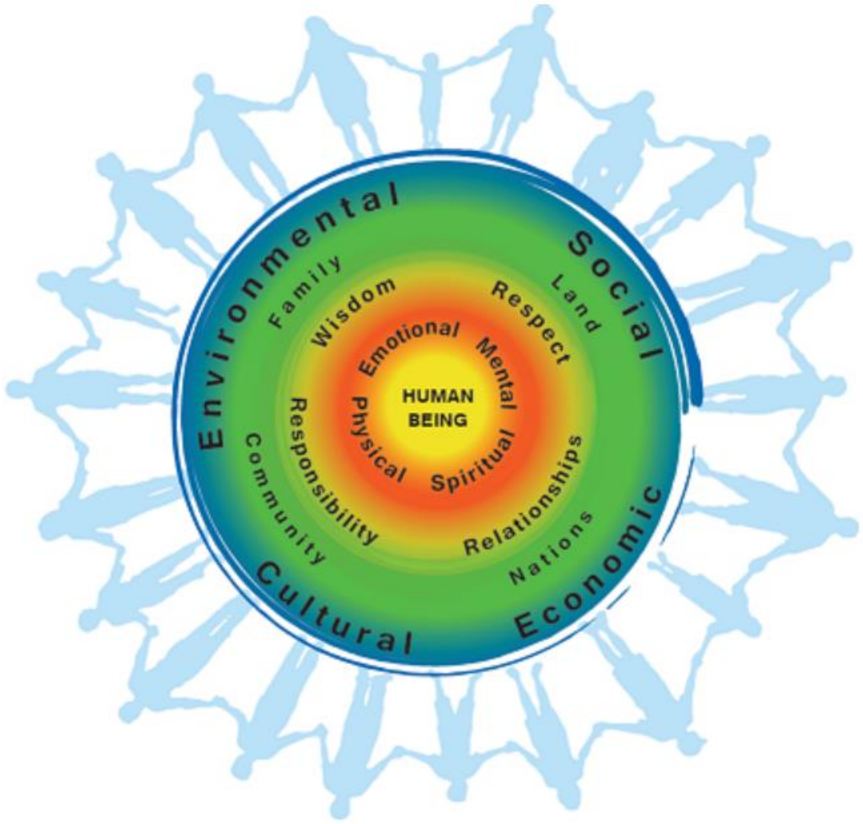
Note. This evaluation uses components within Nadler and Tushman's (1980) congruence model for organizational analysis, by considering inputs, transformational processes, and outputs. This evaluation is framed within the psychosocial framework for collective healing, as shown in Figure 2.

Appendix E: Implementation Plan to Achieve Healing and Neuro-decolonization



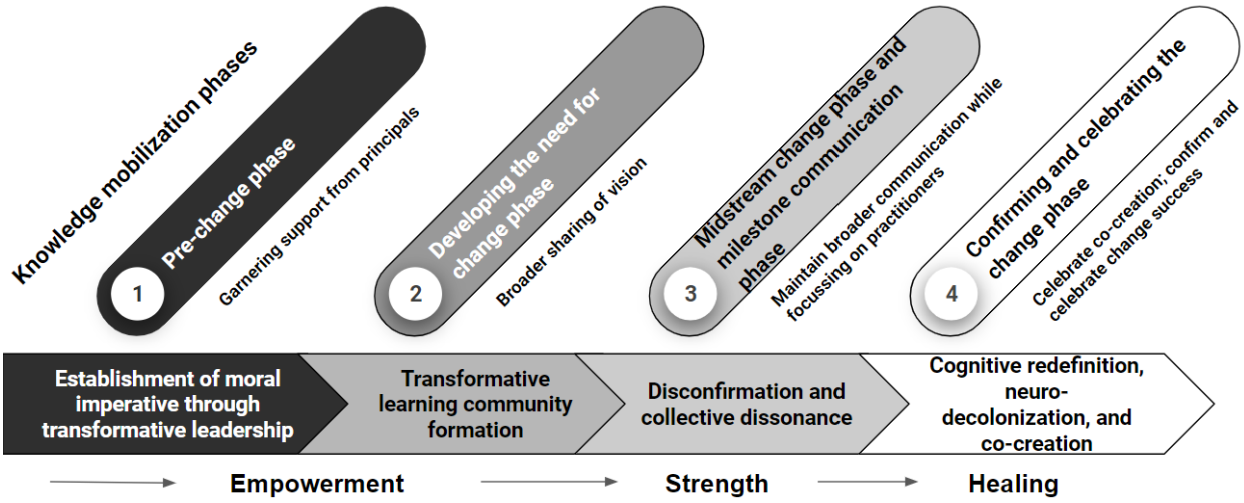
Note. This change implementation pathway is based upon Schein's (1996) psychosocial model of change and uses transformative learning theory (Mezirow & Taylor, 2011) to stimulate individual and collective unlearning and relearning. All components are embedded within the notion of healing the collective soul wound through neuro-decolonization (Ahenakew, 2019; Duran, 2019; Fenton, 2018; Jimmy et al., 2019). Copyright 2023 by A. L. Holowka.

Appendix F: First Nation Perspective on Health and Wellness



Note. This figure has been developed by British Colombia's First Nation Health Authority (2023) to present a shared understanding of holistic wellness. This perspective aligns with the notion of scarring the collective soul wound suggested by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019). Implementation and evaluation within this OIP are also guided by this representation.

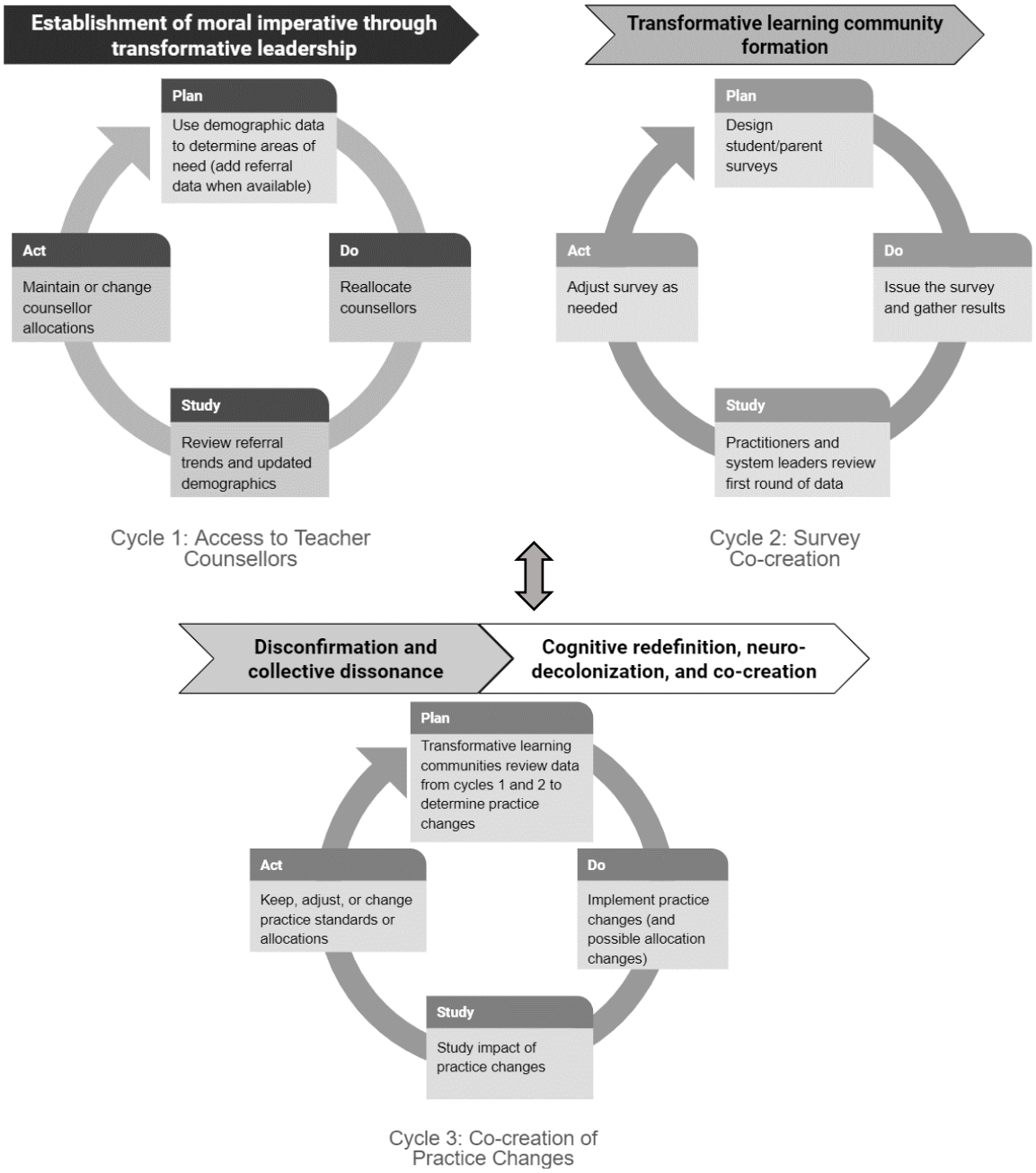
Appendix G: Knowledge Mobilization Plan



Communication objectives in each phase			
Share collective soul wound vision and data story Empower principals and practitioners by assurance of value and establishing two-way communication pathways Engage with Indigenous and cultural communities	Provide vision more broadly to system to create empowerment, excitement, and urgency Focus on understanding, involvement, and safety of practitioners External communication to students/parents and community of overall plan and survey component	Strengthen practitioners by enabling co-creation and collaboration Continue to reinforce vision with all perspective holders Provide regular updates to principals and Indigenous and cultural communities Dialogue around misunderstandings	Share systemic changes and evidence of healing with all perspective holders Celebrate success of collaborative partnership with practitioners Celebrate student healing demonstrated in data review cycles

Note. This knowledge mobilization figure created by the author is centered upon Deszca et al.'s (2020) phases of communication needs, Klein's (1996) stages of organizational change, and concepts within Indigenous knowledge mobilization research from Reed et al. (2020) and Wright et al. (2023). This representation is captured within this OIP's framework for leading and implementing change, largely based upon Schein's (1996) psychosocial model of change.

Appendix H: Interrelated Inquiry Cycles



Note. This author developed figure represents interconnected PDSA cycles of inquiry. Three cyclical processes explore teacher counsellor allocation access equity, survey development, and practice change co-creation and evaluation. These cycles align with Appendix E's implementation plan phases. Copyright 2023 by A. L. Holowka.

Appendix I: RE-AIM Evaluation Framework

RE-AIM framework dimension	Evidence of effective change	Data source
Reach	Number of students accessing mental health intervention services	Referral data
Effectiveness	Impact of intervention practice changes toward healing the soul wound	Student/parent survey results Perspective holder feedback (practitioners, team leads, principals, community) PPSD data regarding student well-being and access to services
Adoption	The extent to which practice changes have occurred across PPSD	Referral trends Student/parent survey results Perspective holder feedback (practitioners, team leads, principals, community)
Implementation	Fidelity to agreed upon practice changes	Student/parent survey results Perspective holder feedback (practitioners, team leads, principals, community)
Maintenance	Sustainability of practice changes over time	Student/parent survey results Perspective holder feedback (practitioners, team leads, principals, community)

Note. This table represents the application of Glasgow et al.'s (1999) RE-AIM tool to evaluate the change implementation plan intended to heal PPSD's collective soul wound.

Appendix J: Evaluation of Implementation Plan Objectives and Measures Through an Indigenous Perspective

First Nation Perspective on Health and Wellness		Objective of measurement		
		Access	Practice efficacy	General student well-being
		Measurement tools		
		Referral trends, demographic data	Student/parent survey results, perspective holder feedback	Ongoing PPSD student well-being and access to services data
Facets (second circle)	Mental	Yes	Yes	Yes
	Emotional	Yes	Yes	Yes
	Spiritual	Yes	Yes	Yes
	Physical	No	No	Yes
Values (third circle)	Respect	Yes	Yes	Yes
	Wisdom	Yes	Yes	Yes
	Responsibility	Yes	Yes	Yes
	Relationships	Yes	Yes	Yes
Critical components (fourth circle)	Land	No	No	No
	Community	Yes	Yes	Yes
	Family	Yes	Yes	Yes
	Nations	No	No	No

Note. The data sources stated within the RE-AIM framework are mapped to the First Nation Perspective on Health and Wellness (First Nation Health Authority, 2023) shown in Appendix F. This provides further evaluation through an Indigenous perspective aligned with the notion of scarring of the collective soul wound, as presented by Ahenakew (2019), Duran (2019), Fenton (2018), and Jimmy et al. (2019).