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# Supporting At-Risk Students Through the Interconnected Systems Framework: Perspectives of Specialized Instructional Support Personnel

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Specialized Instructional Support Personnel


By


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**Dedication**

This project is dedicated to all the students dealing with hardships; educators are working diligently to develop support that can hopefully make life a little better for you. We see you.

To my mother, the true personification of strength and resilience, your unwavering belief in me to accomplish everything I set my mind to is the fuel that keeps me going. To my family and friends, thank you for your patience throughout the numerous years I spent worrying about homework. I may not have always been present, but you always ensured you were. To my beautiful and intelligent goddaughters, Amayah and Aleksis, Nino is blessed to have you both in his life. Spending time with you two always helps recharge my motivation. It takes a village. Thank you all.

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Abstract

By Luis Angel Sandoval

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The number of students with mental health challenges has increased significantly in public schools during the past 10 years. Despite school and community efforts many students remain underserved, specifically at-risk populations. At-risk youth are more likely to experience adverse life outcomes such as performing poorly in school, dropping out of school, acting violently, and facing higher instances of mental health challenges when compared to peers with fewer risk factors. The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, ISF, to support at-risk youth in the public school system. A secondary aim of this study was to answer the question of the attitudes of specialized instructional support personnel to provide insight for decision makers considering adopting this change model. The research question posed was: What are specialized instructional support personnel's attitudes toward implementing a mental health change model, ISF, in their school district? This study also contributed to furthering the knowledge of a complex service delivery system intended to enhance student performance by identifying support structures that promote student wellness. The results of this study indicated the specialized instructional support personnel interviewed would be willing to support elements of the ISF.

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CHAPTER 1: INTRODUCTION

Between 2011 and 2021, almost all indicators of poor mental health among youth increased (Centers for Disease Control and Prevention [CDC], n.d.). According to Meeker et al. (2021), approximately 1 in 5 adolescents have diagnosable mental health disorders, which include suicidal ideation, depression, anxiety, and posttraumatic stress disorder. Though the youth mental health crisis can affect all adolescents, some groups may be more vulnerable. For instance, at-risk youth are adolescents whose life experiences are linked with adverse life outcomes such as performing poorly in school, dropping out of school, acting violently, and facing higher instances of mental health challenges compared to peers with fewer risk factors (Herrera et al., 2013).

Intervention is required considering the sharp rise in youth mental health symptoms (Kern et al., 2022). Developing a support structure that satisfies students' mental health needs has proven to be difficult for schools around the country. Major educational stakeholders are currently uninformed of the supports offered in their schools because mental health services available are being delivered in isolation and do not function in conjunction with other types of school resources. An integrated system with a focus on prevention and intervention is needed if students are to benefit from effective mental health care (Perales et al., 2017).

Because educational settings provide youth with regular mental health advocacy and resources, school systems have encountered greater demand to embrace frameworks highlighting mental wellness support for students (Cook et al., 2015). Positive behavioral interventions and supports (PBIS) is one framework that has been considered to address the issue of student mental health (Barrett et al., 2013). Center on PBIS (2022) has defined PBIS as "an evidence-based,

tiered framework for supporting students' behavioral, academic, social, emotional, and mental

health" (para. 1).

The lack of focus on mental health support prompted the development of an additional

component to PBIS named the interconnected systems framework (ISF). PBIS collaborated

closely with school mental health specialists to create the ISF model. ISF attempts to merge

student mental wellness more succinctly into one service delivery system in PBIS (Eber et al.,

2019). Little is known about ISF's potential because it is newly developed and has yet to be

adopted by many school districts. As rates of mental health issues increase among youth, at-risk

or not, mental health intervention in public schools is necessary.

This qualitative study examined specialized instructional support personnel's attitudes

and willingness to implement a change model to mental health services for at-risk youth in the

public school system. This chapter focuses on examining the background of PBIS and the need

for an updated model to address student mental health, a description of the problem of practice,

the purpose of the inquiry, an introduction to the research questions, the significance of the

study, and the theoretical framework that undergirded the research.

**Background**

Though PBIS now aims to support all students; its inception stemmed from the need to

support students with behavior disorders during the 1980s (Sugai & Horner, 2020).The

development of PBIS as a support system originated to support students with behavior disorders;

this led to a series of studies that revealed positive support rather than negative reinforcement

strategies was more effective in achieving favorable student outcomes. When the Individuals

with Disabilities Act was extended in 1997, a funding opportunity was given to a Center for

Positive Behavioral Interventions and Supports due to the success of studies showing that

positive support was preferable to negative reinforcement strategies. Chiefly because of the positive outcomes during the 2000s, PBIS has earned ongoing funding that has allowed almost 16,000 schools to implement its framework (Sugai & Horner, 2020).

PBIS requires a three-tiered framework: (a) all students receive universal support through Tier 1, (b) targeted support through Tier 2, and (c) intensive individualized support through Tier 3. Tier 1 is universal support provided to all students; Tier 2 provides targeted support in small groups or other targeted support; and Tier 3 is intended for intensive individual support such as case management and individual counseling (Katz et al., 2020). For PBIS to be effective, the essential components must be established. When adopting the PBIS framework, school districts must form two main teams: (a) an implementation team and (b) an executive team. The teams are then in charge of installing the framework (Sugai & Horner, 2020).

Throughout PBIS's history, it has seen many successes. For instance, researchers found schools that successfully implemented its framework components have observed a significant decrease in behavior problems and increased social skills (Center on PBIS, 2022). Student surveys also indicated the school's climate had improved, and faculty feedback suggested the school delegation of responsibilities and initiatives were better structured. Many studies have also demonstrated that funding PBIS has improved key educational outcomes like academic success, social and emotional development, and positive behavior (Center on PBIS, 2022; Sugai & Horner, 2020). Despite its effectiveness, PBIS's current framework is limited to the support it offers students experiencing mental health challenges.

According to Splett et al. (2020), the current PBIS framework does not provide an efficient method for identifying and treating at-risk students to prevent negative social and academic outcomes that are linked to mental health issues. The lack of recommendations for

educators regarding how to deliver preventive mental health care is a significant issue (Weist et al., 2018). One challenge is that teachers tasked with connecting students to mental health resources are not trained in recognizing indicators of mental health issues (Marsh & Mathur, 2020). The lack of emphasis on mental health education in tiered support systems is partially to blame for the lack of training.

Although mental health challenges can affect all students, certain students may be more vulnerable to developing emotional regulation challenges or behavioral disorders due to their environment or family dynamic that impact their mental health (Kutash et al., 2006). Adolescents who have high-risk factors, such as experiencing child abuse or neglect, are more likely to develop mental health challenges (CDC, 2019). The impact that mental health issues have on students in the classroom differs based on their symptomology.

For instance, students with internalizing symptoms might desire to leave school events, not participate in school activities, fail to complete classroom assignments, have high rates of visits to health offices, withdraw from social situations, and possibly avoid school altogether. Comparatively, students who exhibit externalizing symptoms tend to bully, show aggression, and oppose school authority. Typically, these acts are taken to avoid engaging in social relationships and completing schoolwork. In both instances, the outcome of behaviors can lead to lower grades and chronic absenteeism, substance use, social isolation, and worsening of mental health symptoms (Weist et al., 2018).

Finding the best strategy to help students with their mental health was a crucial part of this study because at-risk students can anticipate facing mental health issues (Herrera et al., 2013); therefore, one way to address the youth mental health crisis may be putting a robust support system in place. A secondary issue is how schools have been using data to help identify

which students are most at risk. Current literature has suggested the most effective strategies for identifying at-risk youth include looking at their socioeconomic status and gender and administering screening tools (Larson et al., 2017; Moore et al., 2006; Walker et al., 2005). Because of schools' access to minors, educational settings have the unique ability to encourage resiliency skills; thus, schools serve as an essential setting for preemptive care and intervention for students (Nurius et al., 2020). The theory that schools may serve as locations for students to receive mental health care is not new; organizations nationwide have pushed for the adoption of school-based mental health services for years (Splett et al., 2020).

School-based resources emphasizing mental health intervention may hold the key to resolving the imbalances in educational and financial inequalities that at-risk youth with higher subjection to trauma face in their lifetime (Larson et al., 2017). Despite PBIS's effectiveness in producing a positive school climate, the existing PBIS framework does not provide a reliable method for identifying and assisting high-risk youth to avert adverse social and academic outcomes attributable to mental health issues (Splett et al., 2020). ISF was created in response to criticisms against PBIS for neglecting to address the critical need for mental health support. The goal of the ISF is to support community-based collaboration in addressing students' social, emotional, behavioral, and academic functioning. ISF should not be seen as an independent framework, but rather as an updated version of PBIS that includes new implantation tactics and considerations, namely mental health awareness (Center on PBIS, 2021).

Because of the scant literature on ISF efficacy, the researcher leaned heavily Splett et al.'s (2020) article *Preliminary Development and Validation of the Interconnected Systems Framework-Implementation Inventory (ISF-II)*. The authors of the article are proponents of ISF, including the cocreator, Mark D. Weist. To remedy constraints on ISF reliability, Splett et al.

(2020) conducted a study to develop and test a measuring tool to validate the ISF's usability; because of limited literature on ISF effectiveness and strong results uncovered in their study, the article was cited throughout this dissertation.

ISF is a model for providing academic and mental health education through a single delivery mechanism. One central tenet of ISF is implementing a combined student support delivery system that educates all school staff and students on the value of mental health alongside other educational curricula (Splett et al., 2020). Proponents of ISF have claimed that by integrating school and mental health frameworks, proactive steps can be made to avert the onset of mental health issues and improve access to care for students who require assistance. Advocates have asserted that by integrating systems of support, all students will benefit, consequently increasing their academic achievement and preventing school disengagement issues (Barrett et al., 2013). According to Cook et al. (2015), "If integrated, these universal programs can enable students to learn a broader range of social, emotional, and behavioral skills that prevent mental health problems and promote student wellbeing and academic success" (p. 69).

By inquiring about the willingness to implement ISF, school officials can better understand the barriers or feasibility of supporting all students struggling with mental health. Schools can better determine resources necessary to implement an improved model of PBIS by understanding likely barriers. This study has shifted the current perspective of who is responsible for ensuring the well-being of the whole student instead of the fragmented approach currently in place. With an increased awareness of mental health embedded in the school climate, teachers, student support specialists, and administrators alike will be better equipped to plan and provide interventions to guarantee that every student reaches their fullest potential.

**Problem of Practice**

Nearly all measures of poor mental health and suicide behaviors worsened between 2011 and 2021. For context, CDC (2021b) conducted a Youth Risk Behavior Survey from 2011–2021, and among the findings were that 42% of high school students reported sadness almost daily for about 2 consecutive weeks, which was severe enough to hinder their motivation to accomplish their daily routines. In the same year, 29% of high school students reported mental health challenges during the month they completed the survey. During the same school year, 22% of high school students admitted to contemplating suicide, with 18% of students creating a plan to follow through. An analysis of the data collected found 10% of students made at least one attempt at suicide in the year before the figures were gathered. The same report found 3% of high school students attempted suicide, which resulted in a drug overdose, severe injury, or toxic chemical exposure that required medical attention (CDC, 2021b).

Suicide is the third leading cause of death for adolescents between the ages of 15 and 19 in the United States (CDC, 2021a). Suicide is often the final stage of a drawn-out battle against untreated mental health conditions. According to the U.S. Department of Health and Human Services, studies have shown the number of youth diagnosed with mental health conditions has significantly increased from 2016–2020 (Lebrun-Harris et al., 2022). Without proper intervention strategies, students in the public school system struggling with mental health may remain unserved.

The highest risk factor students face in adolescence are threats to their mental well-being; perspectives of local stakeholders on services and needs for mental health services in one California region have revealed that respondents believed most mental health interventions focus on crisis management and were dependent on subjective student response to interventions rather

than stemming from a comprehensive system of support (Geiser et al., 2019). Conversely, a piloted universal intervention program in another school region targeting high school-aged adolescents' emotional competence skills uncovered that after the intervention, participants of the study reported an improved ability to manage their emotions and ability to practice positive self-talk techniques that led to improved outlooks on life (Lakes et al., 2019). One student participant reported, "I was struggling with stress and anxiety so I felt like I was able to find ways to cope with that, the negativity around me and like kinda just push it away. Just think of the positives" (Lakes et al., 2019, p. 109).

The two studies demonstrated how schools' mental health approaches can impact students. The first study was representative of the current reactive approach to mental health (Geiser et al., 2019). In contrast, the second study showed how educating students on managing social and emotional difficulties through a preventive universal lens may potentially prevent mental health issues from occurring (Lakes et al., 2019). Both findings indicated that secondary schools must adopt updated mental health support systems. Though some school-based programs have begun to emphasize mental health, they still lack the ability to deliver effective services.

PBIS is one type of intervention that has been found to address students' social and emotional needs (Center on PBIS, 2022). PBIS, however, is ill prepared to handle the dramatic rise in mental health requirements in its current form (Weist et al., 2018). Historically, PBIS has not emphasized trauma-informed care in the multitiered system of supports (MTSS) Tiers 1 and 2 intervention strategies (Eiraldi et al., 2019). The central focus of school-wide PBIS has been limited to a general overview of school expectations, reward systems, and incorporating a procedure for students to achieve prizes (Solomon et al., 2011). Even in research that has supported PBIS efficacy, mental health terminology is frequently omitted. Little reference has

been made to mental health disorders being considered. In fact, throughout the many studies used to promote PBIS on the PBIS website, the sections covering ISF have usually been reserved for more in-depth mental health language; this signals to prospective PBIS users there is presently a distinction between the two frameworks and their areas of focus.

Because of the lack of attention on mental health by PBIS, current researchers focusing on solving the issue of the high prevalence of mental health problems in schools have been interested in examining how integrating approaches that promote well-being would impact students (Cook et al., 2015). For instance, finding ways to help school faculty identify which students may be most at risk for mental health setbacks and linking those students to the correct intervention resources are specific areas of curiosity (Eiraldi et al., 2019). Very few studies have investigated the plausibility of embedding the ISF model from the perspective of mental health professionals providing services to at-risk students; current research is limited to a small set of measures that can determine the use and structural practicality of the ISF model (Splett et al., 2020). The implication of the lack of specialized instructional support personnel's insight is a potential system of student support being overlooked, resulting in students not receiving necessary mental health support and schools remaining ill-prepared to handle mental health challenges in their districts.

## Purpose of Inquiry

The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, ISF, to support at-risk youth in the public school system. A secondary aim of this study was to answer the question of the attitudes of specialized instructional support personnel to provide insight for decision makers considering adopting this change model.

**Research Question**

What are specialized instructional support personnel's attitudes toward implementing a mental health change model, ISF, in their school district?

**Methods**

The research method consisted of an interpretative phenomenological analysis to examine specialized instructional support personnel's attitudes and willingness to implement a change model to mental health services for at-risk youth in the public school system. Interpretative phenomenological analysis is a research method qualitative researchers use to explore an individual's perceived lived experiences. The primary objective is to understand how individuals ascribe meaning to their experiences. Interpretive phenomenological analysis is achieved through in-depth interviews and careful thematic development that seeks to answer the phenomenon in question (Larsen & Adu, 2021). Qualitative procedures were the principal form of collecting data for this study. The attitudes of six specialized instructional support personnel about the willingness to implement the ISF model were collected through semistructured interviews. This approach enabled the researcher to compose themes that emerged from interviews. Participants were asked to complete an interview via Zoom video conferencing regarding their perceptions of the change model. Interviews were completed in 30–60 minutes. Participants were asked to review material related to ISF before interviews and complete a worksheet about their perceptions of the ecological systems theory during the interview. Participation was kept completely confidential.

**Significance**

The study's significance lies in furthering the knowledge of a complex service delivery system to enhance student performance and identify support structures that best promote mental

wellness in schools by inquiring about specialized instructional support personnel's attitudes on implementing a change model. Anello et al. (2017) explained, "Between 12% and 32% of youth contend with severe emotional/behavioral problems, and less than one-third of youth receive mental health service" (p. 83). Due to their regular interactions with students, educators are in the best position to identify mental health concerns. However, to be effective intermediates educators need proper training (Osagiede et al., 2018). This study offered the opportunity to consider both populations affected by the youth mental health crisis, specifically students and the educators responsible for delivering care and identifying students needing support.

Inviting specialized instructional support personnel to share their perspective on implementing a change model has offered invaluable information that school administrators, district officials, and policymakers can use to enact new strategies and guidelines to improve student support services. Understanding mental health experts' self-efficacy is vital to ensure the best possible care for students. Learning about the meaning mental health experts derive from their work is fundamental for establishing long-lasting support systems. We can understand what constitutes effective intervention by integrating specialized instructional support personnel voice when discussing the youth mental health crisis.

The results of this study provided useful data about the possible obstacles to implementing ISF for all California secondary schools using PBIS. Because PBIS has been implemented systematically, the information acquired is relevant to all California secondary schools who use the PBIS framework. For ISF to be successful, mental health experts on PBIS teams must be willing to adopt changes and assist in implementation. This study shed light on the factors that must be considered to make implementation attainable. Implementation of the

ISF may also ultimately lead to slowing the curve of the increased rates of students struggling with their mental health.

Additionally, exploring ISF from the perspective of specialized instructional support personnel produced unidentified considerations that may be helpful before adopting a new support system. Until now, there has not been much emphasis placed on the framework for implementing mental health services in schools that focuses on teachers' capacity to promote students' well-being (Marsh & Mathur, 2020; Osagiede et al., 2018). This study brought awareness to ISF. Ideally, the evidence gathered from specialized instructional support personnel was compelling enough to be considered a feasible option for setting up a single system for student support services and prevention.

<div align="center">**Theoretical Framework**</div>

This study is grounded in the ecological system theory (EST). Bronfenbrenner (1986) stated that to understand individuals, various environmental influences on their lives must be considered; the different areas are broken down into five systems: (a) microsystem, (b) mesosystem, (c) exosystem, (d) macrosystem, and (e) chronosystem. Although each system describes interactions in a child's life, the area most relevant to this study is the microsystem. The microsystem refers to the influences nearest to a child's environment, which consist of the family unit, school system, and peer interactions (Bronfenbrenner, 1977). The EST framework was appropriate for this study because school system policies directly impact the curriculum and instruction students receive, including mental health material. Additionally, the researcher determined the efficiency of the current support systems in the school district participants' work and the need for change by using the EST to assess how specialized instructional support personnel perceive programs and initiatives affecting students' ecosystems.

The researcher used EST to examine district initiatives and how participants view programs in a student's ecosystem. The researcher provided participants with a worksheet with EST's categories during the interview process and asked them to indicate where they thought school initiatives and their roles fit into the systems; this allowed the researcher to assess whether district initiatives and support staff understandings were aligned (see Appendix A). Because the link between an individual and their immediate environment (i.e., microsystem) is a fundamental component of EST, the goals set forth by school districts and the staff members in charge of implementing them must be in sync if adolescents are to gain the anticipated results. The researcher's interpretation of the study's findings and design was guided by the EST framework and the participant's understanding of their role in the students' ecosystem.

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

This study sought insider knowledge from experts on their perceived willingness to implement the ISF. Without care, mental health disorders can detrimentally affect academic achievement in struggling students (Nurius et al., 2020). Research has suggested that school-wide implantation of a tiered system of positive behavior supports can increase student success (Horner et al., 2009). Moreover, the ISF was developed to address the mental health needs of students participating in the PBIS framework (Barrett et al., 2019). This study may improve practices used by specialized instructional support personnel in the school district and add to the greater body of knowledge as a supplementary study showing the value of the ISF.

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

**At-risk youth**: At-risk youth describes adolescents who display attributes correlated with adverse life outcomes (Herrera et al., 2013).

**Ecological system theory (EST)**:  EST perceives adolescents' development to have multiple systems of influence, including family, school, community, and laws (Bronfenbrenner, 1977).

**Interconnected systems framework (ISF)**: ISF is a structure and procedure for establishing a unified delivery system for education and mental health, with active participation by schools, families, and students (Barrett et al., 2019).

**Multitiered system of supports (MTSS)**: MTSS is a data-driven, problem-solving framework for all students to enhance their achievements. MTSS is built on a set of evidence-based strategies tailored to each student's needs (Katz et al., 2020).

**Positive behavioral interventions and supports (PBIS)**: PBIS are an evidenced-based three-tiered system used to enhance and combine data, systems, and procedures that influence student achievement (Chaparro et al., 2022).

**Specialized instructional support personnel:** Specialized instructional support personnel are social workers, school psychologists, counselors, community mental health, and behaviorists (National Education Association, 2021).

**Tiered Fidelity Inventory (TFI):** TFI is a valid and accurate indicator of PBIS implementation at all three levels (Splett et al., 2020).

**Tier 1:** All pupils will benefit from intervention strategies and support. Tier 1 systems, data, and processes impact everyone in all environments. They lay the groundwork for providing proactive support and preventing undesirable behaviors. Tier 1 focuses on teaching and recognizing proper student behavior while emphasizing prosocial skills and expectations. For these techniques to work well, they require teams, data, transparent policies, professional development, and evaluation (Center on PBIS, n.d.).

**Tier 2:** Tier 2 consists of practices and procedures that provide targeted assistance to students who have not been successful with Tier 1 interventions alone. The goal is to help students on the verge of developing more significant problem behavior (Center on PBIS, n.d.).

**Tier 3:** Tier 3 is a successful method for dealing with sometimes dangerous, often highly disruptive habits that obstruct learning and keep students out of social situations (Center on PBIS, n.d.).

CHAPTER 2: REVIEW OF THE LITERATURE

In this chapter, the researcher explores significant themes about students at risk for developing mental health challenges and a potential school-based framework that may support at-risk students. The researcher gives the reader context on whom the project aimed to serve and the urgency for the need of a change model. The research question that guided this inquiry was: What are specialized instructional support personnel's attitudes toward implementing a mental health change model in their school district? A secondary aim of this study was to answer the question of the attitudes of specialized instructional support personnel to provide insight for decision makers considering adopting this change model.

The current youth mental health crisis is explored at the beginning of the chapter. After exploring the youth mental health crisis, literature on contemporary characteristics of at-risk youth is discussed. The at-risk youth section includes a description of the population, implications of mental health, effects of economic status, the role gender has on behavior, and current screening techniques used to identify at-risk youth. In the proceeding section, PBIS components are explored.

The interconnected systems framework (ISF) is addressed in the final section. Because ISF is a new concept, there has been limited research on its usability or plausibility (Splett et al., 2020). Nonetheless, the limited research offered hope for a new change model that takes into consideration all areas of a student. The ISF section includes the background, current use, and implementation strategies. The chapter closes with the theoretical framework that underpinned this study. The combined literature enabled the researcher to achieve the purpose of the study,

which was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, ISF, to support at-risk youth in the public school system.

## Youth Mental Health

Between 2011 and 2021, nearly all manifestations of poor mental health and suicide risks and behaviors soared (Centers for Disease Control and Prevention [CDC], n.d.). Roughly 1 in 5 youth are subject to diagnosable mental health disorders; mental health concerns include suicidal ideation, depression, anxiety, and posttraumatic stress disorder (Meeker et al., 2021). One in five students considered attempting suicide, and 1 in 10 attempted suicides (CDC, n.d.). Students bring their traumatic experiences to school, which often impedes focus and potential for achievement (Substance Abuse and Mental Health Services Administration, 2014). Posttraumatic stress disorder, anxiety, and depression have been found to significantly affect academic achievement (Larson et al., 2017). Because of schools' unique access to students, schools can encourage resiliency skills. Schools serve as an essential location for preemptive care and intervention for students suffering from mental health disorders to stop academic setbacks before they arise (Nurius et al., 2020).

A considerable body of literature exists on how schools can become more involved in treating students who suffer from mental health challenges (Kutash et al., 2006; Larson et al., 2017; Nurius et al., 2020). School-based resource centers emphasizing mental health intervention may hold the key to reducing the imbalances in educational and financial inequalities that at-risk youth with higher subjection to trauma face in their lifetime (Larson et al., 2017). Without care, mental health disorders can detrimentally affect academic achievement in struggling students (Nurius et al., 2020). Herrera et al. (2013) found simply assigning a mentor to an at-risk student may be enough to lessen negative mental health symptoms.

In Herrera et al.'s (2013) study, researchers administered a comprehensive review of seven mentoring programs serving 1,310 at-risk youth ages 8–15. The researchers used a two-pronged approach to examine the effect of mentoring programs: (a) experimental/random assignment and (b) quasi-experimental. In the experimental/random portion of the study, researchers reviewed the outcomes of youth who were assigned a mentor at random compared to youth who were not provided a mentor. To further compare the effects of mentors, the quasi-experimental technique compared the nonmentor control group of students, which was not chosen randomly, and used the cohorts from the first stage of the study to analyze differences. A seminal finding in their review of programs was the sharp decrease in depressive symptoms in youth who were provided a mentor. A decrease in depressive symptoms was an extraordinary revelation because 1 in 4 youth complained of heightened feelings of depression during the onset of programs—other key discoveries included enhanced social acceptance, academic perceptions, and better school grades (Herrera et al., 2013).

This dissertation provides insight into a systematic approach that could offer educators the tools to effectively engage with at-risk youth who attend school with mental health challenges and traumatic experiences. The most prevalent indicators of at-risk youth found in the literature review are covered in the following section.

## At-Risk Youth

At-risk youth are defined as adolescents at greater risk of negative life outcomes (Herrera et al., 2013). Negative life outcomes include obtaining low academic achievement, dropping out of school, acting violently, using drugs, and facing higher instances of adverse health effects compared to their peers (Herrera et al., 2013; Moore et al., 2006). Pyle et al. (2016) built on the various adverse effects of being an at-risk youth and found a common characteristic among

youth is their reluctance to ask for help from adults such as teachers or parents. Parents and educators would benefit from learning about these qualities to provide at-risk youth with the best care.

Behavior manifestations include mental health challenges and personal and psychological effects such as difficulty managing social–emotional behavior. These manifestations can result in various effects, such as negative interactions with others that make it challenging to maintain strong relationships or a lack of awareness of how their behaviors impact others; they also show an inability to control aggressive and impulsive acts. Early drug use is another important characteristic, with usage beginning as soon as 10–16 years of age. Follow-up interviews revealed that some youth started using drugs to cope with their problems or because they were depressed or unhappy.

A recent report by the CDC (2021a) found high school students surveyed mentioned 23% drank alcohol, 16% stated they smoked marijuana, 18% reported using a vape device, 13% claimed to take illegal drugs, 12% reported they took prescription drugs without a physician's permission, and 6% stated they also misused opioids. The same report found, in 2021, 42% of public-school students held feelings of sadness or hopelessness, with close to one third sharing concerns about their mental health. All these self-reports were admissions of use made 30 days before the survey's administration (CDC, n.d.). Due to the increase in mental health issues and risk-taking behaviors, the features of at-risk youth should be broken down to identify and support those in this population. Given the widespread increase in youth expressing feelings of poor mental health there is a need to examine risk factors more closely to gain a better understanding of what is happening in the adolescent community. The first significant marker to examine is the relationship between socioeconomic status and at-risk youth.

**Socioeconomic Effects on At-Risk Youth**

Socioeconomic status is strongly associated with being at risk (Bolland et al., 2007; Owens, 2018; Sturgill et al., 2021). Youth raised below the poverty line are more likely to live in dangerous neighborhoods and are at higher risk for violence, early sexual activity, and low educational attainment (Bolland et al., 2007; Sturgill et al., 2021). Owens (2018) argued that when comparing high-income schools to low-income schools, the difference in earnings increases the disparities youth encounter. Owens used longitudinal data from 1968–2003 that contained household income, the race of students, and test scores. The study used Woodcock-Johnson's Revised Test of Achievement, which provides standardized scoring measurements for youths' reading and math skills.

To predict test scores, Owens (2018) then used a multiple regression model to test for family income and income segregation between school districts. Race, the child's sex, the family dynamic, the parent's educational attainment, the parents' expectation of their child to earn a bachelor's degree, and the student's previous test results were all controlled for in the study. The research also controlled for racial composition, medium household income, attendance in private educational institutions, and income inequality. All variables had at least 90% of the values provided. After inputting the data into the multiple regression model, the results highlighted students with a lower family income had significantly lower academic test scores, especially for students of color (Owens, 2018). The findings were significant because the study suggested a link between low-income status and poor academic performance.

Segregation between rich and poor public-school families has increased by over 15% when income is considered (Owens et al., 2016). Owens et al. (2016) stated, "When families are separated by economic status, resources that can provide students with academic achievements,

such as funding, teacher quality, quality of parent social capital, and peer characteristics are disproportionately distributed" (p. 2). In other words, unequal distribution of resources perpetuates impoverished communities while at the same time rewarding those who are born into a higher-class family, leading to higher dropout rates for low-come students of color. Understanding how continuity of care affects student development has been one of the most challenging issues for academics in this field.

*Socioeconomic Effects on Mental Health*

Another critical insight socioeconomic status has provided researchers is the correlation between income and how students cope with mental health challenges (De France & Evans, 2021). Because of the lack of accessibility to resources, youth from low socioeconomic backgrounds could be disproportionately affected by mental health challenges (De France & Evans, 2021; Nurius et al., 2020). Various studies have been devised to examine why at-risk youth struggle more with mental health barriers. De France and Evans (2021) sought to uncover if there was an association between coping skills and mental health symptoms depending on socioeconomic status. The researchers measured engagement, disengagement, internalizing, and externalizing symptoms. Externalizing symptoms were most associated with aggression, and internalizing symptoms referred to withdrawal and isolation. The results suggested a strong association between disengagement and low socioeconomic status for younger students—the poorer the student, the less likely they will have the necessary coping mechanisms to deal with mental health issues such as disengagement with emotional stimuli (De France & Evans, 2021). At the time of the study, existing research did not represent youth with differing levels of coping skills education. An important distinction would be adolescents who have received formal coping skills instruction. The extent to which early prevention might affect youth development is

a crucial concern raised by these findings. The long-term impact of this dissertation aimed to close the knowledge gap on the influence that a framework highlighting mental health has on students, especially those with higher risk factors like low-income status.

With the increased prevalence of youth mental health, low-income students can be expected to struggle more than their peers (De France & Evans, 2021). California's Department of Public Health (2023) found, in 2021, 1,429,686 (16.2%) of Californians from birth through 17 years of age lived in poverty. Without proper support structures students may continue to suffer in silence. At-risk students are often in high-stress environments that can inevitably negatively impact their mental health; subjection to violence has been found to predict failure to complete high school and produce poorer mental health for these students (Boynton et al., 2013).

The resounding effects of socioeconomic status on mental health and academic achievement are of great importance because they provide school officials with data on how best to serve the mental health challenges of high-risk students. Gender is another factor that sheds light on at-risk students.

**Impact of Gender on At-Risk Youth**

Research has suggested that gender impacts how behaviors manifest (Logan-Greene et al., 2011). Gender differences have suggested that risk and protective factors differ for male students and female students (Logan-Greene et al., 2011; Meeker et al., 2021; Woo & Sakamoto, 2010). To illuminate how risk factor behaviors depend on gender, the University of Washington used a conceptual model centered on stress and distress paired with support services to examine how male students and female students respond. The literature revealed significant differences. The first significant difference was that female students presented with more intrapersonal symptoms, such as relationship issues with parents and wanting to escape their living situations;

in contrast, male students had higher risk-taking and violent behavior (Logan-Greene et al., 2011). Male students also reported higher self-esteem and a sense of belonging compared to female students; female students displayed lower levels of violent behaviors when compared to male students (Logan-Greene et al., 2011).

### *Gender Effects on Mental Health*

A separate study looked more directly at how gender affects the response to mental health challenges. Researchers concentrated on depressive symptoms and concluded that social inclusion was linked to fewer depression symptoms regardless of gender (Anniko et al., 2019). Although girls generally disclosed increased stress levels than boys, both genders held that relationships and school were the primary reasons for their stress (Smith & Kerpleman, 2022). Similarly, Anniko et al. (2019) found across gender and grade, "school was by far the biggest source of stress, whereas levels of stress due to social factors, such as fitting in with peers and romantic relationships, were relatively low at all time-points" (p. 161). In both instances, Anniko et al. and Smith and Kerpleman (2022) called for schools to take a more nuanced approach to providing support with a greater emphasis on preventative care.

Because schools witness the most observable behaviors, they must become familiar with how risk factors manifest in their student population. By doing so, students can be provided with interventions better suited to their needs. Schools are the ideal locations to cultivate support that allows students to participate in activities beneficial to their development while receiving help from their teachers and classmates (Logan-Greene et al., 2011). Scattered research on student wellness further establishes the need for schools to integrate knowledge in an interconnected system that takes a multifaceted approach and investigates all areas of their students. Although gender was discussed in this section from the traditional perspective of male and female

identifiers, one must recognize there is also risk associated with the gender nonconforming community.

**Gender Nonconforming Youth**

Gender is a hotly disputed topic in today's educational environment. Discussions on how to efficiently manage the heavily contested topic that protects students on both ends of the argument have occurred among parents, teachers, and other local stakeholders across the United States (Anderson & Wood, 2017). Gender traits are not generalized, but instead considered on case-by-case scenarios. According to the World Health Organization (n.d.), gender is defined as "characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, and relationships with each other. As a social construct, gender varies from society to society and can change over time" (para. 1). One should consider how mental health affects gender nonconfirming youth because of its evolving construct in today's current discourse.

*Mental Health Effects on Gender Nonconforming Youth*

According to recent research published by Kaiser Permanente's (2024) Department of Research and Evaluation, youth who identify as transgender or gender-nonconforming are considerably more likely to develop mental health diagnoses when compared to youth who identify with their birth gender. The study included 1,347 transgender and gender nonconforming youth. Typical diagnoses included attention deficit disorder and depressive disorder. Transgender and gender nonconforming youth were 3–7 times more likely to be diagnosed with attention deficit disorder and 4–7 times more likely to be diagnosed with a depressive disorder when compared to their cisgender counterparts (Kaiser Permanente, 2024).

A national survey conducted from 2020–2022 by the Trevor Project (n.d.), a nonprofit organization aimed at preventing suicide by lesbian, gay, bisexual, transgender, queer, and questioning youth, found similar findings to Kaiser Permanente's (2024) Department of Research and Evaluation's research. The national survey included the voices of approximately 34,000 lesbian, gay, bisexual, transgender, queer, and questioning community members aged 13–24.

Among transgender teenagers surveyed, over half had thought about suicide in the previous year, with 1 in 5 transgender or nonbinary youth attempting suicide in the same year the survey took place. Furthermore, three quarters of transgender and nonbinary youth respondents reported having symptoms of anxiety, with two thirds also complaining about feelings of depression. Among all respondents, approximately 82% wanted mental health care, with about 60% reporting they are not able to access care (The Trevor Project, n.d.). Finding strategies to help mitigate the negative psychological impacts of being an at-risk youth has become increasingly imperative because of the increased responsibility schools have for ensuring the wellness of all their students. ISF would lessen the lack of access to care that youth who identify as gender nonconforming experience by ensuring that mental health support is provided early in education. Like gender, knowledge of youth adverse childhood experiences (ACE) may also provide insight into identifying at-risk youth.

**ACE and At-Risk Youth**

Effectively identifying and assisting students at risk of academic failure has become critical as school-wide positive behavior interventions and support become more widespread in public schools (Walker et al., 2005). Predicting poor school outcomes is measured using a variety of methods. Because contemporary school practices manage behavior issues in a

reactionary fashion coupled with an inability to properly identify students who require

assistance, many students struggle to maintain passing grades and obtain support in a timely

manner (Muyskens et al., 2007). Although the public school system is yet to develop a universal

screening tool for all students, some schools have adopted tools from outside sources to help fill

the gap. For example, a study conducted at a public school in Chicago by Korpics et al. (2021)

from the *Journal of School Health* sought to understand the prevalence and impact of ACE on

student behavior.

The CDC (2019) Kaiser Permanente ACE test scores early childhood abuse and neglect

and their effects on adulthood. The questions in the ACE test inquire about physical, emotional,

and witnessed abuse; the ACE questionnaire ranks the scores with predicted adverse life

outcomes on a scale ranging from 1–7; seven is regarded as the highest score. All ACE questions

inquire about the respondent's first 18 years of life (CDC, 2019). Historically, ACEs have been

used retroactively to understand why adults suffer from mental and physical health issues

(Meeker et al., 2021).

**Early Identification of At-Risk Youth**

Researchers from the *Journal of School Health* modified the use of the ACE study and

advocated for ACE screeners to be distributed to students to predict which students would

require more care as they progressed through the public school. Among the 1,883 students who

responded, 17.8% reported being victims of physical abuse, 19.8% had seen domestic violence,

20% indicated having had at least one ACE, and 8% had experienced both. ACE ratings showed

a strong association for inappropriate behaviors for these students (Korpics et al., 2021). A

similar inquiry by the University at Buffalo used the social, emotional, and behavioral screener

to monitor students at risk for poor school engagement (Miller et al., 2019). According to this

study, when students were examined at three different intervals over a school year, many of students exhibited stable patterns of social, emotional, and behavioral disorders (Miller et al., 2019). Again, the study does not specify whether regular interventions throughout the student's school years would reduce behavioral and mental health challenges. The practice of mitigating or responding early to academic and behavioral student risk factors before these issues is paramount to promote positive social and academic outcomes (Muyskens et al., 2007).

The multiple screening techniques administered by different schools demonstrated the need for school districts to uniformly select a tool that fits their student population to support students who are at risk of poor academic achievement (Korpics et al., 2021; Miller et al., 2019; Muyskens et al., 2007). A system that prioritizes monitoring emotional and behavioral issues using screening tools for preventative treatments must be well-established (Korpics et al., 2021; Miller et al., 2019; Muyskens et al., 2007). Updating PBIS's interface with mental health services may lessen the strain school districts experience on their support systems and, in turn, can help to improve student outcomes. The benefits of integrating an interconnected system would provide educators with tools to identify students who are at risk of developing mental health challenges and provide preventive care before issues affect their academic achievement (Perales et al., 2017).

Public schools are responsible for ensuring that all students have equal access to education. Because students in the public school system experience poverty, gender related challenges, and possess ACE scores that have been linked to harmful health risks (Meeker et al., 2021), schools are accountable for ensuring systems are implemented to support the whole child's mental and academic functioning.

**PBIS and Mental Health**

The development of PBIS can be traced back to 1975 when U.S. Congress authorized the All-Handicapped Children Act to help communities protect the rights and needs of all school-aged students with disabilities. In 1990, the legislation was renamed the Individuals with Disabilities Education Act. Many pupils at the time were not appropriately supported until legislation was enacted to guarantee their educational rights; for example, in 1970, 1 out of every 5 students with a disability was educated in U.S. schools. Many states had rules prohibiting some students with disabilities from attending (e.g., deaf, blind, emotionally disturbed, intellectually divergent students; U.S. Department of Education, 2023).

Though, progress was made throughout the 1970s because of new legislation that guaranteed the rights of all students, punishment tactics designed to encourage student involvement and accomplishment failed to produce the intended outcome. For instance, studies on student redirection during the 1980s and 1990s showed that positive supports rather than negative reinforcement (e.g., corporal punishment and exclusion) were more effective in achieving favorable student outcomes (Engelmann & Carnine, 1982).

One example of research used to demonstrate the effectiveness of positive behavioral supports was found in *Theory of Instruction: Principles and Applications* by Engelmann and Carnine (1982). Engelmann and Carnine argued classrooms that manage inappropriate behavior with clear expectations are better equipped to prevent unwanted behaviors, thus decreasing the time spent redirecting students and improving student outcomes. Research like Engelmann and Carnine's led to PBIS being formally recognized in 1996 by the U.S. Department of Education (Sugai & Horner, 2020).

PBIS is an evidence-based, tiered framework for supporting students' behavioral, academic, social, emotional, and mental health (Center on PBIS, n.d.). PBIS can increase academic success, decrease exclusionary discipline, and enhance educational environments when implemented with fidelity. However, PBIS should be introduced progressively because it may impact how other school procedures operate. PBIS relies heavily on the team-based approach to problem solving, so guidance on its intended use is also highly encouraged. A recent study found the use of PBIS in high school has increased yearly across the United States. PBIS's expanded use can be attributed to the growing demand by federal and local state agencies to address student dropout rates and school outcomes to better prepare students for life after high school (Swain-Bradway et al., 2015).

Although PBIS aims to cultivate a culture of inclusivity using a multitiered system of supports (MTSS), there has been a gap in recommendations for educators on providing preventive care for students struggling with their mental health (Weist et al., 2018). PBIS has an expansive reach; over 19,000 schools have implemented the PBIS framework (Barrett et al., 2013). Because the PBIS framework does not concentrate on mental health issues, early identification has often been neglected; therefore, the student population this study is intended to serve should be investigated. With the evidence supporting positive behavior supports, the next step was to design an implementation strategy allowing schools to take advantage of the research findings.

**PBIS Team Organization**

Schools must have the necessary team infrastructure organization for PBIS to succeed. School districts implementing the PBIS application must construct two primary teams: (a) an executive team and (b) an implementation team; the teams are then responsible for installing the

framework (Sugai & Horner, 2020). Basic duties of the executive team include gaining support

from key stakeholders in the community, generating funds for at least 3 years, establishing

policies that align with their schools' vision, and hiring faculty who are knowledgeable in PBIS;

duties of the implementation team include professional development and training that aid in the

successful use of PBIS, coaching internal faculty, evaluating the performance of site teams,

behavioral expertise that verifies proper positive forms of intervention are being used, and local

demonstrations that gather data and plan for further use of the framework (Sugai & Horner,

2020).

The U.S. Department of Education noted that a definite educational program does not

govern PBIS but rather a multitiered structure to achieve the best academic and behavioral

practices (Sugai & Horner, 2020). In essence, Sugai and Horner (2020) explained, "PBIS is an

evidence-based three-tiered framework for improving and integrating all data, systems, and

practices affecting student outcomes every day. It is a way to support everyone–especially

students with disabilities" (p. 121). MTSS encompasses three levels of support: (a) Tier 1

includes universal support administered to all students, (b) Tier 2 offers targeted support for

students in the form of small groups or other focused support, and (c) Tier 3 is designed for

intensive individual support like individual counseling and case management (Katz et al., 2020).

Though PBIS data have shown positive trends for schools and student achievement, it has not

come without criticism.

**PBIS Claims and Critiques**

From its inception, PBIS has experienced many successes and critiques of its integration

on school campuses. Because student achievement and wellness are at the center of PBIS, further

investigation is needed to validate its credibility to ensure all students are receiving the benefits

of the framework. One study investigated PBIS's claims and found schools that had followed the

parameters of PBIS may expect to suspend fewer students with disabilities (Simonsen et al.,

2022). According to the U.S. Department of Education (2020), students with any mental or

psychological disorder qualify as students with disabilities. Although PBIS has been shown to

reduce disciplinary actions in some instances for students with disabilities, the research has been

unclear on the types of disabilities showing a reduction in punitive measures.

For instance, Simonsen et al. (2022) characterized students with disabilities as

generalized and required further inspection of which students are disciplined. According to the

California Department of Education, student disability categories are broken down into Autism,

deaf–blindness, deafness, emotional disturbance, hard of hearing, intellectual disabilities,

multiple disabilities, orthopedic impairment, other impairment, specific learning disability,

speech or language impairment, traumatic brain injury, and visual impairment (California

Department of Education, 2018). One might wonder which category has seen the most

significant decline in punitive measures or if the type of suspension differs depending on

students' characterization of disability.

In Simonsen et al.'s (2022) study, the authors failed to delineate the student population.

The lack of specificity in this study was problematic because it did not offer readers a complete

view of the characteristics of students who have benefitted from the reduction of disciplinary

actions and those who did not. Studies claiming PBIS efficacy should have more depth.

Researchers can then make informed decisions on the type of Tier 1 interventions that support

students' mental wellness, especially students with disabilities categorized with emotional

disturbance. Because of components like screeners identifying student issues, an integrated

system like the ISF could give more precise information regarding support systems' positive effects on students.

Another issue with PBIS's current practice is that there has been little mention of proactive mental health interventions in the three-tiered framework (Splett et al., 2020). Previous PBIS literature has limitations regarding the emphasis on mental health. The current model of PBIS does not offer an effective strategy to identify and treat at-risk students to prevent adverse social and academic school outcomes attributed to mental health factors. More work is necessary to determine how PBIS incorporates mental health awareness into its framework. The goal of the study was to help close the gap between PBIS and mental health by examining the utility of an integrated system, particularly from the perspective of those who provide student support services. The next section introduces the central component of the study, ISF.

## ISF

The idea of schools being places where students can access mental health support is not new; for decades, many groups around the country have advocated for using school-based mental health services (Splett et al., 2020). The MTSS structure that PBIS employs is the most widespread. The advantage of schools integrating mental health supports is the opportunity for students to practice positive social skills around peers, increasing the chance the skills may transfer to other aspects of the student's life (Katz et al., 2020). However, one major issue with school mental health is the supports are not synchronized (Weist et al., 2018). Indeed, throughout this literature review, a recurrent gap is what to do with data obtained from extensive research to build effectual support systems for struggling students.

The desynchronized nature of school mental health has been a severe problem (Barrett et al., 2013). About 12%–32% of adolescents face major emotional and behavioral problems, and

less than one third of these adolescents receive treatment. A research survey found those who had received services primarily received intervention through the school system (Anello et al., 2017). With the inescapable predicament school systems find themselves in as educators and specialized instructional support personnel, new strategies are warranted to adapt to schools' evolving roles. ISF aims to enhance many schools' support systems. Because over 19,000 schools in the United States are familiar with PBIS, ISF is prime for implementing a more concerted effort to resolve the mental health needs of students (Barrett et al., 2013). Inquiring about the importance of implementing the ISF model would address a significant criticism of PBIS (i.e., the lack of preventive care for students struggling with mental health; Splett et al., 2020). Because of the numerous students whose mental health needs are not being met, school administrators must inquire about a potential change model that would address the weaknesses of the current school mental health system.

**Background of ISF**

ISF was identified in this study as a possible solution to address the shortcomings of current systems intended to support student's mental health, especially those most at risk of developing mental health challenges. Professor Weist, a psychology professor at the University of South Carolina, was sought out by two of PBIS's national implementation leads, Lucille Eber and Susan Barrett; Eber and Barrett argued that school-based mental health resources should play an integral role in PBIS (Eber et al., 2019). Eber et al. (2019) identified the ISF model as "a structure and process to establish a single system to delivery across education and mental health, with an active family and youth engagement" (p. 4).

ISF's primary principles include implementing a combined student support delivery system that explains the importance of mental health to all school personnel; it states that

students require more than access to mental health support and emphasizes that MTSS structures must exist for ISF to be successful. ISF also advocates for a unified delivery system as the driving force behind all levels of care. Furthermore, ISF states that mental health is for all; the central idea is that mental health is linked to healthy functioning and positive school outcomes. With the philosophy of mental health for all, students' mental, social, and emotional well-being would be on par with academic importance; it has been reported that schools that take an interconnected approach to mental health for all students have achieved higher success rates in addressing student issues (Splett et al., 2020).

For example, a school piloting the ISF invited a community clinician to join their Tier II team (Barrett et al., 2013). The community clinician provided a more nuanced perspective of behavior manifestation and assisted the team in identifying that a group of students targeted for support had a difficult time coping with trauma; intervention was cofacilitated by a community therapist and a school social worker. The intervention concentrated on developing social and coping skills. Upon implementing the treatment, academic and behavioral metrics improved, and students stated that they felt more connected and capable of coping at school.

Another central message of ISF is the view that access to care is not sufficient and access to school support does not warrant success; instead, knowing when, how, and where to use learned mental health coping skills should be the metric, authors of the ISF advised that an MTSS is required to establish effective school mental health. Because ISF is based on the successful outcomes of PBIS and MTSS, elements from both frameworks are required (Eber et al., 2019). ISF contributes to the implementation of consistency of support for at-risk students. For this reason, collecting the perspectives of specialized instructional support personnel is of

great importance in addressing the problem of practice schools' systems face when aiming to administer robust support systems.

**ISF Implementation Structure**

Like PBIS, for ISF to succeed, schools must have the necessary infrastructure. The Tiered Fidelity Inventory (TFI) is another element that ISF and PBIS have in common; the implementation TFI is used to gauge how effectively ISF is being administered (see Appendix B). TFI is a critical part of implementation because it enables users to determine if poor outcomes are due to the program itself or ineffective execution by teams. In a report, 49 schools with 398 respondents showed the current properties of the ISF's TFI are reliable (Splett et al., 2020). TFI produces scales and subscales. The scales include features, possible data source, and scoring criteria based on 0–3. The subscales include teams, implementation, and evaluation.

The team's component considers who will be involved in the overall implementation of the framework. Because ISF emphasizes mental health, the framework encourages select team members to have mental health expertise. Similarly, the implementation subsection looks more directly at social–emotional criteria to gauge the framework's success. Henceforth, TFI evaluates the success of the framework by collecting data and materials that speak to mental wellness, for instance services rendered, analyzing which services have been helpful, and adjusting interventions accordingly (Barrett et al., 2019). TFI then generates scores reflecting the percentage of implementation for Tier 1, Tier 2, and Tier 3 core features. Scores are determined by calculating the percentage of possible points awarded for items in each tiered category.

School districts interested in implementing the ISF are better equipped to handle its requirements with the support of a functional TFI and implementation guide. The combined efforts of PBIS and school mental health are necessary to advance student care and development

(Anello et al., 2017). However, there are many challenges with current studies on ISF. A critical issue with the material presented is that due to a lack of implementation, little is known about the complications that may surface when ISF is applied to PBIS. Further understanding is necessary to persuade stakeholders to explore the use of the ISF.

**Barriers to System Implementation**

Change models present novel ways to address today's issues, but they are not without barriers. Because ISF falls under the PBIS umbrella and uses similar implementation strategies, research on PBIS barriers to implementation is applicable. Historically, barriers to implementing PBIS have included lack of administrative support, staff burnout, time limitations, departure of staff, and academic priorities taking precedence over student health initiatives (Baffsky et al., 2023; Eiraldi et al., 2019). Lack of administrator support was shown to produce the biggest barrier to PBIS implementation, resulting in a lack of conceptual understanding, fidelity, time management, and priority setting from schools attempting to implement PBIS (Baffsky et al., 2023; Eiraldi et al., 2019; McDaniel et al., 2017; McIntosh et al., 2016). Further, little support from administrators has led to PBIS falling short of complete implementation (Lohrmann et al., 2008).

Researchers noted that PBIS team members responsible for providing supports to multiple sites found PBIS duties to be excessively burdensome; change in school site leadership teams also significantly impacted the implementation of PBIS (McDaniel et al., 2017). Concerns about confidentiality, awareness of support, and feelings of shame and embarrassment by students have also been barriers that prevent students from accessing school-based mental health support, which in turn affect the success of system integration (Rubin & Babbie, 2017). Another factor that has impeded successful PBIS implementation has been poor communication from

district officials, which resulted in a lack of oversight and low parent involvement (Eiraldi et al., 2019).

Though numerous programs are seeking to address the youth mental health crisis, another reoccurring problem is policymakers' understanding of the challenges facing their communities, including school's need for resources (Cooper & Aratani, 2015). PBIS implementation and viability require the backing of state, district, and school officials (McDaniel et al., 2017). State advocates should be involved in school evidenced-based initiatives aimed at supporting youth mental health to remedy policy barriers and allocation of resources (Cooper & Aratani, 2015). Understanding possible implementation obstacles enables those responsible for implementing new systems to adjust and be prepared with solutions. This study's theoretical underpinning is examined next.

## Theoretical Framework

This study was grounded in the ecological system theory (EST). Bronfenbrenner (1986) stated that to understand individuals, various environmental influences on their lives must be considered; the different areas are broken down into five systems: (a) microsystems, (b) mesosystems, (c) exosystems, (d) macrosystems, and (e) chronosystems (see Figure 1).

**Figure 1**

*Ecological Systems Theory Model*



*Note*. Ecological systems theory model; Adapted from "Ecology of the Family as a Context for Human Development: Research Perspectives," by U. Bronfenbrenner, 1986, *Developmental Psychology*, *22*(6), 723–742.

The microsystem refers to the relationships between individuals and the institutions that are closest to a child's environment and have an impact on their development; in the context of an educational setting, this would include peers, family relationships, educators, and the neighborhood of the school (Johnson, 2018). ISF works in the context of the microsystem of EST by providing students with educators trained with mental health knowledge and response abilities. Like the microsystem, the student's mesosystems can determine resources and external pressures significantly impacting a student's development.

The connections between the many components of microsystems make up the mesosystem (Bronfenbrenner, 1986). Johnson (2018) used the interrelation of parents and students as an illustration of how different expectations can indirectly influence campus climate. For example, if a parent has excessive expectations of a child, this may result in anxiety and stress that the child brings to school, which in turn affects other members of the same microsystem such as teachers and peers. Because ISF takes a community approach to mental wellness, the student's mesosystem would be directly influenced by the expectations set forth by the school, teachers, and parents. Because the mesosystem focuses on the connections between the many components, emphasizing the importance of mental health would bring more awareness of managing stress healthily.

The exosystem involves the political and regulatory decisions made by school authorities that can impact a child's educational experience; these systems of considerable influence indirectly affect a child's education (Johnson, 2018). Incorporating ISF into everyday practice in school settings would impact political and regulatory decision making that would encourage mental wellness to be equal to all other educational goals set by local educational agencies. There are similarities between the exosystem and the macrosystem. The macrosystem is often regarded as the area furthest from a child's environment; this area includes culture, laws, and norms (Burns et al., 2015). ISF aims to universalize mental health and normalize the social conversation and response to how we currently communicate about mental illnesses.

Finally, the chronosystem encompasses how change in a child's life affects their growth; changes under the chronosystem may include a child moving to a new location or starting school (Bronfenbrenner, 1986). Johnson (2018) stated, "The chronosystem of an individual school, therefore, may be represented by both the day-to-day and year-to-year developmental changes

that occur in its student body, teaching staff, curricular choices" (p. 3). In other words, given the EST premise, altering the curricular choices and prioritizing mental health education in the school's students attend can affect student's perception of mental wellness.

Some student support specialists have argued that mental health services provided by schools should be transformed from a medical perspective, where a student's struggle is viewed as individualized, to a perspective more aligned with EST that considers all areas of a child's environment (Burns et al., 2015). Considering the multifaceted approach the ecological system theorizes, it provides student support specialists with a broader perspective on different aspects of a child's environment that would be impacted if ISF is implemented.

The EST offers multiple considerations on how systems affect a child's development (Bronfenbrenner, 1986). However, when considering the influences in the domains, the elements of each domain must be situated in the appropriate system to ensure their effectiveness. For instance, PBIS would be placed in the microsystem in the confines of school policy. Meanwhile, local policies would exist in the exosystem and inform school policy. Both would have a direct impact on the psychological development of students because of the requirements, or lack thereof, of mental health resources. For students to obtain the maximal benefit from educational and local policy initiatives aimed at supporting their development, providers and policymakers must be in lockstep because support personnel ultimately carry out district policy decisions (Mckee et al., 2022).

The researcher used EST to compare the programs' theoretical and perceived locations according to specialized instructional support personnel. During the interview process, the researcher provided participants with a worksheet of the EST domains and asked that them to write where they believed school initiatives and their roles are positioned in the systems (see

Appendix C). Doing so aimed to determine if district communication of initiatives and support

personnel's understanding aligned. If there was a disconnect between the theoretical positioning

and the perceived positioning, findings can provide insight into how communication could be

better disseminated and why services may not be as effective as intended. Because of the integral

role educational policies have on student instruction, the EST framework helped inform the

design of this study and how the researcher interpreted the findings.

**Summary**

Identifying which students are most at risk for developing mental health challenges when

in school can be daunting; however, because of extensive research on potential markers,

educators can be more prepared to support students in their care. The markers covered in this

chapter included mental health manifestations, socioeconomic status, gender, and screening

tools. Even so, an effective system to support these students is vital for their academic and

developmental success. Currently, researchers are considering ISF to be the successor of PBIS as

a potential model that concentrates on student mental health (Center on PBIS, 2021). The ISF

model aims to deliver a unified student support system that takes into consideration all aspects of

a student, making this study ideal to be grounded in EST. Although ISF appears promising,

further research must be conducted to ensure practicality for districts looking to implement the

ISF in their schools.

CHAPTER 3: METHODOLOGY

The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, interconnected systems framework (ISF), to support at-risk youth in the public school system. Specialized instructional support personnel are defined as school counselors, school social workers, school psychologists, and other support professionals (e.g., school nurses, speech-language pathologists, school librarians) that provide assessment, diagnosis, counseling, and educational and therapeutic support that are required to meet all of the students' needs (National Education Association, 2021). This chapter includes the inquiry approach; the researcher describes the type of study conducted and explains why qualitative design best met the research goals. The methodology section explains the conditions of the study and how gaining clarity on the research question shed light on schools' ability to support students and specialized instructional support personnel. Finally, the methods used to collect data, the participants' backgrounds, and the data analysis procedures are explained, followed by the study's trustworthiness, ethical considerations, and limitations. The chapter closes by covering the researcher's role in the study.

**Research Question**

What are specialized instructional support personnel's attitudes toward implementing a mental health change model, interconnected systems framework (ISF), in their school district?

**Inquiry Approach**

Between 2011–2021, almost all indicators of poor mental health increased in youth (Centers for Disease Control and Prevention [CDC], 2021b). Creating a support system that meets the needs of students with mental health issues has proven to be challenging for many

schools across the nation (Perales et al., 2017). Because school specialized instructional support personnel are directly responsible for providing interventions for students struggling with their mental health, their insights must be taken into consideration as schools attempt to remedy the youth mental health crisis. Interpretative phenomenological design was the most suited to address the research question because the attitudes of specialized instructional support personnel willing to implement a change model were based on their lived experience.

The participant's and researcher's experiences contributed to interpreting the study's findings. Moreover, the meaning specialized instructional support personnel derived from the current school mental health support system are independent of the policies. Put differently, policies may be designed to achieve a particular goal, but individuals who operate under the guidelines may perceive them differently. During the inquiry, the researcher explored considerations and influences based on the attitudes of specialized instructional support personnel that may help key decision makers consider school mental health policies and frameworks aimed at supporting student well-being.

Qualitative research is ideal for answering inquiries where unspecified variables require investigation. Qualitative investigations begin by examining an issue and understanding a phenomenon. They aim to create open-ended research questions to gather participants' viewpoints; then, perspectives are collected, coded, and analyzed to uncover meaningful discoveries (Creswell, 2015). The qualitative approach was chosen because the researcher was interested in gaining valuable insights into the attitudes of specialized instructional support personnel who would be tasked with implementing the change model. The study's goal depended on specialized instructional support personnel's professional expertise and feedback on operating in an organized student support system.

**Methodology**

Interpretative phenomenological analysis was used to carry out the study. Interpretative phenomenological analysis is a research method qualitative researchers use to explore an individual's perceived lived experiences (Larsen & Adu, 2021). The primary objective is to understand how individuals ascribe meaning to their experiences. Interpretative phenomenological analysis is achieved through in-depth interviews and careful thematic development that seeks to answer the phenomenon in question (Larsen & Adu, 2021). A significant element of phenomenology is gaining an understanding of the position of the population that holds knowledge in the area being studied; researchers put aside existing theoretical perspectives and invite participants to be the focal point of understanding (Mertens, 2014). The phenomena this research sought to explain is how specialized instructional support personnel experience their role of providing mental health services in the context of the public school system and the meaning they make from the prospect of being asked to implement a change model.

The experiences gathered from specialized instructional support personnel can provide school officials with an alternative dataset to inform the decision-making process when considering how to solve the youth mental health crisis in public schools. Expert insight is critical because the practitioners who carry out the program are ultimately responsible for the ISF's success. Through listening, phenomenological studies examine participant experiences with particular attention to unique elucidations that may offer modifications to current practices (Yardley et al., 2013).

**Methods**

Qualitative procedures were the principal form of collecting data for this study. Qualitative research methods allow researchers access to more profound meanings of individual experiences and yield greater insight for research purposes (Rubin & Babbie, 2017). Through semistructured interviews, the attitudes of six specialized instructional support personnel about their willingness to implement the ISF model was collected, allowing the researcher to formulate shared perspectives that surfaced (see Table 1). The qualitative interview process is cyclical— through each stage of data collection and analysis researchers can anticipate procuring a pattern for the phenomenon under investigation (Rubin & Rubin, 1995).

Qualitative interviewing allows researchers to gather data that are not restricted to simple responses that may be found in surveys; instead, through interviewing processes, researchers can gain deeper understanding about a chosen topic and ensure responses to questions are aligned with participant action (McDougal, 2017). The qualitative interview approach enabled the researcher to collect multiple perspectives on the desire for a change model to improve student mental wellness.

There are three different ways to conduct interviews: (a) in person, (b) on the phone, and (c) online (McDougal, 2017). This study used online interviews through Zoom. Each participant had 30 minutes to 1 hour to complete the interview. Bhattacharya (2017) stated, "Interviews are the primary mode of inquiry in this type of qualitative inquiry, although other data sources are also often used as additional data sources" (p. 26). Participants were asked to review material related to ISF before interviews were conducted. The materials include two short videos for a combined runtime of 9 minutes and 48 seconds and two brief articles about ISF; the preinterview materials required 1 hour to complete (see Appendix C–E). During the interview, participants

were also asked to complete a worksheet inquiring about their perceptions of EST (see Appendix A).

Because this study focused chiefly on the perceptions of the ISF model, formal semistructured interviews were chosen to guide the data collection process (see Appendix F). In formal semistructured interviews, the researcher prepares questions beforehand; generally, the researcher follows a planned protocol but allows room for deviation if the content is pertinent to the study. This helps ensure uniformity throughout interviews and allow the study's participants to compare their answers to each question (Bhattacharya, 2017).

**Table 1**

*Specialized Instructional Support Personnel Roles and Responsibilities*

| Professional role | Responsibilities | Therapeutic | Duration of services |
|---|---|---|---|
| Social worker | Evaluates and identifies issues that prevent students from accessing education. Creates intervention plans and provides direct counseling services. | Yes | Short term |
| Academic counselor | Provides academic pathways. Identifies students who require additional social, emotional, and behavioral support. Provides intervention as needed. | Yes | On-going |
| School psychologist | Assesses students' psychoeducational needs. Provides counseling services to students who qualify for services. | Yes | On-going for students that qualify for extended support |
| Behaviorists | Assess students, create behavior intervention plans, and offer instructive guidance to support staff in developing and carrying out Positive Behavior Interventions and Supports (PBIS). | No | On-going for students that qualify for extended support |
| Mental health therapist | Provide counseling, consultation, treatment, and case management. | Yes | Monitors behavior plan |

*Note*. Data collected by author on the 1st of March 2024.

# Setting

The study was limited to a suburban school district in a northern California county. The school district's investment in positive behavior interventions and supports (PBIS) was crucial to the selection process. The district was chosen because its schools are required to employ PBIS as an essential component of their goal of providing every student with equal access to education. The district serves more than 50,000 students. Students in the district come from diverse backgrounds; roughly 10% are African Americans, approximately 30% are Hispanic or Latino, nearly 30% are Asian, and 16% are White. The student body's socioeconomic and language

learning backgrounds are also diverse. Approximately 20% of pupils are English language learners, roughly 13% are students with disabilities, and about 60% are socioeconomically disadvantaged. Because the district organizes specialized instructional personnel by region, the study encompassed several school sites.

**Site 1**

School A (pseudonym) was a middle school serving Grades 7–8 in northern California. Approximately 16% of students were White, about 27% were Asian, nearly 10% were African American, about 20% were Hispanic, and 12% represented two or more races. Roughly 13% of the student body had a disability, and about 27% were socioeconomically disadvantaged. Chronic absenteeism was also present at this site.

**Site 2**

School B (pseudonym) was a middle school serving Grades 7–8 in northern California. About 15% were White, nearly 30% were Asian, 20% were Hispanic, 10% were African American, and close to 12% represented two or more races. Close to 30% of the student population was socioeconomically disadvantaged, and nearly 13% of the student body was identified with a disability. Roughly 13% of students were also chronically absent.

**Site 3**

School C (pseudonym) was a high school serving Grades 9–12 in northern California. About 37% of students were White, nearly 13% were Asian, about 6% were African American, nearly 30% were Hispanic, and 10% represented two or more races. Roughly 15% of the student body had a disability, and about 33% were socioeconomically disadvantaged. Absenteeism was not reported for the 2023 school year. In 2023, the graduation rate was last reported at more than 90%.

**Site 4**

School D (pseudonym) was a high school serving Grades 9–12 in northern California. About 5% of students were White, nearly 40% were Asian, about 17% were African American, nearly 25% were Hispanic, and 7% represented two or more races. Roughly 11.1% of the student body had a disability, and about 50% were socioeconomically disadvantaged. Absenteeism was not reported from the previous school year. Data from 2023 revealed that over 90% of students graduated from this high school.

<div align="center">

**Description of Participants**

</div>

The general characteristics of the participants sought out for this study were professionals whose primary role in education was providing specialized instructional support or providing support to those responsible for direct services. As stated by Every Student Succeeds Act (2015), specialized instructional support personnel include school counselors, school social workers, school psychologists, and other qualified professionals whose primary role in education is helping students meet their academic, social, and emotional needs (National Education Association, 2021). Because experience and knowledge working with PBIS were critical to receiving quality responses, a secondary characteristic was specialized instructional support personnel needed at least 3 years of familiarity working with PBIS; there was no limitation to the maximum number of years working with PBIS.

The researcher recruited six participants employed by the same school district. Recruitment of participants primarily focused on familiarity with PBIS and experience providing direct services to students. If two participants of the same role were equally qualified, the researcher chose the one who has spent the most time in the district. To understand the complexity surrounding the attitudes of specialized instructional support personnel asked to

implement a change model, this study included participants from across specialized instructional support. The participants included one social worker, two mental health therapists, a school psychologist, a behaviorist, and a school counselor. The participants of this study were chosen using homogeneous sampling. Homogeneous sampling involves selecting individuals based on shared traits; for this process to be effective, researchers must identify and locate the individuals or places with similarities (Creswell, 2015).

**Recruitment of Participants**

Participants were recruited via email invitation, informing them of the study's goals and requirements. Part of the study required that participants be recorded. Participants were informed about any recording that took place as part of the research process. Informed consent outlining the procedure stated by the Institutional Review Board was given to participants to confirm they understood the procedures. The participants in the study were in four different school sites across the school district. The participant–researcher meetings took place via Zoom. Once the researcher confirmed the participants were interested in participating in the study, they were contacted to address any queries and provide additional information about the study (see Appendix G). Participants were gifted a $5 gift card for their participation.

These participants represented a broad range of responsibilities in the school district. For example, school social workers evaluate and identify student's school performance and attendance issues, family interactions, social issues, and relationships between the school and the community that may interfere with the student's capacity and potential to receive a good education. Mental health therapists are responsible for providing students with mental health support, such as individual or group counseling. School psychologists provide counseling services to special education students, conduct assessments of their psychoeducational needs,

and offer consultation services or methods to promote student learning and development.

Behaviorists plan, organize, and coordinate behavioral modification techniques and offer

supportive consulting services to help staff implement PBIS. School counselors provide students

with counseling and guidance services; they also inform students about educational and

employment prospects; identify and counsel students with special needs; and help them with

behavioral, social, and school adjustment issues.

Ensuring participant expertise in student wellness was essential because this established

familiarity with current systems practiced on their school sites for meeting students' social–

emotional needs—participants with expertise in supporting students struggling socially and

emotionally facilitated a nuanced understanding of the interview questions. Similarly, working

under the PBIS framework allowed specialized instructional support personnel who met the

criteria an opportunity to describe their perceptions, experiences, and many techniques that

helped or impeded the introduction and adoption of PBIS in their workplace and how ISF could

potentially be a hindrance or asset to their practice.

A significant component of PBIS and ISF is the creation of teams that oversee the

framework's success (Weist et al., 2018). Specialized instructional support personnel are an

integral component of teams. Given that the implementation tactics of ISF would be analogous to

PBIS, before allocating financial resources, one must ascertain specialized instructional support

personnel's readiness to collaborate on upgrading the existing program.

**Data Collection**

Zoom interviews with participants who matched homogeneous sampling criteria carried

out this study. All interviews were conducted after school contract hours after 4:00 p.m. or on

weekends. Interviews are a method of gathering data that often involves asking questions and

documenting responses (Bhattacharya, 2017). All correspondence about the research was conducted using email, phone calls, and Zoom video conferences. The researcher scheduled and conducted all interviews during the spring of 2024 within 1 month, from March to April.

All participants were interviewed individually through semistructured interviews using Zoom video conferencing software. Creswell's (2015) qualitative interview protocol was applied to all participants in this study. Creswell's qualitative protocol calls for a header on the top page for documenting key interview details, explanations of the study's objectives, a reminder for participants to sign a consent form and open-ended questions; the first question was designed to ease the participant into the interview and the following questions covered the main research questions for the study. The final question was centered on probing participants to elaborate on previous answers; there was time in between questions allowing room for the researcher to make quick notes about observations made during the interview.

The researcher transcribed interviews using Zoom's audio recording features to prevent inaccurate data. Zoom audio transcription occurs automatically as participants enter Zoom meetings. The audio transcript was sent to the host after the meeting was completed with time stamps to assist with accuracy. To address the constraints of the Zoom audio transcription program and ensure that phrases and words were not misreported, the researcher also used NVivo to support the process. NVivo is a computing software program that helps researchers analyze data collected from qualitative or mixed methods research projects (Lumivero, 2023). All data were stored and secured using a password protected laptop. After receiving Institutional Review Board approval, the researcher obtained consent from participants.

**Data Analysis**

The information gathered for this study was examined using inductive analysis. Inductive analysis is an iterative process with no fixed definitions; some essential guidelines are reading data, using writing as inquiry to address various issues, including interpreting data, analyzing the data in more detail, and linking different data points (Bhattacharya, 2017). Inductive analysis was appropriate for this inquiry because the study aimed to understand the willingness of specialized instructional support personnel to implement a change model from their perspective. Inductive analysis does not require a predetermined theory to inform the qualitative interviews; instead, it uses participant responses to guide the findings (Bhattacharya, 2017). Though inductive analysis does not require a theory to inform findings, the researcher offered to show meaningful themes informed by theoretical framework concepts.

Data were organized into manageable analytical pieces, known as coding. Coding is the most common approach in qualitative data analysis; this involves categorizing or producing data points and combining them into set-up transcripts that can be used when deciphering the data collected (Rubin & Babbie, 2017). Braun and Clarke's (2012) six phase process were used to guide the coding process. In Phase 1, the researcher became acquainted with the data, consisting of reading the dataset multiple times to gain an extensive understanding of participant responses. In Phase 2, the researcher begun generating preliminary codes that were later used to assist in the creation of themes that informed the findings, data that were found to be useful to answer the research questions were then coded. During Phase 3, themes were generated, coding from Phase 2 was used to help define the meaning made from participants responses requiring codes to be consolidated to later serve as the bases for the participant narratives (Byrne, 2021). During Phase 4, Braun and Clarke advised the researcher to review potential themes based on the entire

dataset. Here, the objective is to ensure the developed themes are pertinent to the research questions and objective of the study. Phase 5 involves defining and labeling themes. The researcher is responsible for providing an in-depth assessment of the themes in relation to the study's topic, considering the dataset as they express each developed theme. In Phase 6, the report of findings was written, and as noted, the narrative was informed by Phases 1–5.

NVivo was used to support the coding process. A multistep procedure was used to carry out the NVivo coding process. The first stage was uploading the transcripts into NVivo and organizing the interviews according to interview questions and responses. Following a line-by-line transcript analysis, the researcher used NVivo software to highlight emergent themes. After dividing the data into themes, the researcher continued analyzing the data, NVivo automatically added the number of references the participants made to each theme as inserted by the researcher. NVivo then produced an overview of codes and themes produced by the researcher.

## Internal Validity

In qualitative studies, internal validity alludes to the connection researchers make from the data gathered and the inferences produced (McDougal, 2017). In this type of inquiry, it is common for researchers to interact with participants regularly; thus, internal validity is high compared to the limited close contact quantitative studies require (McDougal, 2017). To ensure reliable data, the researcher was an insider in collaboration with other insiders. Insider investigators often collaborate with other insiders to advance the standards of practice in their fields (Herr & Anderson, 2014). The researcher had unique access to the inner workings of the school system's current mental health practices, strategies, data, and future planning, thus, supporting trustworthy data.

McDougal (2017) explained, "Trustworthiness is made up of four different criteria: credibility, transferability, dependability, and conformability" (p. 272). Credibility raises the question of consistency in qualitative research findings akin to research validity. A technique commonly practiced supporting research credibility is triangulation, which is the process of creating compositions from multiple data sources collected to test fidelity (Stahl & King, 2020). To achieve credibility, this researcher consistently checked in with participants regarding interview questions, responses, and NVivo transcription of each interviewee to check for accuracy and confirm the data's authenticity.

Confirmability focuses on verifying the alignment between conclusions made from data collection procedures (Nowell et al., 2017). At the same time, transferability denotes how well research can implement findings into other studies, except the burden of deciphering whether research is applicable falls on others—the original researcher is responsible for establishing a strong representation of new findings (Nowell et al., 2017). The researcher kept a journal that noted significant occurrences that came up during the study to ensure confirmability and transferability were addressed during each phase of the study; the research journal allowed the researcher to ensure data were not misrepresented by recognizing and addressing any personal beliefs influencing the study.

Like the core tenets of reliability, dependability refers to stability across time. Change is expected, but it should be monitored and open to scrutiny. A dependability protocol is recommended to verify the caliber and suitability of the inquiry (Mertens, 2014). Results from research instruments must be stable and constant to be considered reliable. Findings should produce similar outcomes when replicated (Creswell, 2015).

**Ethical Considerations**

Participants' rights come first and foremost when being invited to contribute to a study. Research should be ethically guided throughout the complete course of inquiry and should not be limited to preliminary procedures (Mertens & Ginsberg, 2009). A significant principle of ethical research is that participants volunteer of their own volition; the researcher's responsibility is to communicate risk. Participants should not be at risk of harm because of a study's procedure (Rubin & Babbie, 2017). The researcher ensured participants were informed at every stage of the research procedure per ethical guidelines, including being reminded of their right to withdraw at any time.

To guarantee accuracy and consent to report findings, each participant received a copy of the data transcription. Before participants engaged in any aspect of the inquiry, the researcher explained how the data would be used and provided consent forms detailing their role in the study (see Appendix H). Participants were briefed that pseudonyms would be used to replace their names to maintain confidentiality and anonymity. Anonymity guards against discernable details that can be linked to participants, and confidentiality ensures that all information used in the study cannot be connected to the participants providing the information (Mertens, 2014). A password protected laptop was used to store and safeguard all data.

**Limitations**

The limitations of this study included sample size and potential researcher bias. The study was limited to one school district in northern California that included six participants as part of the interviewing process. Due to the small sample size, subsidiary data were not included; for example, the study does not discuss the participating schools' current levels of PBIS integration. The assumption was that schools attained at least some fidelity level because the district

mandates using PBIS. Inviting individuals from diverse mental health backgrounds rather than similar training can help overcome the sample size restriction.

Another significant limitation that should be noted when conducting qualitative studies is researcher bias. Because the researcher is the chief instrument of data collection procedures, the likelihood of partiality is high (McDougal, 2017). Because the researcher was an employee of the district under investigation, the researcher needed to prevent personal feelings from influencing the findings. Rigorous mechanisms were implemented to accommodate the risk of potential interpretations being that of the researcher instead of the participants. Triangulation is one chief strategy embedded in the study to avoid research bias (McDougal, 2017). Triangulation aided the researcher in consciously focusing on what participants were describing rather than the researcher's interpretation of the data. The precautions taken before conducting the research helped safeguard the project's validity; thus, the study's findings are less likely to be significantly impacted by these constraints.

## Researcher Positionality

The researcher's positionality in this study was an insider in collaboration with other insiders. Insider investigators frequently work with other insiders to improve practice in their domains (Herr & Anderson, 2014). As part of the student support service team in the organization investigated, the researcher aimed to transform the current system to provide improved student mental health support. The researcher's role was a PBIS school social worker at the time of the study. As a PBIS school social worker, the researcher's primary duties included facilitating student support meetings, providing individual and group counseling, crisis intervention, threat assessments, and risk assessments for students who display suicidal ideation.

The researcher's work consisted primarily of interventions for at-risk students, so they were familiar with the services and assistance needed. As a school social worker, the researcher has witnessed many students lacking support inside and outside school. The most troubling aspect of the youth mental health crisis is that many students cannot afford mental health services in community centers nor qualify for school counseling services. If a student is fortunate, they may attend a school with enough resources to afford auxiliary support staff who often take the role of their primary mental health provider. Students who attend schools without an auxiliary staff or another general education resource for mental health are often left untreated.

The researcher firmly believes that school systems should provide equitable access to education to all students. Equitable access entails finding innovative solutions to problems that prevent students from realizing their fullest potential. One significant issue currently plaguing school communities is mental health. Although much work has been done to support students with mental health issues, from the researcher's experience, a sizable group of at-risk youth are not receiving treatment because they do not match the legal standards for care. Working with at-risk adolescents is difficult; the task is made more complicated by the lack of updated support structures to suit their evolving needs.

In the researcher's experience working with the PBIS framework, the current application was not designed to meet the high demands of students struggling with mental health. PBIS Tier 2 interventions target students' behavior, academic, social, and emotional concerns. Many referrals from school staff have been predicated on mental health concerns alone. Frequently, the needs of students referred using the PBIS system for mental health concerns far exceed what school staff can provide. Students are sent to community resources, frequently with lengthy wait

times, because school support staff cannot keep up with demand. Students often wait months to visit a mental health expert, whether they have insurance or not.

The issues stated are common in many school districts nationwide; thus, other student support specialists' perspectives on the ISF model was invaluable. Although the researcher shared the same role as the participants, their responses were based on their experience and understanding of ISF. Furthermore, the participants were the researcher's colleagues, which raised the risk that their answers may be swayed by what they think the researcher wanted to hear. During the data collection phase, the researcher aimed to hold an outsider perspective to provide student support experts with better solutions to our school districts' mental health demands.

## Summary

Chapter 3 focused on describing the qualitative research approach that guided this investigation, followed by an explanation of the phenomenological methodology that was used to help provide meaning to the findings. Furthermore, the principal methods of qualitative procedures that shaped this inquiry were discussed. Descriptions of the participants, instrumentation, and data analysis were also included. The chapter closed with an explanation of the trustworthiness of the research plan, ethical considerations, and limitations. In the following chapters, the researcher covers the findings and conclusion of the study.

CHAPTER 4: FINDINGS

The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, interconnected systems framework (ISF), to support at-risk youth in the public school system. A secondary objective was to provide insight for decision-makers considering adopting ISF. This chapter presents the findings interpreted using inductive analysis coding procedures. The chapter begins with an overview of the participants, followed by the results represented by the coding themes and interview protocol questions relevant to the willingness of specialized instructional support personnel to implement ISF. The chapter closes with a summary of the findings.

**Participants**

The participants sought out for this study were professionals whose primary role in education was providing specialized instructional support at the time of the study. All participants were employed in one suburban school district in a northern California county. The selection procedure heavily relied on the school district's investment in PBIS. The district was selected because PBIS was a key feature of its mission to provide every student with equitable access to education, thus ensuring participants were knowledgeable about PBIS practices. The specialized instructional support personnel recruited included one social worker, an academic counselor, a school psychologist, a behaviorist, and two mental health therapists. The study participants are profiled in Table 3, which includes their job title, why they joined their profession, and the number of years they have worked in the education system.

**Demographics of Participants**

   The study included five female participants and one male participant. All participants

were between the ages of 30–50. All participants held master's level education. Participant's

occupation was in education and their experience ranged from 3–20 years in the field of

education. The demographics of the participants' school sites are provided in Table 2.

**Table 2**

*Demographics of Schools*

| School | Grade | Low SES students (%) | Student with disabilities (%) |
|--------|-------|----------------------|-------------------------------|
| Site 1 | 7–8   | 27                   | 13                            |
| Site 2 | 7–8   | 30                   | 13                            |
| Site 3 | 9–12  | 33                   | 15                            |
| Site 4 | 9–12  | 50                   | 11.1                          |

**Table 3**

*Background Information for Participants: Job tile, Why They Joined the Profession, Currently Providing Counseling Services, Years in the Education System, and Gender*

| Job title | Why | Counseling Services | Years in education | Gender |
|-----------|-----|---------------------|--------------------|--------|
| (P1) Mental health therapist | Impact student learning | No | 20 | F |
| (P2) Behavior support specialist | Teach applied behavior skills to all students. | No | 7 | F |
| (P3) Academic counselor | Promote health and wellness. | Yes | 16 | F |
| (P4) Social worker | Help adolescents with suicidal ideation. | Yes | 3 | F |
| (P5) School psychologist | Make special education more equitable. | Yes | 6 | M |
| (P6) Mental health therapist | Relationships and healing. | Yes | 11 | F |

   Homogeneous sampling was used to collect qualitative data for this study. The

participants sought were professionals whose primary role in education was providing

specialized instructional support, specifically in mental health, and working in a district that implemented PBIS. Each participant was interviewed independently using the same interview protocol (see Appendix F). The sections that follow provide background information about each participant.

**Participant 1**

With over 20 years of experience in education, Participant 1 has served as a credentialed elementary teacher, instructional coach, and mental health therapist. Participant 1 has since transitioned into an administrative role and holds the title of program specialist of social emotional learning, overseeing mental health therapists and social workers. Participant 1 was drawn to the field of education because she was inspired to change how students perceive education and felt becoming a teacher would help them. She stated:

I went into education, in general, 'cause I noticed that not all kids loved learning, and that shocked me, 'cause I loved learning right, not shocked me, but it like disappointed me. So, I knew that as a teacher, I could impact a certain number of kids and how much they loved learning.

Participant 1's career as a teacher ended because of financial difficulties with school funding. Thereafter, when serving as an instructional coach, Participant 1 became a licensed marriage and family therapist. Participant 1 experienced multiple transitions throughout her journey, including classroom teacher, instructional coach, mental health therapist, and at the time of the study, administrator. Determined to add expert mental health considerations into administrator decision-making, becoming an administrator seemed to be the ideal approach. Participant 1 described how having mental health expert personnel participate in meaningful conversations about student mental health is invaluable for reducing harm. Participant 1 valued

seeing the bigger picture and broader contexts surrounding education, including long-term implications and consequences for decision-making. As an administrator, she was responsible for supporting personnel and helping the district achieve its student-centered social–emotional objectives.

**Participant 2**

Participant 2 was a behavior support specialist, and PBIS coach with 20 years of experience working with students. Participant 2 began her work in public agencies that supported school systems before joining the school district. Participant 2 recounted her decision to become a behavior analyst to her interest in psychology. Participant 2 described how the objective nature and immediacy of applied behavior, in contrast to applied psychology or education, where observable change may take longer, ultimately led her to choose her field. Participant 2 decided to shift into the school system because she felt her previous work supporting students with autism spectrum disorder could benefit all students. She also believed the school system served as a prime praxis location to advocate for more awareness of behavioral considerations.

Participant 2 described how the many departments and priorities in the educational system might occasionally cloud the organizational perception of her position and purpose. She explained how those in leaderships positions did not always come from the same educational background, which often lead to confusion of about her role in the district. Participant 2 defined her role as a mentor/coach who supports staff working directly with students. Her belief stemmed from (a) her official title designation and (b) her ability to identify potential learning barriers for students and share that information with educators. In all, Participant 2 felt her work is important because she feels students need advocates that consider all areas that affect their learning. She explained:

Students don't have choice, they have to be there, they have to be there, whether or not,

you know, they saw something traumatizing that morning, or they didn't have anywhere

to sleep that night, or they're dealing with some kind of chemical imbalance. They have

to be there, and so they need, I think somebody who is committed to to helping, helping

those around them make it a workable system for them.

**Participant 3**

Participant 3 was a lead high school counselor with 16 years of experience. Participant 3

explained how her difficult childhood and challenges coping with emotions due to cultural

influences inspired her decision to pursue a counseling career. She described how growing up

with refugee parents, in poverty, and moving around a lot in inner-city communities motivated

her goal of being a safe adult for students raised under similar circumstances. She identified the

school system as the ideal setting to achieve her goal of providing youth a safe place when in

need of support. Participant 3 described her reason for joining the counseling profession as being

aware, saying:

Years ago, I was asked if I was if I had a word for my why and for me that word was

being aware. If I'm aware of something, I I'm compelled to learn more, see more,

understand more. So that I could take some action to in a way, alleviate harm, harm

reduction or help in some way to help someone work through the challenges, however

small or however control they're in or type connect them with resources.

Participant 3 perceived her role as one in collaboration with other educators who are part

of a multitiered, multidomain system that includes academic, college career, and social–

emotional support. She described counseling as being responsible for ensuring students know

how to navigate educational systems and familiarizing them with pathways for life after school.

Additionally, Participant 3 spoke about the importance of providing students who are struggling with their mental health the tools to cope with challenging situations and how the multitiered system of supports (MTSS) framework is crucial to the counseling team's success. Her counseling team's fundamental principle of doing no harm serves as the basis for her practice. She described the idea as understanding how to respond to students differing needs in a way that would benefit them rather than cause them more harm. Her work was predicated on her belief that mental health is central to student achievement and her awareness of her school district's role in influencing neighboring districts who are watching their strategies and practices.

**Participant 4**

Participant 4 was a school social worker with 3.5 years of experience in education. Although Participant 4 was not planning a career in social work, she was always interested in working as a counselor with adolescents. Participant 4 chose social work because of the many work setting opportunities the field offers compared to other occupations in a similar field. Before joining the school district, Participant 4 felt constrained by the impact she could have on the population she was working with and felt that transitioning into the school system would have more reach and a broader impact on the work she aimed to accomplish.

Participant 4 was asked about her motivation to work with adolescents, to which she explained, "I got into this field because I wanted to help adolescents who were experiencing suicidal thoughts. I wanted to help them recognize their worth and value in life. That's why I decided to study social work." Despite acknowledging the challenges and limitations of the current role of social workers in the school district, Participant 4 believed her work is essential and positively impacts students.

**Participant 5**

Participant 5 was a school psychologist with 6 years of experience. Participant 5 had an individualized education plan (IEP) throughout his school years and described the experience as challenging. A specific challenge that Participant 5 shared was his school psychologist telling his family that he would not graduate high school. The experience inspired Participant 5 to pursue a career in school psychology and positively impact the lives of students who are on IEPs. He explained, "I really got into this profession in order to connect with students make their world a little bit better, but also move the needle of special education in a generally more equitable and holistic direction."

Participant 5 viewed his professional role as a legal consultant around the California Education Code and special education, an evaluator of the diverse learning styles of all students, and a provider of educationally related counseling services. At the time of the study, Participant 5 worked daily to connect with students and make special education a more equitable place by taking on many tasks throughout the academic school year. Some tasks included administering standardized tests, surveying teachers for student IEP eligibility, report writing, and leading IEP meetings. Although Participant 5 embraces the variety of responsibilities that come with his profession, he particularly enjoys the counseling aspect of his job, which allows him to be fully present with students.

**Participant 6**

Participant 6 has held the lead mental health therapist role for 7 years and has worked 11 years in education. Participant 6 described her journey of becoming a school mental health therapist as happening organically. Before joining the ranks of education, she served as a psychiatric counselor at a local agency. After learning about the expanding roles of school

mental health therapists in the nearby district, she applied and was offered the position. Participant 6 perceived her role as a direct support provider responsible for individual and group therapy, with elements of social work, like connecting families to resources and support while always considering how student and family needs impact their mental health.

During the interview, Participant 6 stated the relational component of mental health is what drives her. Participant 6 explained:

> I'm really good with the relational piece. I think I should say, and that's the part that I, just if that's what fuels me . . . it just feels really good to give a lot of kids that have never had it an opportunity to show them what it looks like to give, like, you know, a a contained safe place to be able to really express their feelings.

She continued by expressing gratitude for her profession, which allowed her to hold space for peoples' most intimate thoughts and feelings. Through direct contact with students and collaborations with staff, she helped meet the mental health needs of the students in her school district.

## Findings

This study investigated six specialized instructional support personnel's attitudes toward implementing a mental health change model, ISF, in their school district. Semistructured, face-to-face interviews were carried out through Zoom. Six participants were recruited via email using convivence sampling in one northern California school district. Using interview transcripts, the researcher followed Braun and Clarke's (2012) six-phase process to analyze and code data in NVivo's software. In the proceeding sections, the results display sorted codes, emerging themes, and response patterns from the participant worksheet to help understand the

meaning participants ascribed to their feelings of being asked to support the implementation of

the ISF. The six phases for coding thematic analysis from Braun and Clark (2012) are:

1. Familiarization with the data

2. Generating initial codes

3. Generating themes

4. Reviewing potential themes

5. Defining and naming theme

6. Producing the report

**Themes**

Seven key themes emerged from the data analysis. Sorted codes about specialized

instructional support personnel's attitudes toward implementing a mental health change model,

ISF, in their school district are displayed in Table 4. Table 5 shows the emerging themes

reflecting specialized instructional support personnel's attitudes toward implementing a mental

health change model, ISF, in their school district.

**Table 4**

*Sorted Codes About Specialized Instructional Support Personnel's Attitudes Toward Implementing a Mental Health Change Model, ISF, in Their School District*

| Cluster 1 | Cluster 2 | Cluster 3 | Cluster 4 | Cluster 5 | Cluster 6 | Cluster 7 |
|---|---|---|---|---|---|---|
| Current PBIS practices connect to ISF | Requires people to want to | May require mandate | Addressing student individual needs | Being capable of supporting | External support relationships | Unsure of effectiveness |
| District implementing similar concept | Varying responses to current practices | Workload distribution | Developing well-rounded students | Educator capacity concerns | Incentive for community partners | Limitations of practice in district |
| PBIS supporting mental health Professional development | Best approach for buy-in | Parent support of ISF | SEL and MH overlap | Site readiness for implementation | School community partnerships | Caseload concern |
| District upgrading PBIS | Role in program creation | | Whole child perspective taking | Working under limited capacity | School interaction with systems | Barriers to providing effective support |
| | Apprehension to current frameworks Staff buy-in | | | | | |

**Table 5**

*Emerging Themes Reflecting Specialized Instructional Support Personnel's Attitudes Toward Implementing a Mental Health Change Model, ISF, in Their School District*

| Emerging theme | Case count | Code count |
|---|---|---|
| Current district practices are aligned with ISF | 5 | 9 |
| Stakeholder buy-in | 6 | 10 |
| Expressing implementations considerations | 6 | 15 |
| Belief in supporting the whole student | 6 | 13 |
| Concern about educators' limited capacity | 6 | 11 |
| Having school-community partnerships | 5 | 12 |
| Professional role limitations | 4 | 4 |

## Theme 1: Current District Practices Are Aligned With ISF

There was a common belief that practices in the district in which participants work are

aligned with the elements described in the ISF factsheets (described by five participants).

Participant 1 stated, "I think it's what we're working towards already. Right with MTSS, especially in *district, like we're really looking at how academics, behavior and social-emotional overlap, right?" This sentiment was also emphasized by a quote from Participant 6, "We've already developed partnerships like formal partnerships with coaches, done staff trainings, school-wide assemblies. So, there are practices that have already been built in through PBIS that support ISF." There was a consensus that participants' district continues to broaden its approach to meeting students' social and emotional needs while raising mental health awareness through PBIS. Nevertheless, imbedding elements of social–emotional learning into their support systems has not come without opposition and lack of staff buy-in, leading to the second theme found in this study.

**Theme 2: Stakeholder Buy-In**

The second central theme found throughout the study was the importance of stakeholder buy-in. Participants explained that stakeholder buy-in is a precondition for change models to be successful. Stakeholders under these circumstances were described as those asking and being asked to implement a new change model. This sentiment included detailing how anxiety about new models can prevent educators from fully implementing programs, as was described by Participant 5:

> Buy-in, buy-in, buy-in and being courageous enough to make the play and fumble the
>
> ball . . . But, like I in the work that I've done have noticed that there is a lot of
>
> apprehension to dive in, to implementing things like MTSS.

Participant 6 explained how from his experience, educators worry about their ability to meaningfully contribute to what is being asked of them out of fear of making mistakes.

Participant 5 believed buy-in should start with team leaders and administrators and that acknowledging mistakes happen along the way may reduce anxiety and increase buy-in.

Participant 6's statement echoed Participant 5's attitudes, "It starts at the very top at the leadership level, at the district office with administrators making sure we get their buy-in first and then you know the trickling it down to the sites as well." In a similar vein, Participant 4 expressed how from her experience program implementors usually do not become dissociated from program initiatives because they have a role in creating or providing input to new change models. A rigorous examination of the ways to close the divide between implementers and delegators so that all stakeholders have a shared responsibility for the success of change models was the primary sentiment uncovered in this theme. Considerations of ways to bridge the gap between implementors and delegators was uncovered in Theme 3.

**Theme 3: Expressing Implementation Considerations**

Theme 3 emerged after all participants volunteered considerations for ISF implementation. When asked about their thoughts on the ISF, Participant 3 said:

> The people who are developing new programs or want to implement new programs don't
>
> take into account the needs of the people who are going to carry it out. . . . It'd be great to
>
> have their working at the table to . . . be a part of decision making.

Participant 4 expressed similar views, stating that she would like input when new approaches that impact working conditions are being considered. Concerns about workload distribution were also noted.

For example, Participant 2 stated, "I guess when I hear the term program implementation, it makes me wonder who the implementers are, who's going to carry it? What is the lift?" Participant 2's remarks referred to what would be required for ISF implementation and who

would be asked to perform the additional duties. Similarly, Participant 1 explained in team environments, not all individuals contribute equitably, necessitating that some team members carry a more considerable burden. Participant 1 stated:

Some people do just naturally work a little bit harder than others, and then there's resentment like, why am I going above and beyond and bending over backwards when this person, like, works only their contract hours does only exactly what is asked of them. Right? You know that that kind of thing. So that's, I think, where most of the dysfunction comes to play.

The participants expressed concerns about workload distribution and considered whether the ISF would require a districtwide mandate because not all educators would support added responsibilities. Participant 4 explained:

I don't necessarily know if I want to say that it should be a top-down thing. But I think I can't think of another way for bringing all of these people to the table. . . . But I also I really don't like when things are like top down, and I don't like those just across the board, mandates personally, but if we're gonna follow. If if we're going to follow this framework, then I don't know how else it would happen.

The expression of implementing considerations stemmed from participants underlying belief that programs designed to support the whole student is a worthwhile endeavor, discussed more in Theme 4.

**Theme 4: Belief in Supporting the Whole Student**

Another dominant theme was the participants' belief in supporting the whole student instead of solely focusing on academic considerations. During the interview, Participant 2 elaborated on this theme when asked about their feelings about the ISF. Participant 2 stated:

It forces us to kind of I think, make more of an effort to partner with other offices and

other wellness providers or other educational staff, and as a mental health provider, I

mean to me it makes sense you're looking at the whole individual right?

In line with Participant 2, Participant 6 stated:

As a mental health provider, I mean to me it makes sense you're looking at the whole

individual right? And that's, I think definitely the direction our district is going. So I like

that foundational core value, which is that we are looking at the whole individual. And

you can't just separate academics from behavior or behavior from, you know

psychological or emotional issues.

Taking a slightly different perspective in supporting the whole student, Participant 3

considered schools' responsibilities for ensuring that all facets of student development are

supported to prepare them for life after public school. Participant 3 stated:

I think it that that marriage of PBIS as an ISF would be hope to see kids like, really, these

students and their identities. . . . You know student progress is full, and then long term for

graduation and then living out their dreams.

Theme 4 demonstrated the holistic lens specialized instructional support personnel bring to

education and the impact mental wellness and social–emotional learning have on student

academic achievement. With the many responsibilities placed on educators, concerns of limited

capacity came into question, represented in the following theme.

**Theme 5: Concern About Educators' Limited Capacity**

Partially because of the demand the ISF denoted in the ISF factsheets, participants

expressed concern about educators' limited capacity to meet its requirements. For instance,

Participant 1 elucidated:

To really want to do it requires emotional bandwidth that I don't know, especially . . . right now, you know . . . like everyone, is still reeling from the toll the pandemic took on being a virtual teacher, and, like all the things that feel like teachers are just stressed more than I like. It feels like each year more than the last. And so asking an already stressed out population, a population that's already prone to burnout.

The coding in Theme 5 also detailed uncertainty about whether educators would feel equipped to implement mental health interventions described in the ISF. Participant 2 explicated, "Is me doing this doing more harm then it is doing more good? I have heard that argument as far as like, who's best equipped to provide this."

When indicating concern about educators' limited capacity, Participant 3 articulated how staff also need to attend to their mental health, saying:

But the barrier is our staff are tapped out. Or they're not maybe fully attending to their own mental health needs. . . . How do we build capacity so that we take great care of ourselves so that we can serve our students and family?

She explained how understanding staff readiness would give decision makers a better idea of whether the climate was ripe for a new program implementation. With expanding expectations, and limited educator capacity in today's educational climate, participants latched to ISF's perspective of improving school–community partnerships.

**Theme 6: Having School–Community Partnerships**

Having functioning school–community partnerships was also a critical theme found in all six interviews. Participant 5 spoke about partnerships between school personnel and community support agencies, saying:

We're trying to figure it out and then refer out to resources or collaborate with

professionals through things like an exchange of records, which can be very individually

based and legally inundative. So, I think the idea of it, that being like the whole

community revolving around the child is amazing.

In line with Theme 4, school–community partnerships were viewed as a form of supporting the

whole student. Participant 4 also acknowledged the importance of school–community

partnership when stating:

I like the idea of other people coming on board, and in order to support students, I like the

idea of involving all these community resources and that kind of a thing. I think like, if it

could happen then it could be really really impactful. But I don't know.

Participant 4's apprehension stemmed from previous working experiences around bringing

multiple parties to the table to support a child was challenging unless there was an incentive for

parties to attend. The same concern was shared by Participant 5, "I don't know where a for profit

healthcare agency comes into the fold with prioritizing frequent collaboration with the school

team. I don't know." Participants' feelings of having greater communal support were found to be

correlated to feeling limited to the types of support they are allowed to provide in the school

context, explained more in Theme 7.

**Theme 7: Professional Role Limitations**

Professional Role Limitations was a less prominent theme but is worth mentioning

because of the potential implications it may have for district employee job satisfaction. Four out

of six interviewees felt district limitations to the type of support they are allowed to provide

results in feeling constrained and not being allowed to immerse themselves in therapeutic

practices. Two examples were when Participant 4 stated:

But I have limitations, too, because, like I said before, the schools don't let us do family

therapy, and I feel like that is probably the most effective because I'm hearing all sides of

the story. . . . We're airing out all this conflict altogether, coming up with solutions and

helping each other like, listen to each other, resolve, conflict all of that.

When Participant 2 was asked how she felt her role addressed student mental health, she

expressed:

You know I don't know. That's a hard question for me, because I don't know that I'm

effective, and the and how things are now, I don't think that I am. I think I could be more

effective if we were allowed to maybe do more, provide more."

Other participants spoke of counseling time restrictions and feeling bounded by other job duties

that prevent providers from adequately delivering counseling services. In the next section, a brief

overview on the theme's connection to the study's theoretical framework is examined.

**Ecological Systems Theory Meaningful Themes**

Several meaningful themes throughout the data collecting and coding process represented

major components of the ecological systems theory (EST), including three significant themes

and two minor themes (see Table 6). During the study, a primary consideration was how systems

influence a child's development, and the associations specialized instructional support personnel

make regarding those systems according to the EST. The microsystem was the most referenced

per participant responses. Participants commented on school–community partnerships, the

impact of educators on students, and belief in supporting the whole student. Statements about

students' macrosystem and exosystem were also revealed, such as school mandates and potential

changes in state laws that may affect student development. The following sections discuss the

connections to the study's theoretical framework's features.

**Microsystem**

The microsystem concerns the relationships between individuals and the institutions closest to a child's environment that may impact their development (Johnson, 2018). Participants spoke of how their work impacted students' education. For instance, Participant 1's statement about joining education to impact student learning fits in EST's idea that relationships between adolescents and teachers can influence student development. If students have poor relationships with their schools, it may be more challenging for them to develop cognitively compared to students with positive relationships with the schools in their microsystem (Johnson, 2018). Another mention of the microsystem was having school–community partnerships. Community agencies are often found in a school's neighborhood. Thus, the partnerships, or lack thereof, with agencies directly impact the types of support students receive, such as mental health services, health services, and youth programs.

**Macrosystem**

References to the macrosystem were also found in participant interviews. The macrosystem is often regarded as the area furthest from a child's environment; in this area are culture, laws, and norms (Burns et al., 2015). One participant expressed:

> I'm you know, concerned about like our election next. You know, this year, actually, and the impact potentially a change in the White House could have on education . . . so that's something that will drive the culture and climate which will then impact, you know, kind of policy in our school district.

The primary concern noted was how a change in government might trickle down to schools, thus, impacting mental health initiatives, and potentially affecting students' psychological development. Participant 2 likewise alluded to the cultural aspect of the macrosystem; she stated:

If it is culture based, you should be changing with the culture because culture is not static

. . . so bringing this in makes sense to me, because it would be culturally sensitive, and it

makes sense to me because I would think that you, the the evidence would show we're

making more of an impact.

Participant 2's central argument was that as culture evolves, systems must also evolve; in this

context, updating PBIS with components of ISF is the logical evolution considering the mental

health awareness movement happening in today's social discourse.

**Exosystem**

The exosystem involves the political and regulatory decisions made by school authorities

that can impact a child's educational experience (Johnson, 2018). During the data collecting

phase, codes from Theme 3 spoke to the influence the exosystem has on student development.

For example, participants' belief that ISF would require a school mandate to be successfully

implemented is aligned with Bronfenbrenner's (1986) perspective that regulatory decisions made

by school officials indirectly impact a child's development. Under the EST's perspective, the

school district wields the governing authority to mandate programs like PBIS and ISF that exude

into classroom practices and materials for students (i.e., mental health curriculum, mental health

intervention approaches).

**Table 6**

*Meaningful Themes Reflecting Specialized Instructional Support Personnel's Attitudes Toward*
*Implementing a Mental Health Change Model, ISF, in Their School District*

| Meaningful themes (not informed by EST) | Meaningful themes (informed by EST) | Case count | Code count |
|---|---|---|---|
| Current district are practices aligned with ISF | Having school-community partnerships | 6 | 11 |
| Stakeholder buy-in | Impact of educators on students | 2 | 3 |
| Concern about educators' limited capacity | Belief in supporting the whole student | 6 | 13 |
| Professional role limitations | Expressing implementations considerations | 6 | 15 |
| | How culture impacts development | 3 | 3 |

**Participant Ecological Systems Worksheet Results**

During the interview process, the researcher asked participants to complete a worksheet

about the EST domains that consisted of writing where they perceive school initiatives in their

school district and where they believe the initiatives should be placed in a student's systems (see

Appendix C). The purpose was to determine if district communication of initiatives and support

personnel's understanding align. The participants were asked to position PBIS, specialized

instructional support personnel, mental health support, community resources, and ISF in a

student's ecological system (see Tables 7 and 8).

**Table 7**

*Ecological Systems Theory Worksheet Participant Responses: Perception of Where District Places Practices*

| PBIS | SISPs | Mental health support | Community resources | ISF |
|---|---|---|---|---|
| Micro: 4 | Micro: 5 | Micro: 2 | Micro: 1 | Micro: 2 |
| Exo: 2 | Macro: 1 | Messo: 3 | Messo: 2 | Mess: 1 |
| | | Macro: 1 | Exo: 2 | Exo: 1 |
| | | | Chrono: 1 | Macro: 2 |

*Note*. SISP = specialized instructional support personnel.

**Table 8**

*Ecological Systems Theory Worksheet Participant Responses: Perception of Practices*

| PBIS | SISPs | Mental health support | Community resources | ISF |
|---|---|---|---|---|
| Micro: 3 | Micro: 4 | Messo: 2 | Micro: 2 | Messo: 1 |
| Exo: 3 | Exo: 2 | Exo: 1 | Messo: 1 | Exo: 1 |
| | | Macro: 2 | Exo: 3 | Macro: 2 |
| | | Unsure: 1 | | Chrono: 1 |
| | | | | Unsure: 1 |

*Note*. SISP = specialized instructional support personnel.

**PBIS**

Four participants felt that the district places PBIS in a student's microsystem, and two felt PBIS was in the exosystem. When asked where they believe PBIS ought to be implemented, three participants responded microsystem, and the other three responded the exosystem. When considering PBIS, results suggested there is some alignment between participants' perceived understanding of how their school district is implementing PBIS and their perspective of where it should be placed.

**Specialized Instructional Support Personnel**

Five participants felt the district viewed specialized instructional support personnel in a student's microsystem, and one participant selected the macrosystem. Alternatively, when asked where they believed specialized instructional support personnel should be implemented, four participants validated their belief that specialized instructional support personnel are indeed in the microsystem, with only two participants diverting specialized instructional support personnel to the exosystem. In keeping with the messaging of PBIS, the results indicated there was agreement between the participants' perceptions of where specialized instructional support personnel should be implemented and how their school district is putting them into practice.

**Mental Health Support**

When asked about their perception of mental health support from the view of their school district, two participants selected the microsystem, two chose the mesosystem, and one selected the macrosystem. Participants' responses about their perception of where mental health support should be located also differed. Two participants picked the mesosystem, one selected the exosystem, two selected the macrosystem, and one participant stated they were unsure. The multiplicity of responses indicated there was a disparity in perceptions about where the district is concentrating mental health support efforts outside of direct service providers and where participants deemed they should be focused.

**Community Resources**

Participants also had various attitudes when asked where they felt their school district places community resources. One participant selected the microsystem, two selected the mesosystem, two selected the exosystem, and one selected the chronosystem. However, increased continuity was found when asked where they perceived community resources should

be located. Two participants stated the microsystem, one chose the mesosystem, and three

selected the exosystem. Because the exosystem focuses on political and regulatory decisions that

can impact a child's educational experience (Johnson, 2018), the findings suggested participants

felt there should be a greater emphasis on school district personnel's involvement in resource

allocation and connection for students.

**ISF**

Finally, when probed about the possibility of implementing ISF, two participants felt the

district would house the framework in the microsystem, one chose the mesosystem, one selected

the exosystem, and two indicated the macrosystem. When questioned on their perspective on the

hypothetical implementation responses varied, including one mesosystem, one exosystem, two

macrosystems, one chronosystem, and one participant stated they were unsure. The range of

responses was unsurprising because ISF was a new concept to many participants and the district

was not implementing the framework at the time of the study. The variety of replies does,

however, appear to indicate that to improve the likelihood of successful implementation,

prospective implementers need to be appropriately trained on what ISF involves and how the

framework would work in conjunction with existing district programs and practices.

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**PBIS Barriers and Solutions**

</div>

In the final phase of the interview protocol, the researcher inquired about barriers to and

potential solutions for PBIS implementation from the participants' perspective. As mentioned

previously, ISF implementation is analogous to PBIS implementation; thus, understanding

barriers and solutions can be beneficial in helping school officials interested in the ISF. During

this interview phase, the researcher asked three questions about barriers: (a) What barriers, if

any, has your school experienced in implementing PBIS?; (b) What barriers, if any, have you

experienced in supporting the implementation of PBIS?; and (c) How do you think schools can help overcome these barriers? Table 9 displays barriers and solutions according to participants.

**Table 9**

*PBIS Barriers and Solutions from the Perspective of Participants*

| Participant | Barrier | Solution |
| --- | --- | --- |
| P1 | Resistance to change, district leadership organization | Persistence, providing additional support |
| P2 | District communication of program | Disrupt current system |
| P3 | District communication of program | Continuous improvement |
| P4 | Funding, lack of service providers | Providing additional support |
| P5 | Buy-in, time | Moving to a year-round system, mandate curriculum in college programs |
| P6 | Buy-in, unions, differences in intervention protocols, implementation role out | Mandate implementation, continuous improvement |

Participant 1 noted how staff resistance to change hindered PBIS implementation; she stated, "Change is hard for anybody, right? And getting people to change is hard. So, there was some of that." Further, she described how the organizational structure of district leadership also produced some challenges. Participant 1 described the district as leading with autonomy; consequently, programs requiring several moving pieces can be especially difficult to implement because of the school site's ability to make their own decisions. Her solution to the named barriers was to be persistent; drawing from author Doug Reeves, she believed making a decision and following up with data is the best approach. Lastly, Participant 1 mentioned the importance of creating a supportive environment to promote implementation.

Participant 2 conveyed how district miscommunication had led to ineffective messaging to staff responsible for PBIS implementation, "so people receiving information from different avenues and maybe misunderstanding their necessary responsibilities when they're given that information. Because again, the information is coming from different avenues." Participant 2's

examination of PBIS implementation barriers matched Eiraldi et al.'s (2019) findings of

inadequate communication from district-level officials, resulting in a lack of oversight on PBIS

projects. Participant 2 suggested disrupting the elements of processes that are not yielding

positive outcomes by stripping them down and making room for practices that may work.

Participant 3 also noted how district communication was a barrier to sites' PBIS

implementation strategies, "With understanding what it even was at the very the basic level of

what is this? PBIS? Yes, and what is it? How is it different from what we already do?" She

expressed how there was staff confusion in the initial stages of PBIS and voiced that a solution to

this barrier would be a continuous improvement of district practices by receiving feedback from

major stakeholders and being honest about challenges that may arise. Alternatively, Participant 4

cited the lack of funding for additional support staff to assist in PBIS requirements as a barrier to

implementation, saying:

> I think that also ties into like funding for it. . . . So, I think, just like practicality, things
>
> like and being able to I don't know, like in incentivize staff to be a part of it and that kind
>
> of thing has been a barrier.

Participant 4 theorized a solution to this issue would be additional support from the district

office.

Following Baffsky et al. (2023), Eiraldi et al. (2019), McDaniel et al. (2017), and

McIntosh et al. (2016), findings that lack administrator support lead to difficulties in program

implementation and time management issues. Participant 5 identified time limitations as a barrier

to PBIS implementation. He stated, "I would say the restrictions on time apply to both the

amount of time that we can devote to our training and the participants in those trainings and then

also to the day-to-day implementation of it." He stated that site leaders responsible for

implementation must worry about integrating PBIS concepts and receive enough time to learn about its features correctly. Additionally, he connected these concerns to staff buy-in reluctance and negative perceptions of new programs that have been perceived as the latest thing that will come and go. Participant 5's solution was to move to a year-round calendar system and use the additional time to train and pay staff. He also noted administrators should mandate new best practices for new educators' college curriculum, so they come into the field prepared.

Participant 6 described buy-in, unions, differences in student intervention approach, and implementation rollout as barriers to PBIS implementation. She began her response to the interview question by stating, "I think the biggest one is staff buy-in. So that's the Number 1." She proceeded to explain how the method programs have been rolled out strongly affected their success, saying:

> Even sometimes how it is implemented. So, considering schedule time of the year, how it's broken up cause a lot of times what happens is like a one-and-done like at the beginning of this school year, right? It's like all these kickoffs and trainings. And then it's like we don't hear anything about it.

Additional concerns encompassed teacher union response to district requests for increased work duties from staff and school protocols on addressing student mental health concerns. Participant 6 believed continuous improvement would be a solution to how programs are rolled out. In addition, she believed mandates would also be helpful to promote continuity of best practices across school sites while monitoring their effects to provide reliable data on their effectiveness that may result in greater buy-in for new district programs by school staff.

**Conclusion**

Chapter 4 presented the findings of this research study. The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, ISF, to support at-risk youth in the public school system. Seven significant themes were uncovered using interpretative phenomenological analysis through face-to-face semistructured interviews. The major themes included (a) participants' perceptions that current district practices are aligned with the ISF, (b) the importance of stakeholder buy-in, (c) expressing implementation considerations, (d) belief in supporting the whole student, (e) having school–community partnerships, (f) concern about educators' limited capacity, and (g) professional role limitations.

Connections to EST were also discussed and found that five thematic elements of the theoretical framework were linked to participants' responses, mostly involving the microsystem. The participant worksheet results were also addressed finding continuity between district communication of supports and participants' perceptions of where those supports were located in a student's ecological system. The final section covered barriers and solutions to PBIS implementation, showing diverse perspectives and solutions to implementation challenges.

Participants overwhelmingly felt ISF is a change model worth exploring, barring the thoughts and considerations noted throughout this chapter. The results of this study have important implications for school-based mental health practices and offer considerations for district personnel seeking innovative ways to address the increased prevalence of youth mental health challenges in their schools. The next chapter discusses the findings, implications, delimitations, and feature research recommendations. Figure 2 shows the most frequently used words throughout all six interviews.

**Figure 2**

*NVivo Generated Interview Word Cloud*



*Note*. Visual of the most frequently used words during interviews generated by NVivo 14

Software.

CHAPTER 5: CONCLUSION

The purpose of this qualitative study was to examine specialized instructional support personnel's attitudes and willingness to implement a change model, interconnected systems framework (ISF), to support at-risk youth in the public school system. A secondary goal was to provide insight for decision makers considering adopting ISF. ISF is a model for delivering academic and mental health education through a single delivery mechanism. A central tenet of ISF is implementing a combined student support delivery system that educates all school staff and students on the value of mental health alongside educational curricula, because ISF was recently developed, a key concern is the lack of implementation by schools; thus, very little is known about the complications that may emerge when the ISF is applied to PBIS (Splett et al., 2020).

The research question that guided this study was: What are specialized instructional support personnel's attitudes toward implementing a mental health change model, ISF, in their school district? The research method consisted of an interpretative phenomenological analysis using face-to-face semistructured interviews. After the interviews, transcripts and participant narratives were sent to each participant to certify authenticity. After that, coding was completed and presented in Chapter 4. This chapter summarizes and discusses the findings, examines implications, and provides recommendations for major stakeholders. The chapter closes with an overview of delimitations and recommendations for future research.

**Positionality**

Though the researcher was an insider in collaboration with other insiders, during the data collection and analysis phase, the researcher aimed to hold an outsider perspective to safeguard

against potential research bias. Holding an outsider perspective consisted of only considering what was collected from interview responses to inform the research findings. Because the research methodology sought to understand ISF from the perspective of participants, findings hinged on interview responses and recommendations for ISF implementation were limited to the themes and solutions revealed from the interview protocol. Consequently, the researcher did not include personal beliefs or personal conclusions to the findings.

## Summary of the Findings

The participants for this study were professionals whose primary role in education was providing specialized instructional support or provide support to personnel who deliver direct services to students. During the data collection phase, participants shared their perspectives on ISF. Throughout the interviews, participants were asked to answer questions about their feelings and attitudes about the prospect of implementing ISF. They were also asked to complete a worksheet inquiring about their perception of district supports and their thoughts on where supports should be in a students' ecological system. The interview protocol ended with questions about barriers they have experienced working with PBIS and possible solutions to named barriers.

The themes that emerged were (a) current district practices are aligned with ISF, (b) importance of all stakeholder buy-in for ISF to be implementable, (c) expressing implementation considerations, (d) belief in supporting the whole student, (e) concern about educators' limited capacity, (f) having school–community partnerships, and (g) professional role limitations. The study's results suggested all participants would be willing to support elements of the implementation of ISF.

**Discussion**

This research project helped fill the gap in the literature about the perspectives of individuals who are responsible for carrying out the implementation of ISF. In recent decades, mental health advocates have turned to schools to take responsibility for addressing students' mental health needs (Splett et al., 2020). Supporters of school-based mental health have argued that when school and mental health services integrate, students are more likely to retain skills because of their ability to practice skills in an environment with their peers (Katz et al., 2020). Moreover, Anello et al. (2017) found students receiving mental health support mainly obtain services through the school system. ISF looks to upgrade schools' mental health services to increase their efficiency for students and school faculty.

The findings of this study revealed that specialized instructional support personnel believed their district practices and procedures were moving in the direction of ISF at the time of the study. The finding was unsurprising because of the increased attention PBIS has placed on social–emotional learning in the district. This finding furthered Barrett et al.'s (2013) argument of the overlap between the two models and how their linkage can reinforce one another. The results also demonstrated participants' belief that stakeholder buy-in from top-level administrators and ground-level implementers has been a precondition to successful change models. The overarching assumption was that change models fail if individuals responsible for implementing a program do not believe in the program's value.

When considering the monumental impact of buy-in on program success, participants' inclination to express implementation considerations was particularly significant, specifically their desire to have their voices heard when new programs affect their work. Participants' yearning to have their input considered supported Bohanon and Wu's (2014) findings that

schools that use needs assessments from stakeholders have a greater chance of achieving buy-in and realizing PBIS's intended outcomes. Findings also suggested specialized instructional support personnel's belief that supporting the whole student is essential for student outcomes in school and beyond. Specialized instructional support personnel attitudes toward nurturing students' social–emotional needs in conjunction with academics further establishes literature about the importance of taking a more nuanced approach to attending to all aspects of a student's development, such as previous research demonstrating when students participate in targeted social–emotional and academic interventions, they have increased academic outcomes when compared to students who do not receive similar supports (Lemberger et al., 2018).

Participants' concerns over educators' limited capacity were twofold: (a) worry over educator burnout and (b) teachers not being equipped to support students' mental health needs. The latter concern was consistent with previous studies revealing that an ongoing challenge in supporting student mental health is teachers' insufficient training in recognizing student mental health issues (Marsh & Mathur, 2020). Because of the potential limitations of secondary accounts by participants around teacher perspectives, findings should be treated with caution until corroborated by first-person accounts that confirm beliefs.

**Unexpected Finding**

The researcher discovered an unexpected finding worth exploring. Specialized instructional support personnel were concerned about limited educator capacity yet expressed feelings of underuse in their current roles. These seemingly contradictory statements voiced various challenges and barriers supporting the implementation of PBIS. However, some participants felt that having broader liberty to increase intervention output would improve their practice. Attitudes about district goals around program implementation may not directly coincide

with participants' personal career goals. The researcher speculates that if the district can productively amalgamate participants' personal goals with district goals, program implementation like PBIS or ISF would stand a better chance of success.

## Implications

Because ISF is a newly designed change model, there may be uncertainty around fully investing in its implementation in districts unfamiliar with its features. District officials can better understand its usability and practicality through a review of the literature and new data presented in this study. This study helped provide data for district officials considering adopting ISF and, ultimately, provided a viable model for supporting students who are at risk for adverse academic and life outcomes. Based on the findings, district personnel can better evaluate practices that affect the implementation of current and future change models. This section covers the wide-ranging implications around district practices, perspectives of student-centered support, and the importance of faculty voice. The section closes with PBIS concerns and implications.

### District Practice Alignment

The first major theme was the participants' perception that their district practices are aligned with ISF's key components. Though the school district was not implementing ISF at the time of the study, participants shared the evolving role of social–emotional learning and mental health considerations in their multidisciplinary teams. Because the sentiment of alignment was found across interviews, PBIS practices clearly have helped shape how schools interact with school-based mental health support. The finding implied a strength of the school district studied was their communication of prioritizing student's mental wellness.

Findings of the participant ecological systems theory (EST) worksheet also demonstrated effective communication between district officials and faculty by showcasing similarities

between where participants believed the district currently places supports and where they believed supports should be placed. If strong signaling from the district office about student mental health continues, increased efficiency and productivity around student wellness should be expected to persist, thus improving organizational performance as long as district officials continue to work toward fidelity of PBIS implementation. According to the participants, strong signaling can be further strengthened by setting clear goals, maintaining open feedback loops, and clarifying the roles of individuals involved in the implementation process. Identifying and removing barriers can equally contribute to the alignment and success of district goals. If district officials opt to support the implementation of ISF, they now have data to support their current practices and have laid the groundwork to make the shift possible. Increased awareness around the district's own practices can help reinforce their strong points and concentrate on areas of improvement such as stakeholder buy-in and attending to limited educator capacity.

**Stakeholder Buy-In and Limited Educator Capacity**

The second central theme spoke to participants' thoughts on stakeholder buy-in's importance when implementing a change model. According to participants, buy-in, or lack thereof, has far reaching implications, including resistance and lack of support. Lack of support is critical when considering new programs' financial and time investment costs on district resources. Failure to achieve buy-in can lead to cost over expenditure, time delays, and ultimately, failure to achieve the desired results (Emerson, 2022). When considering the long-term impact of failing to gain stakeholder buy-in, trust in district relationships may also be compromised, leading to future projects being met with increased doubt and skepticism. Based on participants' responses, district officials can achieve buy-in by providing data to build their

case for and demonstrating the value of new programs, involving stakeholders in the planning

process, and communicating goals effectively.

Concern about educators' limited capacity also has crucial implications for district

officials. Participants raised concerns about teacher burnout. Burnout is a well-established topic

and connected to a host of adverse physical and mental effects (Maslach, 2003). Because ISF

focuses on mental health for all, district leadership must proceed cautiously when considering

how and when program implementation occurs to reduce additional strain on faculty capacity.

The consequences of burnout can result in educators' inability to perform their duties effectively

(Abraham-Cook, 2012). The stress of being asked to learn a new program and assist in its

implementation may contribute to feeling overwhelmed and exacerbate burnout. Effects of

burnout can negatively impact educators' quality of work (Abraham-Cook, 2012). Addressing

the adverse effects of limited educator capacity demands systemic change, school districts can

benefit from fostering a culture of self-care and increase awareness around support and resources

for educators (Ramos & Hughes, 2020). Attempting to cultivate a work environment that

promotes educators' well-being does not require district officials to work in isolation; often,

answers to areas of improvement are found in the organization by inviting faculty voices.

**Implementor Voice**

A component of gaining stakeholder buy-in is providing personnel responsible for

implementation an opportunity to voice concerns, needs, and other relevant data before moving

toward execution (Bohanon & Wu, 2014). Implementor voice may contribute to the successful

implementation of change models by providing invaluable insights about current frontline

working conditions. Participants shared a variety of considerations ranging from concerns about

workload distribution to feelings that a requisite condition would be a districtwide mandate for

ISF. Because participants value having their voices heard, this finding can help district officials recognize the importance of prioritizing feedback opportunities as a central element of implementation design. In doing so, change models may have a greater chance of success.

Participants also voiced concerns over their professional role limitations. Statements of feeling underused were shared among participants who felt they could do more to support students and families. Administrators can gain from understanding how specialized instructional support personnel view their school district's roles and how to apply their skill sets best. The consequences of specialized instructional support personnel not being properly used may detrimentally affect their motivation and feelings of job satisfaction, which can inevitably result in work disengagement and job performance. Methods of gathering faculty perceptions of their role in the district can be attained by perceptions surveys concentrating on specific job satisfaction and annual review meetings with stakeholders to allow space for faculty to discuss their thoughts and feelings about how the district is carrying out their professional roles. For example, using similar techniques, the researcher revealed the value specialized instructional support personnel places on student-centered support, which is covered in the next section.

**Student-Centered Support**

Participants felt that supporting the whole child is necessary for student development. Belief in supporting the whole student encompasses nurturing student's social, emotional, and physical well-being. Addressing every element of a student's needs contributes to better academic outcomes and overall well-being (Lemberger et al., 2018). Based on the findings, the researcher recommends the school district continues to push professional development around students' social–emotional and physical well-being to increase familiarity with its concepts to staff outside student support service roles. Awareness around supporting the

whole student can also be shared with all relevant stakeholders (i.e., families, community members, and students). Another way of thinking about the importance of student-centered support is the impact the students' ecological system has on their development.

**Connection to Theoretical Framework**

In keeping with Bronfenbrenner's (1977) EST, which states that influences closest to a child's environment affect their development, interviewees indicated that student-centered support also involves having solid school–community partnerships. Strong community partnerships can assist schools in providing equitable education for all students by addressing students' various needs outside of what schools can provide. Again, the outcomes may link to improved academic performance and student well-being by guaranteeing students access to necessary resources. Partnerships with the community decrease the burden on families to provide support and resources outside their capability. With the support of school districts helping connect families with resources, positive interactions between school faculty and parents may lead to healthier student development, as noted in Bronfenbrenner's (1986) excerpt on the mesosystem.

Consistency between district and community resources can be realized by actively seeking agencies willing to partner with schools to support student development. For instance, reaching out to local mental health agencies and establishing an agreement for reserved slots for students to access mental health care may be one way to successfully partner with community resources and combat barriers discussed by participants around community and school district hesitancy to collaborate more closely. Concerns of both parties would be alleviated. Worries about incentives are addressed from the community providers' standpoint because they maintain control of their services and time. From the district's perspective, district mental health support

providers would not be required to sacrifice their work. The result would be increased reliability

and access to student resources without compromising school or community agencies'

goals. This section concludes the discussion concerning the major themes uncovered concerning

the ISF. The next section examines PBIS implementation barriers and possible solutions from the

participants' perspective.

**PBIS**

Designers of ISF asserted the change model should not be seen as independent from PBIS

but instead viewed as an updated version that incorporates new implantation tactics and

considerations around mental health (Center on PBIS, 2021). For this reason, questions around

barriers to PBIS implementation from the participants' perspective were probed to provide

district officials with additional data to support their current PBIS initiative and offer future

considerations if the district chooses to shift to ISF. Responses from participants have far-

reaching implications for the district's ongoing investment and effort to achieve PBIS's predicted

outcomes. Moreover, the collected data yielded greater insight into the attitudes of individuals

responsible for implementing PBIS.

*Communication Barriers*

Participants commented on inadequate communication being a barrier to effectively

implementing PBIS. Despite the district's strong communication around advocating for students'

mental wellness, established in the study's first theme, there appears to be a disconnect with their

PBIS implementation practices. A similar conclusion was discovered by Eiraldi et al. (2019),

who found that poor communication channels from district-level officials resulted in a lack of

oversight on PBIS projects and difficulty implementing the program. Communication breakdown

may cause low engagement and support for the program. Participants recommended that district

officials focus on continuous improvement by way of open feedback loops to improve how communication is disseminated. Participants also suggested that factors adversely affecting implementation should be actively disrupted when found and promptly replaced with practices conducive to success; this brings up another concern statement—the allocation of time to meet program implementation demands.

### Time and Administrator Influence

Limited time in the workweek to accomplish job-related tasks and focus on program implementation hindered meeting PBIS's team goals. Participants also noted that site administrators' emphasis on the importance of PBIS implementation dictated the priority PBIS teams placed on carrying out its features. A similar finding was noted by Baffsky et al. (2023), Eiraldi et al. (2019), McDaniel et al. (2017), and McIntosh et al. (2016), who uncovered in their studies time and administrator support were barriers to implementation. The challenge administrators possessing disproportionate influence over district initiatives was that if there is no backing from site administrators, district plans will undoubtedly fail. Again, drawing from one participant's recommendation, a potential solution can be extending the school year calendar to incentivize summer trainings and allow extra time for staff to grasp district programs and cultivate ownership of programs success. Participants were aware their suggestions would be met with resistance and depend on top-level leadership making difficult decisions for change to occur.

### Resistance and Leadership Style

Concerns about resistance to change and district leadership style were also disclosed as potential barriers to PBIS implementation. A primary problem with resistance to change is that organizations risk stagnation in the face of new challenges. With the increased rates of student

mental health issues cited throughout this study, change is imperative now more than ever to adapt to the new demands placed on the education system. School districts may fail to address challenges like student mental health without change in practices. Additionally, apprehension about the district's hands-off leadership style was shared during the interview while examining current program implementations practices.

Different leadership styles have pros and cons; no one style fits all situations, particularly in complex organizations like the public school system. The drawback of a laissez faire, hands-off approach when implementing programs that necessitate attention to detail is that a lack of guidance from key leaders may cause faculty to feel unclear about their roles and responsibilities. Furthermore, without proper guidance, school sites may make decisions that do not align with the district goals. An offered solution is being more persistent when implementing programs, adjusting leadership styles when necessary, and providing extra support for demanding projects. Top-level district officials are also responsible for negotiating staff contracts and district intervention practices, which are discussed in the ensuing section.

### *Union Roadblocks and Intervention Protocols*

Further concerns emanating from participants were union involvement and differences in intervention protocols. Participant 5 expressed how complications with unions can interfere with enacting district policies because of pushback around contractual restrictions. Participant 5 stated:

> If you just talked without a model about all the things that ISF represents, you're not
> gonna get anyone that is going to say no to it. But all of a sudden, when you talk about
> like, logistically, the time training prep all that, then it becomes where unions get very
> much involved.

The feeling around union involvement was if communication of programs are not introduced effectively, district and union relationships can become strained, leading to breakdowns in communication and, ultimately, district requests being rejected by negotiating parties, resulting in new initiatives stalling. Again, mandates were offered as a strategy to bypass potential resistance. Gaining board member support to issue a decree requiring educators to participate in programs supporting students' social–emotional well-being would guarantee that students receive adequate care and that every area of their educational needs are met.

Concerns over intervention protocols articulated complications during multidisciplinary team meetings around selecting the proper intervention for students requiring additional support. Differences in intervention perspectives were described by participants as feeling that certain team member roles are responsible for a disproportionate amount of work. Some participants felt that anytime a concern about mental health is raised, they are seen as the de facto person responsible for providing support, even though they believe other team members or interventions can conceivably address the concern. One participant suggested that district officials and site teams focus on continuously improving practices. Again, engaging regularly with open feedback systems allows faculty to voice their concerns and develop plans to improve intervention practices. Open feedback systems also allow decision makers to learn how their choices impact direct service providers to remedy issues like personnel and funding shortages, which one participant expressed.

### *Personnel and Funding Shortages*

Shortage of personnel to support PBIS implementation was an additional area of criticism. Paralleling sentiments about feeling overburdened by being the sole providers of mental health interventions was expressed; one participant felt they were viewed as the only one

who could provide mental health intervention. The implication of certain specialized instructional support personnel being viewed as sole providers reflects concerns mentioned previously (i.e., burnout and disengagement from work). McDaniel et al.'s (2017) findings resembled similar concerns, noting PBIS team members responsible for providing support to multiple schools found PBIS duties to be excessively burdensome.

A notable detail was the participants of this study expressing similar concerns also provided support to multiple school sites. This finding demonstrated burdensome feeling around PBIS implementation permeated across different districts. Increasing the number of mental health providers who assist with interventions is recommended. Insufficient resource allocation was regarded as a likely reason for underdeveloped teams responsible for Tier 2 interventions. One participant argued that Tier 1 advisors receive stipends for participation but lead Tier 2 members do not. They recommended the district and school sites revisit the policies regarding allocating resources for PBIS teams to combat inequitable practices.

**Limitations**

The researcher considered several factors to ensure the clarity and focus of the study. The first factor that was considered was the population of participants. The public school system is home to professionals from a myriad of backgrounds. To align with the purpose of the study, only professionals who interact regularly with direct student intervention or support those who provided direct services were invited to participate. Personnel not directly responsible for providing intervention to student mental wellness were excluded from the study.

Second, the geographic location probed was one suburban school district in a northern California county. Because the study used convenience sampling to recruit participants, the setting was delimited to secondary schools. Furthermore, a central component of this study was

learning about a change model to support at-risk students. While at-risk students can be found at all schools, they are more likely to come from a low socioeconomic status (Bolland et al., 2007; Owens, 2018; Sturgill et al., 2021). Because convenience sampling was used to recruit volunteers, participant criteria did not require serving in low-income schools. Participants in this study worked in schools with moderate to low poverty rates. The future research section of this chapter offers ways to increase understanding of how perspectives of the ISF may change from stakeholders serving low-income students.

Because California is adopting a more proactive stance on mental health, the study's findings may not be generalizable to other states that are less involved in the public response to mental health. Another factor to consider was the study's timeframe. From March to May, students were preparing for finals and statewide testing, which may have increased stress levels and caused an increased need for support. The increased need for support from specialized instructional support personnel providers may have affected perceptions of participants' ability to provide adequate care and, thus, inform how they responded to the interview protocol during the time of the school year the study took place.

The rationale behind this study was to increase access to mental health services for all students, especially those most at risk for developing mental health challenges. The study's long-term goal was to identify and connect students with timely and reliable mental health support. Because schools have limited resources, the resources provided to schools across the district must be used efficiently. Finally, the research brought awareness to the current practices, procedures, and need for school-based mental health services. Given the school district promotes its engagement with PBIS, schools were assumed to meet some of the school-wide Tiered Fidelity Inventory (TFI) standards. A further review of the relationship between fidelity markers

and mental health in school sites would be needed to prove a correlation between the two topics. The research was delimited to the ISF model using qualitative practices. One crucial aspect to consider is that ISF is a relatively new change model; thus, participants may have had limited knowledge of its use.

## Recommendations for ISF Implementation

District leadership plays a vital role in the success of MTSS models and their effects on student outcomes. Part of district leadership responsibility requires proper support and effective communication with staff and faculty to ensure initiatives meet their intended outcomes (Choi et al., 2019). Based on the findings in this study, districts interested in augmenting their PBIS program and further supporting students through the addition of the ISF, would be advised to consider the following steps:

1. Seek school board approval for ISF implementation. Directives from key decision makers provides support for implementors and shields against resistance to change. Lack of support from administrators and key support staff involves not prioritizing change models and failing to devote time and resources needed for successful program implementation.

2. Include specialized instructional support personnel providers in initial planning. Specialized instructional support personnel provide invaluable expertise on specialized student support when procuring considerations about student wellness.

3. Aggregate district data on the impact of social–emotional learning. District data exhibiting benefits of social–emotional learning would increase the probability stakeholders buy-in to program implementation by demonstrating its usefulness.

4. Design open-feedback loops. Fostering open feedback loops allows implementors (e.g., site administrators, faculty, staff) to voice concerns during the implementation process, allowing space to collaborate on solutions for issues that surface during implementation. Increased attentiveness around implementer concerns ensures stakeholders remain engaged during the implementation process. Examples of open-feedback loops include:

   a. Increase feedback opportunities,

   b. Periodic implementation perception surveys,

   c. Responding to implementor concerns in a timely manner, and

   d. Revisiting the policies around allocation of resources for PBIS teams to combat inequitable practices.

5. Set clear goals and clarify roles. Participants expressed how district communication has led to ineffective implementation practices because of confusion around responsibilities. By developing goals and roles, district implementation protocols would be accessible to all staff and provide clarity on individual responsibilities.

6. Provide professional development opportunities around the importance of social–emotional learning and physical health. Strengthening awareness around the significance of whole student learning to all relevant stakeholders (i.e., families, staff, community members, and students) can help schools reach their objective aligned with ISF around whole student support.

7. Promote self-care. Safeguarding against burn-out by promoting self-care can help demonstrate the importance of staff wellness and provide space to acknowledge progress of implementation.

**Recommendations Discussion**

The recommendations provided is not an exhaustive list, but rather suggestions based on the findings of this study. In keeping with the PBIS ethos, the recommendations are meant to guide district decision-making processes and allow for flexibility in implementation practices and considerations unique to districts and schools. However, to provide greater specificity to recommendations, the researcher provides more detail on the suggestions presented in this section.

A critical theme in this study was the importance of stakeholder buy-in. Kern et al.'s (2019) publication on gaining PBIS staff buy-in found that sharing data, including staff in implementation processes, offering professional development, and acknowledging progress have been successful ways to achieve buy-in. Participants in this study suggested similar strategies described by Kern et al. (2019), for example, sharing data, offering opportunities to expand understanding of social–emotional learning, and inviting input from stakeholders. Thus, the researcher included suggestions from the participants in the recommendations for ISF implementation to encourage buy-in.

Participants also suggested that mandates, additional support for implementers, and persistence should be accounted for in decision-making processes; based on this feedback, the first recommendation was to seek and gain board approval. However, seeking and gaining board approval alone may not guarantee the success of ISF. District officials should use the ISF district leadership installation guide to ensure successful ISF implementation. The intent of the installation guide is for district teams to examine the current practices and move toward a sustainable ISF model (Eber et al., 2019). The ISF district leadership installation guide offers five steps:

1. Establish a district/community executive leadership team

2. Assess the current status of mental health and PBIS systems in the district

3. Reaching team consensus on a mission statement

4. Establish district/community leadership team procedures and routines

5. Develop action plan to support demonstration sites

The complete implementation guide can be found in the reference citation of Eber et al. (2019).

Recommendation 2 encouraged specialized instructional support personnel to be included in initial planning. Because specialized instructional support personnel's role in the district is to identify and remove learning barriers, they provide unique insights on supports beneficial to student wellbeing. School district officials may consider creating a guidance committee consisting of specialized instructional support personnel from a group of middle and high schools. Piloting ISF in select schools would ease the implementation process and allow for corrections and feedback before introducing the change model to the whole district.

Another primary concern noted was district communication on new programs, addressed in Recommendations 4 and 5. The rationale for recommending an open feedback loop system is to clarify confusion about roles and responsibilities for ISF implementation. By intergrading opportunities for stakeholders to voice concerns, microadjustments can be made in real time instead of larger corrections during later phases of implementation.

A further barrier was a lack of site administrator support. Steps 1 and 3 sought to resolve challenges participants shared regarding insufficient support from site administrators. By mandating ISF implementation and following the ISF district leadership installation guide, site administrators would be held accountable for progress toward ISF implementation, thus encouraging the prioritization of the change model. Additionally, by aggregating data on social–

emotional learning, site administrators may be more likely to endorse the change model and facilitate consistent support for implementation efforts.

Strategies to alleviate concerns about union involvement encompass district officials working closely with union representatives to remain in accordance with collective bargaining agreements. Working closely with union representatives ensures district officials respect staff and faculty's responsibilities and do not infringe on prior contracts. If significant changes to staff workload are required, they can be addressed during union bargaining. Designing open feedback loops (Recommendation 4) may help maintain working relationships with unions and establish mutual interest of ISF implementation.

Returning to the ISF district leadership installation guide, if followed with fidelity, the guide would support addressing barriers around implementation rollout, funding, lack of service providers, and differences in intervention protocol and time constraints. For example, the guide offers a complete rollout procedure, stages that investigate resource allocation, and directions on time management (Eber et al., 2019). Finally, concern about educator capacity was expressed with specific mention of staff attending to their mental health. Recommendation 7 was created to address issues around burnout prevention and educator self-care to strengthen sustainable of ISF implementation efforts.

## Recommendations for Future Research

Providing a platform for individuals responsible for carrying out the potential implementation of ISF to share their attitudes and beliefs about the ISF change model was a strength in the study; however, interview responses elicited several mentions of potential concerns by teachers and community resource agencies. For example, concerns were shared that teachers may not have the bandwidth to support implementation or that unions would push back

on plans to ask teachers to do more around mental health. Skepticism around incentives and motivation by community resource agencies to actively participate in implementing ISF was also conveyed. Because these beliefs were based on the lived experiences of the participant group, and not on first-hand accounts by those mentioned, it would be prudent to gather primary data on other key stakeholders.

Future studies replicating the procedures of this inquiry, but instead substituting the participant group with teachers or community agency personnel, would provide a fuller understanding of the perceptions of all stakeholders responsible for implementing ISF. In addition to expanding the repository of stakeholder perspectives, different school settings should also be examined. Given the limitations of this inquiry, only secondary schools in Grades 7–12 were studied; consequently, elementary sites were not investigated. Because elementary grade levels may have unique challenges, investigating ISF's impact on their support systems may supplement additional data for school district officials. Additionally, to gain a fuller understanding of ISF's impact on low-income communities, the same methodology can be used, focusing strictly on high-poverty schools to gain an in-depth understanding from professionals who are more likely working with at-risk students.

Finally, a quantitative analysis of student outcomes for those who receive differing levels of social–emotional support would deepen the understanding of the effects of targeted interventions. Gaining a thorough understanding of interventions' impact on student outcomes would address participants' call for data to substantiate the need for ISF to achieve stakeholder buy-in.

**Summary of Connection to Theoretical Framework**

This study was grounded in Bronfenbrenner's (1986) EST, which posits that to understand individuals, various environmental influences on their lives must be considered, including microsystems, mesosystems, exosystems, macrosystems, and chronosystem. The findings revealed that participants' attitudes and perspectives referenced all elements of the EST, furthering Bronfenbrenner's supposition on the various system's impact on promoting or impeding developmental growth. Key connections made in this study included having school–community partnerships, the effect of educators on students' development, belief in the whole student, expression of implementation considerations, and how culture impacts student development. Thus, the EST is a valid framework to help guide school-based decision-making processes that affect students.

**Conclusion**

In the last decade, almost all indicators of poor mental health among youth increased (CDC, n.d.). Vulnerable populations like at-risk youth are especially susceptible to the increased rates of poor mental health in adolescents. At-risk youth are more likely to perform poorly in school, drop out of school, act violently, and face higher instances of mental health challenges compared to peers with fewer risk factors (Herrera et al., 2013). At-risk youth may particularly benefit from a unified support system. This study was designed to understand specialized instructional support personnel's attitudes toward implementing a mental health change model, ISF, in their school district. Findings revealed that specialized instructional support personnel and support staff employed by the school district studied would be willing to support elements implementation of ISF.

# References

Abraham-Cook, S. (2012). *The prevalence and correlates of compassion fatigue, compassion satisfaction, and burnout among teachers working in high-poverty urban public schools* (Publication No. 3575412) [Doctoral dissertation, Seton Hall University]. ProQuest Dissertations & Theses Global. https://scholarship.shu.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=2820&context=dissertations

Anderson, R. T., & Wood, M. (2017, March 23). *Gender identity policies in schools: What congress, the courts, and the Trump administration should do. Backgrounder.* The Heritage Foundation. https://www.heritage.org/education/report/gender-identity-policies-schools-what-congress-the-courts-and-the-trump

Anello, V., Weist, M., Eber, L., Barrett, S., Cashman, J., Rosser, M., & Bazyk, S. (2017). Readiness for positive behavioral interventions and supports and school mental health Interconnection: preliminary development of a stakeholder survey. *Journal of Emotional and Behavioral Disorders*, *25*(2), 82–95. https://doi.org/10.1177/1063426616630536

Anniko, M. K., Boersma, K., & Tillfors, M. (2019). Sources of stress and worry in the development of stress-related mental health problems: A longitudinal investigation from early- to mid-adolescence. *Anxiety, Stress & Coping*, *32*(2), 155–167. https://doi.org/10.1080/10615806.2018.1549657

Baffsky, R., Ivers, R., Cullen, P., Wang, J., McGillivray, L., & Torok, M. (2023). Strategies for enhancing the implementation of universal mental health prevention programs in schools: A systematic review. *Prevention Science*, *24*(2), 337–352. https://doi.org/10.1007/s11121-022-01434-9

Barrett, S., Eber, L., & Weist, M. (2013). *Advancing education effectiveness: Interconnecting school mental health and school-wide positive behavior support.* Positive Behavioral Interventions & Supports. https://assets-global.website-files.com/5d3725188825 e071f1670246/5d76c6a8344facab50085275_final-monograph.pdf

Barrett, S., Eber, L., Perales, K., & Pohlman, K. (2019). *Fact sheet: Interconnected systems framework 101: An introduction*. Pacific Southwest (HHS Region 9) Mental Health Training and Technology Center Funded. https://assets-global.website-files.com/5d3725188825e071f1670246/5d800fc51da09c4955ef225b_INTERCONNECT ED%20SYSTEMS%20FRAMEWORK%20101%20080819%20(1).pdf

Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide*. Routledge.

Bohanon, H., & Wu, M.-J. (2014). Developing buy-in for positive behavior support in secondary settings. *Preventing School Failure*, 58(4), 223–229. https://doi.org/10.1080/1045988X.2013.798774

Bolland, J. M., Bryant, C. M., Lian, B. E., McCallum, D. M., Vazsonyi, A. T., & Barth, J. M. (2007). Development and risk behavior among African American, Caucasian, and mixed-race adolescents living in high poverty inner-city neighborhoods. *American Journal of Community Psychology*, *40*(3-4), 230–249. https://doi.org/10.1007/s10464-007-9132-1

Boynton-Jarrett, R., Hair, E., & Zuckerman, B. (2013). Turbulent times: Effects of turbulence and violence exposure in adolescence on high school completion, health risk behavior, and mental health in young adulthood. *Social Science & Medicine*, *95*, 77–86. https://doi.org/10.1016/j.socscimed.2012.09.007

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association. https://doi.org/10.1037/13620-000

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, *32*(7), 513–531. https://doi.org/10.1037/0003-066X.32.7.513

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, *22*(6), 723–742. https://doi.org/10.1037/0012-1649.22.6.723

Burns, M. K., Warmbold-Brann, K., & Zaslofsky, A. F. (2015). Ecological systems theory in school psychology review. *School Psychology Review*, *44*(3), 249–261. https://doi.org/10.17105/spr-15-0092.1

Byrne, D. (2021). A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & Quantity*, *56*, 1391–1412. https://doi.org/10.1007/s11135-021-01182-y

California Department of Public Health. (2023). *Children in poverty* [Dataset]. Maternal, Child, and Adolescent Health Division. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Children-in-Poverty.aspx

California Department of Education. (2018). *Special education – CalEdFacts*. Special Education Division. https://www.cde.ca.gov/sp/se/sr/cefspeced.asp

Centers for Disease Control and Prevention. (n.d.). *Youth risk behavior survey: Data summary & trends report.* Division of Adolescent and School Health. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf

Centers for Disease Control and Prevention. (2019, November 5). *Preventing adverse childhood experiences*. U.S. Department of Health and Human Services. https://www.cdc.gov/vitalsigns/aces/

Centers for Disease Control and Prevention. (2021a) *Underlying cause of death 1999-2020 on CDC WONDER Online Database* [Dataset]. U.S. Department of Health & Human Services. http://wonder.cdc.gov/ucd-icd10.html

Centers for Disease Control and Prevention. (2021b). *Youth risk behavior survey: Data summary & trends report* [Report]. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf

Center on PBIS. (2021). *Video: An introduction to the interconnected systems framework.* Positive Behavioral Interventions & Supports. https://www.pbis.org/video/an-introduction-to-the-interconnected-systems-framework

Center on PBIS. (2022). *What is PBIS?* Positive Behavioral Interventions & Supports. https://www.pbis.org/pbis/what-is-pbis

Chaparro, E. A., Horner, R., Algozzine, B., Daily, J., & Nese, R. N. T. (2022). *How school teams use data to make effective decisions: Team-initiated problem solving (TIPS).* Positive Behavioral Interventions & Supports. https://www.pbis.org/resource/how-school-teams-use-data-to-make-effective-decisions-team-initiated-problem-solving-tips

Choi, J. H., McCart, A. B., Hicks, T. A., & Sailor, W. (2019). An analysis of mediating effects of school leadership on MTSS Implementation. *Journal of Special Education*, *53*(1), 15–27. https://doi.org/10.1177/0022466918804815

Cook, C. R., Frye, M., Slemrod, T., Lyon, A. R., Renshaw, T. L., & Zhang, Y. (2015). An integrated approach to universal prevention: Independent and combined effects of PBIS and SEL on youths' mental health. *School Psychology Quarterly*, *30*(2), 166–183. https://doi.org/10.1037/spq0000102

Cooper, J. L., & Aratani, Y. (2015). Children's mental health policies in the United States: perspectives from advocates and state leaders. *Health Expectations*, *18*(6), 2213–2222. https://doi.org/10.1111/hex.12191

Creswell, J. W. (2015). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research.* Pearson.

De France, K., & Evans, G. W. (2021). Expanding context in the role of emotion regulation in mental health: How socioeconomic status (SES) and developmental stage matter. *Emotion*, *21*(4), 772–782. https://doi.org/10.1037/emo0000743

Eber, L., Barrett, S., Perales, K., Jeffrey-Pearsall, J., Pohlman, K., Putnam, R., Splett, J., & Weist, M. D. (2019). *Advancing education effectiveness: Interconnecting school mental health and school-wide PBIS, Volume 2: An Implementation Guide. Center for positive behavior interventions and supports.* Positive Behavioral Interventions & Supports. https://www.pbis.org/resource/interconnecting-school-mental-health-and-pbis-volume-2

Eiraldi, R., McCurdy, B., Schwartz, B., Wolk, C. B., Abraham, M., Jawad, A. F., Nastasi, B. K., & Mautone, J. A. (2019). Pilot study for the fidelity, acceptability, and effectiveness of a PBIS program plus mental health supports in under-resourced urban schools. *Psychology in the Schools*, *56*(8), 1230–1245. https://doi.org/10.1002/pits.22272

Emerson, M. S. (2022, November 18). *7 Reasons why change management strategies fail and how to avoid them.* Harvard Division of Continuing Education. https://professional.dce.harvard.edu/blog/7-reasons-why-change-management-strategies-fail-and-how-to-avoid-them/

Engelmann, S., & Carnine, D. (1982). *Theory of instruction: Principles and applications.* Irvington.

Geiser, K., Fehrer, K., Pyne, J., Gerstein, A., Harrison, V., & Joshi, S. (2019). *Executive summary: San Mateo area teen mental health study.* John W. Gardner Center for Youth and Their Communities. https://gardnercenter.stanford.edu/sites/g/files/sbi ybj24036/files/media/file/san_mateo_area_teen_mental_health_executive_summary.pdf

Herr, K. G., & Anderson, G. (2014). *The action research dissertation: A guide for students and faculty* (2nd ed.). SAGE Publications.

Herrera, C., DuBois, D. L., & Grossman, J. B. (2013). *The role of risk: Mentoring experiences and outcomes for youth with varying risk profiles.* Bill and Melinda Gates Foundation. https://eric.ed.gov/?id=ED544233

Horner, R., Sugai, G., Smolkowski, K., Todd, A., Nakasato, J., & Esperanza, J. (2009). A randomized control trial of school-wide positive behavior support in elementary schools. *Journal of Positive Behavior Interventions*, *11*(3), 113–144. https://doi.org/10.1177/1098300709332067

Johnson, E. S. (2018). Ecological systems, complexity, and student achievement: towards an alternative model of accountability in education. *School Leadership Review*, *3*(3), Article 4. https://scholarworks.sfasu.edu/slr/vol3/iss3/4/

Kaiser Permanente. (2024). *Transgender youth more often diagnosed with mental health conditions*. Kaiser Permanente Department of Research & Evaluation. https://www.kp-scalresearch.org/transgender-youth-more-often-diagnosed-with-mental-health-conditions/

Katz, J., Knight, V., Mercer, S. H., & Skinner, S. Y. (2020). Effects of a universal school-based mental health program on the self-concept, coping skills, and perceptions of social support of students with developmental disabilities. *Journal of Autism and Developmental Disorders*, *50*(11), 4069–4084. https://doi.org/10.1007/s10803-020-04472-w

Kern, L., Weist, M. D., Mathur, S. R., & Barber, B. R. (2022). Empowering school staff to implement effective school mental health services. *Behavioral Disorders*, *47*(3), 207–219. https://doi.org/10.1177/01987429211030860

Koblin, J. (2021, December 10). *Bronfenbrenner's Ecological Systems – Sprouts — Free Videos for Schools and Learning.* Sprouts. https://sproutsschools.com/bronfenbrenners-ecological-systems/

Korpics, J., Altman, L., Feinglass, J., & Stillerman, A. (2021). Prevalence and impact of adverse childhood experiences on Chicago public school students in the Youth Risk Behavior Survey. *Journal of School Health*, *91*(10), 802–812. https://doi.org/10.1111/josh.13075

Kutash, K., Duchnowski, A. J., & Lynn, N. (2006). *School-based mental health: An empirical guide for decision-makers.* The Research & Training Center for Children's Mental Health, Louis De La Parte Florida Mental Health Institute, University of Florida. http://rtckids.fmhi.usf.edu/rtcpubs/study04/SBMHfull.pdf

Lakes, K., Nguyen, H. M., Jones, M., & Schuck, S. E. B. (2019). I am me: Adolescent perspectives of a school-based universal intervention program designed to promote emotional competence. *International Journal of Emotional Education*, *11*(1), 97–114. https://files.eric.ed.gov/fulltext/EJ1213622.pdf

Larsen, H. G., & Adu, P. (2021). *The theoretical framework in phenomenological research.* Routledge.

Larson, S., Chapman, S., Spetz, J., & Brindis, C. D. (2017). Chronic childhood trauma, mental health, academic achievement, and school-based health center mental health services. *Journal of School Health*, *87*(9), 675–686. https://doi.org/10.1111/josh.12541

Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., & Warren, M. D. (2022). Five-year trends in us children's health and well-being, 2016-2020. *JAMA Pediatrics*, *176*(7), Article e220056. https://doi.org/10.1001/jamapediatrics.2022.0056

Lemberger, M. E., Carbonneau, K. J., Selig, J. P., & Bowers, H. (2018). The role of social-emotional mediators on middle school students' academic growth as fostered by an evidence-based intervention. *Journal of Counseling & Development*, *96*(1), 27–40. https://doi.org/10.1002/jcad.12175

Logan-Greene, P., Nurius, P. S., Herting, J. R., Hooven, C. L., Walsh, E., & Thompson, E. A. (2011). Multi-domain risk and protective factor predictors of violent behavior among at-risk youth. *Journal of Youth Studies*, *14*(4), 413–429. https://doi.org/10.1080/13676261.2010.538044

Lohrmann, S., Forman, S., Martin, S., & Palmieri, M. (2008). Understanding school personnel's resistance to adopting schoolwide positive behavior support at a universal level of intervention. *Journal of Positive Behavior Interventions*, *10*(4), 256–269. https://doi.org/10.1177/1098300708318963

Lumivero. (2023). *NVivo*. https://lumivero.com/products/nvivo/

Marsh, R. J., & Mathur, S. R. (2020). Mental health in schools: An overview of multitiered systems of support. *Intervention in School & Clinic*, *56*(2), 67–73. https://doi.org/10.1177/1053451220914896

Maslach, C. (2003). Job burnout: New directions in research and intervention. *Current Directions in Psychological Science*, *12*(5), 189–192. https://doi.org/10.1111/1467-8721.01258

McDaniel, S. C., Kim, S., & Guyotte, K. W. (2017). Perceptions of implementing positive behavior interventions and supports in high-need school contexts through the voice of local stakeholders. *Journal of At-Risk Issues*, *20*(2), 35–44. https://eric.ed.gov/?id=EJ1175692

McDougal, S., III. (2017). *Research methods in Africana studies* (Revised ed.). Peter Lang, International Academic.

McIntosh, K., Kelm, J. L., & Canizal Delabra, A. (2016). In search of how principals change: A qualitative study of events that help and hinder administrator support for school-wide PBIS. *Grantee Submission*, *18*(2), 100–110. https://doi.org/10.1177/1098300715599960

McKee, S. L., Thorne, T., Koslouski, J. B., Chafouleas, S. M., & Schwartz, M. B. (2022). Assessing district policy alignment with the whole school, whole community, whole child model in Connecticut, 2019 to 2020. *Journal of School Health*, *92*(6), 594–604. https://doi.org/10.1111/josh.13183

Meeker, E. C., O'Connor, B. C., Kelly, L. M., Hodgeman, D. D., Scheel-Jones, A., & Berbary, C. (2021). The impact of adverse childhood experiences on adolescent health risk indicators in a community sample. *Psychological Trauma: Theory, Research, Practice, and Policy*, *13*(3), 302–312. https://doi.org/10.1037/tra0001004

Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods.* SAGE Publications.

Mertens, D. M., & Ginsberg, P. E. (2009). *The handbook of social research ethics.* SAGE Publications.

Miller, F. G., Chafouleas, S. M., Welsh, M. E., Riley-Tillman, T. C., & Fabiano, G. A. (2019). Examining the stability of social, emotional, and behavioral risk status: Implications for screening frequency. *School Psychology*, *34*(1), 43–53. https://doi.org/10.1037/spq0000252

Moore, K., Vandivere, S., & Redd, Z. (2006). A sociodemographic risk index. *Social Indicators Research*, *75*(1), 45–81. https://doi.org/10.1007/s11205-004-6398-7

Muyskens, P., Marston, D., & Reschly, A. L. (2007). The use of response to intervention practices for behavior: An examination of the validity of a screening instrument. *California School Psychologist*, *12*, 31–45. https://doi.org/10.1007/BF03340930

National Education Association. (2024). *Specialized instructional support personnel.* https://www.nea.org/about-nea/our-members/specialized-instructional-support-personnel

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1), 1. https://doi.org/10.1177/1609406917733847

Nurius, P., LaValley, K., & Kim, M. (2020). Victimization, poverty, and resilience resources: Stress process considerations for adolescent mental health. *School Mental Health*, *12*(1), 124–135. https://doi.org/10.1007/s12310-019-09335-z

Osagiede, O., Costa, S., Spaulding, A., Rose, J., Allen, K. E., Rose, M., & Apatu, E. (2018). Teachers' perceptions of student mental health: The role of school-based mental health services delivery model. *Children & Schools*, *40*(4), 240–248. https://doi.org/10.1093/cs/cdy020

Owens, A. (2018). Income segregation between school districts and inequality in students' achievement: A magazine of theory and practice. *Sociology of Education*, *91*(1), 1–27. https://doi.org/10.1177/0038040717741180

Owens, A., Reardon, S. F., & Jencks, C. (2016). Income segregation between schools and school districts. *American Educational Research Journal*, *53*(4), 1159–1197. https://doi.org/10.3102/0002831216652722

Perales, K., Pohlman, K., Eber, L., & Barrett S., (2017). *Practice brief*: *Aligning and Integrating Mental Health and PBIS to Build Priority for Wellness*. Positive Behavioral Interventions & Supports. https://www.pbis.org/resource/aligning-and-integrating-mental-health-and-pbis-to-build-priority-for-wellness

Pyle, N., Flower, A., Fall, A. M., & Williams, J. (2016). Individual-level risk factors of incarcerated youth. *Remedial & Special Education*, *37*(3), 172–186. https://doi.org/10.1177/0741932515593383

Ramos, G., & Hughes, T. (2020). Could more holistic policy addressing classroom discipline help mitigate teacher attrition? *eJournal of Education Policy*, *21*(1). https://doi.org/10.37803/ejepS2002

Rubin, A., & Babbie, E. R. (2017). *Research methods for social work* (9th ed.). Cengage Learning.

Rubin, H. J., & Rubin, I. (1995). *Qualitative interviewing*. SAGE Publications.

Simonsen, B., Freeman, J., Gambino, A. J., Sears, S., Meyer, K., & Hoselton, R. (2022). An exploration of the relationship between PBIS and discipline outcomes for students with disabilities. *Remedial & Special Education*, *43*(5), 287–300. https://doi.org/10.1177/07419325211063490

Smith, A. S., & Kerpelman, J. L. (2022). Interpersonal stress, interpersonal competence, and gender matter for adolescents' depressive symptoms: Considerations for counselors. *Journal of Counseling & Development*, *100*(1), 64–74. https://doi.org/10.1002/jcad.12402

Solomon, B. G., Klein, S. A., Hintze, J. M., Cressey, J. M., & Peller, S. L. (2011). A meta-analysis of school-wide positive behavior support: An exploratory study using single-case synthesis. *Psychology in the Schools*, *49*(2), 105–121. https://doi.org/10.1002/pits.20625

Splett, J. W., Perales, K., Al-Khatib, A. M., Raborn, A., & Weist, M. D. (2020). Preliminary development and validation of the interconnected systems framework-implementation inventory (ISF-II). *School Psychology*, *35*(4), 255–266. https://doi.org/10.1037/spq0000369

Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, *44*(1), 26–28. https://www.jstor.org/stable/45381095

Sturgill, R., Martinasek, M., & Manke, L. (2021). The effectiveness of a teen outreach pregnancy prevention program: Results from youth afterschool clubs. *Journal of School Health*, *91*(3), 212–217. https://doi.org/10.1111/josh.12991

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* [Report HHS Publication No. (SMA) 14-4884]. https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf

Sugai, G., & Horner, R. H. (2020). Sustaining and scaling positive behavioral interventions and supports: Implementation drivers, outcomes, and considerations. *Exceptional Children*, *86*(2), 120–136. https://doi.org/10.1177/0014402919855331

Swain-Bradway, J., Pinkney, C., & Flannery, K. B. (2015). Implementing schoolwide positive behavior interventions and supports in high schools: Contextual factors and stages of implementation. *Teaching Exceptional Children*, *47*(5), 245–255. https://doi.org/10.1177/0040059915580030

The Trevor Project. (n.d.). *2022 National survey on LGBTQ youth mental health* [Report].

https://www.thetrevorproject.org/survey-2022/#methodology

U.S. Department of Education. (2023, July 18). *Protecting students with disabilities*. Office of

Civil Rights. https://www2.ed.gov/about/offices/list/ocr/504faq.html

U.S. Department of Education. (2024, February 16). *A history of the Individuals With*

*Disabilities Education Act.* U.S. Department of Education.

https://sites.ed.gov/idea/IDEA-History

Walker, B., Cheney, D., Stage, S., Blum, C., & Horner, R. H. (2005). Schoolwide screening and

positive behavior supports: Identifying and supporting students at risk for school

failure. *Journal of Positive Behavior Interventions*, *7*(4), 194–204.

https://doi.org/10.1177/10983007050070040101

Weist, M. D., Eber, L., Horner, R., Splett, J., Putnam, R., Barrett, S., Perales, K., Fairchild, A. J.,

& Hoover, S. (2018). Improving multitiered systems of support for students with

"internalizing" emotional/behavioral problems. *Journal of Positive Behavior*

*Interventions*, *20*(3), 172–184. https://doi.org/10.1177/1098300717753832

World Health Organization. (n.d.). *Gender and health.* https://www.who.int/health-

topics/gender#tab=tab_1

Woo, H., & Sakamoto, A. (2010). Racial and ethnic differentials in idleness, highest-risk

idleness, and dropping out of high school. *Race and Social Problems*, *2*(2), 115–124.

http://doi.org/10.1007/s12552-010-9029-8

Yardley, S., Brosnan, C., & Richardson, J. (2013). Sharing methodology: A worked example of

    theoretical integration with qualitative data to clarify practical understanding of learning

    and generate new theoretical development. *Medical Teacher*, *35*(3), e1011–e1019.

    https://doi.org/10.3109/0142159X.2012.733045

## Appendix A: Ecological Systems Theory Participant Worksheet

**Microsystem:** The relationships between individuals and the institutions that are closest to a child's environment and have an impact on their development; peers, family relationships, educators, and the neighborhood of the school.
**Mesosystem:** The connections between the components of microsystems.
**Ecosystem:** Involves the political and regulatory decisions made by school authorities that can impact a child's educational experience.
**Macrosystem:** The area furthest from a child's environment; in this area are culture, laws, and norms.
**Chronosystem:** How change in a child's life affects their growth.

*Using Figure 1, place where you believe 1-5 are within the EST in your school district's current structure. Then place where you believe they should be using A-E.*
  1. Positive Behavior Interventions and Supports (A).
  2. Specialized Instructional Support Personnel(B)
  3. Mental health support (C)
  4. Community resources (D)
  5. Interconnected Systems Framework (E)

Ecological System Theory Participant Worksheet

Figure 1

**Appendix B: ISF Tiered Fidelity Inventory**

Directions: Please determine if each item is Not Implemented (NI), Partially Implemented (PI), or Fully Implemented (FI).

| Subscale | Tiered Fidelity Inventory: Tier I Features |
|---|---|
| Teams | **1.1 Team Composition**: <br><br> Tier I team includes a Tier I systems coordinator, a school administrator, a family member, and individuals able to provide (a) applied behavioral expertise, (b) coaching expertise, (c) knowledge of student academic and behavior patterns, (d) knowledge about the operations of the school across grade levels and programs, and for high schools, (e) student representation. |
| | **PBIS Big Idea**: Effective PBIS teams are knowledgeable, representative of stakeholders, and have administrative authority. <br><br> **ISF Big Idea:** Community Partners, including family representatives, can provide an expanded view/context of how the students' lives outside of school are to be considered and can enhance the Tier 1 Team's ability to promote healthy social emotional functioning for ALL students. |
| *ISF Enhancement* | *ISF leadership teams include community employed and school employed staff with mental health expertise. Teams also include families and students as active leaders.* |
| | *Community partners' roles at Tier 1 are clearly defined through a memorandum of understanding (MOU).* |

Directions: Please list at least 2 action statements for 1.1 Team Composition

# Appendix C: Participant Worksheet

**Participant Worksheet**

Before the interview, please watch the *Ecological Systems Theory & Interconnected Systems Framework videos,* and review the *fact sheets.*

**Videos**
- Ecological Systems Theory (EST) Video
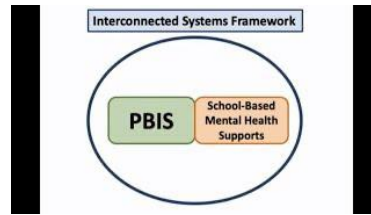
- Interconnected Systems Framework (ISF) Video



EST Video
https://sproutsschools.com/bronfenbrenners-ecological-systems/

**Fact Sheets**
- Fact Sheet Interconnected Systems Framework (ISF)

- Fact Sheet Interconnected Systems Framework (ISF) Installation



ISF Video
https://www.pbis.org/video/an-introduction-to-the-interconnected-systems-framework

Adapted from Koblin, J. (2021, December 10). *Bronfenbrenner's Ecological Systems – Sprouts — Free Videos for Schools and Learning.* Sprouts. https://sproutsschools.com/bronfenbrenners-ecological-systems/

# Appendix D: Fact Sheet Interconnected Systems Framework



**Pacific Southwest** (HHS Region 9)

**MHTTC** Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

## Fact Sheet

### INTERCONNECTED SYSTEMS FRAMEWORK 101: AN INTRODUCTION

BY SUSAN BARRETT, LUCILLE EBER, KELLY PERALES AND KATIE POHLMAN

OSEP TECHNICAL ASSISTANCE CENTER ON PBIS

In the United States, over 40% of students will have experienced a mental health problem, such as anxiety or depression, by the time they reach seventh grade (SAMHSA, 2016). Suicide is the second leading cause of death among 10-34 year olds (NIMH, 2018) and according to the National Survey of Children's Health (2016), 46% of children have experienced at least one Adverse Childhood Experience (ACE). The newest statistics on suicide from the Centers for Disease Control (CDC), along with current rates of substance use, opioid abuse, and electronic aggression are alarming. This public health crisis requires a whole population response. Education and mental health leaders are keenly aware of the need to align structures and establish one comprehensive system of social/emotional/behavioral (SEB) supports in schools.

The Interconnected System Framework (ISF) is an emerging approach for building a single system of SEB supports in schools. Integrating Positive Behavioral Interventions and Supports (PBIS) and school mental health, the ISF also brings community partners and families into one multi-tiered structure.

The Pacific Southwest Mental Health Technology Transfer Center (MHTTC), in collaboration with the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS), has developed a three-part series of fact sheets to deepen knowledge and understanding of the ISF. All three documents provide case examples that highlight the local context in which data-based decision making occurs and reflect the diversity of school communities in the region.

☐**Interconnected Systems Framework 101** provides an introduction to Interconnected Systems Framework, including a definition and a review of the benefits.

☐**Interconnected Systems Framework 201** describes what will be different for educators and mental health providers when school mental health is integrated into a Multi-Tiered System of Support. (MTSS)

☐**Interconnected Systems Framework 301** describes how to use school and community data to determine what interventions to select and implement to meet the diverse needs of all students.

**PBIS** Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER

## What is the Interconnected Systems Framework (ISF)?

The ISF is offered as a solution to the inefficiencies of co-located systems and SEB programs working in isolation. Building on the success of PBIS, the ISF applies the core features of MTSS to *deliberately integrate mental health, community, school, and family partners through a single system of support*. The MTSS framework guides state, district, and community leaders to blend funding and modify policies and procedures to help systems work more efficiently. Supported by integrated district structures, clinicians become part of multi-tiered teams in schools where the SEB needs of all students are addressed.

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### Key Messages of ISF

1. **Single System of Delivery**

2. **Mental Health is for ALL**

3. **Success Defined by Student Impact**

4. **Use the MTSS framework to guide an integrated approach:**

   - Team-based decision making
   - Use of school and community data
   - Formal process for the selecting evidence-based practices (EBPs) connected across tiers
   - Early access through comprehensive screening
   - Rigorous progress monitoring for fidelity and impact
   - Ongoing coaching for school and community professionals

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## The Building Blocks of the Interconnected Systems Framework: PBIS and SMH

PBIS is a multi-tiered behavior system currently implemented in over 26,000 schools. PBIS focuses on building effective systems and structures that can inform a collective approach to data-driven decision making and the implementation of evidence-based practices (EBPs). The primary goal of PBIS is to promote SEB functioning in students (Horner, Sugai, & Anderson, 2010).

While PBIS has improved behavioral and academic outcomes for students for over two decades, schools often struggle to provide adequate support for students displaying higher level needs (Barrett et al., 2013). Furthermore, PBIS has historically focused on overt problem behavior, which can result in missing the needs of students with "internalizing" problems such as anxiety, depression, and the impact of trauma (Weist et al., 2018).

Like PBIS, school mental health has been a decade long national movement to develop mental health services for children and youth to serve them "where they are," (Weist & Ghuman, 2002), resulting in increased school-based mental health services. There are documented advantages of school-based mental health programs, including significantly improving access to services (Atkins et al., 2006; Catron, Harris, & Weiss, 1998); promoting positive student SEB; and fostering better academic outcomes. When programs are implemented appropriately, there are many advantages to school-based mental health programs (Botvin, 2000; Catalano et al., 2003). Like PBIS, however, expanded school-based mental health programs have limitations related to poor implementation support, and are often delivered in an ad-hoc way in school districts. One consequence of this approach is that community mental health clinicians generally do not participate actively on MTSS teams, operating in parallel to PBIS programs rather than in coordination with PBIS (Eber et al., 2013; Splett et al., 2014). Applying the ISF allows schools, districts, and

states to improve their service delivery model by investing in one set of teams to support SEB and academic supports for all.

### Getting Started

The ISF builds on the strengths from student mental health approaches and PBIS to help education and mental health systems work together. Here are some of the initial steps for practitioners who are interested in using this approach:

☐ Resource Mapping is a good first activity to help district and community leaders start examining what mental health resources are currently available. This process also helps teams discover the extent to which their current SEB initiatives (e.g. Social Emotional Learning, Bully Prevention, Restorative Practices, and Trauma-Informed Care) are implemented with high quality and examine if they are having a positive impact on student outcomes. Finally, the mapping process allows the team to discuss opportunities to align, integrate, and eliminate, where possible, to establish a more efficient and effective system.

### Benefits of ISF

☐ **Uncovering students with mental health needs earlier**

☐ **Linking students with needs to evidence-based interventions**

☐ **Data tracking system to ensure youth receiving interventions are showing improvement**

☐ **Expanded roles for clinicians to support adults as well as students across all tiers of support.**

☐ **Healthier school environment**

### Evidence of Impact of PBIS

☐ **Improved academic achievement** (McIntosh, Chard, Boland, & Horner, 2006)

☐ **Reduced student discipline referrals and suspensions** (Anderson & Kincaid, 2005; Frey, Lingo, & Nelson, 2008)

☐ **Improved social emotional functioning** (Kincaid, Knoster, Harrower, Shannon, & Bustamante, 2002, Bradshaw et al., 2012)

☐ If districts already have a community provider working in schools, leaders should examine how that agency is working alongside school based teams to ensure an integrated approach. This includes reviewing existing working agreements, contracts, and funding structures to consider how the agreements promote or prevent an integrated approach. The following questions can be used to facilitate discussions and revise the working agreements.

☐ Are roles and functions clearly defined across the tiers of implementation?
☐ How is funding blended to enable providers to serve on teams across tiers?
☐ What professional development training and coaching is required to ensure staff are skilled to deliver interventions and clinicians can support teachers in their classrooms?
☐ How are community providers invited to participate in district trainings and team meetings and learn about how the education system operates?
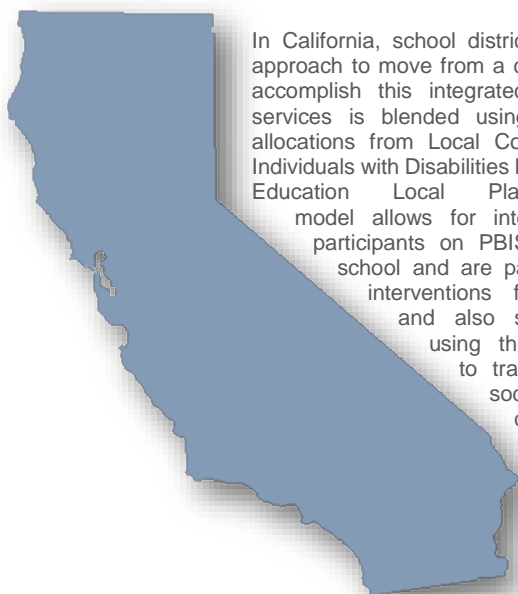
## Resource

### Aligning and Integrating Mental Health and PBIS to Build Priority for Wellness
View Resource

The 2017 PBIS Leadership Forum hosted an intensive track on the integration of mental health and PBIS. This resource summarizes the ten presentations and roundtable discussion dialogue and includes a FAQ on ISF. It is organized by discrete, progressive steps that schools can take align their mental health and PBIS systems through the ISF. Case examples from sites currently implementing ISF help illuminate the alignment process.

## Local Spotlight

In California, school districts and behavioral health are using an ISF approach to move from a co-located model to an integrated model. To accomplish this integrated approach, funding for behavioral health services is blended using student Medi-Cal insurance and district allocations from Local Control Accountability Plans (LCAP) and the Individuals with Disabilities Education Act (IDEA) provided through Special Education Local Plan (SELPA). This blended fiscal model allows for integrated services, making clinicians active participants on PBIS teams. Clinicians are assigned to one school and are part of the school community. They facilitate interventions for students requiring intensive supports and also serve on School Wide Leadership team using their expertise as social emotional leaders to train and support instructional staff to teach social emotional skills alongside academic content. This blended fiscal model ensures clinicians build the capacity for ALL staff to respond to the needs for most of the children and youth within the school community without requiring students to have a label, diagnosis, or insurance plan to get supports.

# Appendix E: Fact Sheet Interconnected Systems Framework Installation

# Fact Sheet

## INTERCONNECTED SYSTEMS FRAMEWORK 301:
## INSTALLING AN INTEGRATED APPROACH

BY SUSAN BARRETT, LUCILLE EBER, KELLY PERALES AND KATIE POHLMAN
OSEP TECHNICAL ASSISTANCE CENTER ON PBIS

This is the third of a series of three Fact Sheets on the Interconnected Systems Framework (ISF) developed through a collaboration between the Pacific Southwest Mental Health Technology Transfer Center (MHTTC) and the OSEP Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). The ISF is is offered as an option to address the inefficiencies of co-located systems and social, emotional, behavioral programs working in isolation. Building on the success of PBIS, the ISF applies the core features of MTSS to deliberately integrate mental health, community, school, and family partners through a single system of support. The purpose of this series to deepen knowledge and understanding of the ISF by highlighting key features illustrated by case examples that reflect the diversity of school communities in the region and demonstrate how data-based decision making occurs in a local context. This fact sheet will focus on the steps to installing an integrated approach at the District Community Level.

## Installation Process:
## District and Community Leadership

Adopting and installing an interconnected system ideally involves layered implementation from the state to the local level. This layered implementation happens simultaneously across both state and districts, with school staff providing feedback to district level staff and districts providing input and guidance to state level staff.

☐ State systems model and support district level alignment efforts

☐ Districts organize the partnerships and administrative components needed to guide effective integration at each school building

Many states also use regional or county structures for providing support to districts engaged in the integration of PBIS and mental health. State, district, and school teams benefit from this symmetry across organizational levels as consistent policy, funding, systems alignment, and workforce structures support a solid foundation for sustainable change. Because the unit of implementation of an ISF is most transformative at the local level, we will detail the installation process at the district/community and school levels. Implementers who have a role at the regional or state level can extrapolate the concepts presented for district/community leaders and apply the logic and the tools within their systems.

> The purpose of the installation phase is to allocate or reallocate resources to initiate innovation. People who have the authority to allocate resources are identified; awareness activities are taking place; and roles, functions, and overall organizational structure are carefully analyzed.

**PBIS** Positive Behavioral Interventions & Supports
OSEP TECHNICAL ASSISTANCE CENTER

Using the *ISF Leadership Installation Guide*, teams, coaches, and facilitators work together through the installation process with specific focus on five key steps as shown in Exhibit 1.0. This document provides an overview of the main activities within each step.

### Installation Outcomes:
### What's at the End of the Road?

The installation process (see Exhibit 1.0) results in a comprehensive action plan, outlining the activities for the integration of district/community effort into an interconnected system of social, emotional, behavioral supports. The action plan considers organizational structures that influence the way the child/youth serving agencies, school systems, and other key stakeholders work together to promote a culture of wellness.

These actions will typically include:

☐ A new or revised Memorandum of Understanding (MOU) that defines the roles and functions of the parties involved.

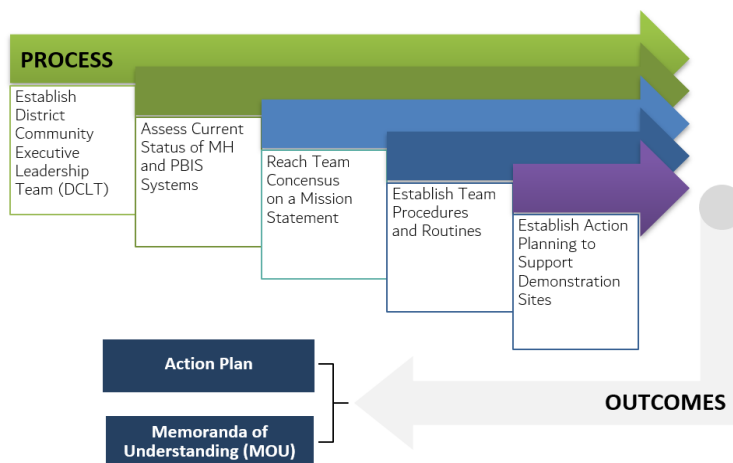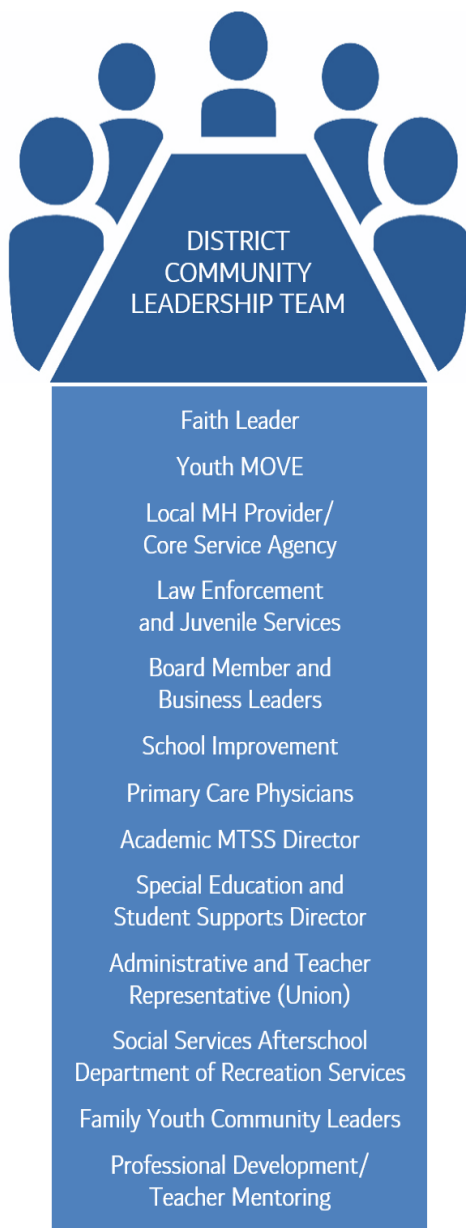☐ A funding plan that articulates how partners operate within the system.

**STEP 1**
### Establish a District/Community Executive Leadership Team

The development of an interconnected system of behavioral/mental health in schools should be initiated and led by executive-level leadership from education, mental health, and other partnering agencies. Adopting a truly integrated way of working involves organizational change, requiring active leadership from those with authority to change policy, blend or braid funding streams, and re-position personnel and procedures at the school level.

A District/Community Leadership Team (DCLT) invests in formal operating structures. The development of an integrated leadership structure should reflect the local context by building on existing strengths. For example, many districts have an executive level team that supports their PBIS implementation; a viable strategy is to expand this team to include community partners and family/youth representatives. Other districts may have an interagency partner who provides mental health services in schools and who can be part of an integrated system of delivery. The DCLT operations structure should follow these guidelines:

*Exhibit 1.0*
**ISF Key Installation Steps Process and Outcomes**

**DISTRICT COMMUNITY LEADERSHIP TEAM**

Faith Leader

Youth MOVE

Local MH Provider/
Core Service Agency

Law Enforcement
and Juvenile Services

Board Member and
Business Leaders

School Improvement

Primary Care Physicians

Academic MTSS Director

Special Education and
Student Supports Director

Administrative and Teacher
Representative (Union)

Social Services Afterschool
Department of Recreation Services

Family Youth Community Leaders

Professional Development/
Teacher Mentoring

- Meet regularly with key stakeholders
- Continuously assess the extent to which systems are efficient and effective
- Allocating resources as needed to achieve maximum impact on student outcomes

**STEP 2**
**Assess the Current Status of Mental Health and PBIS Systems in the District**

As the DCLT engages in their assessment of existing systems, they may create smaller work groups to gather more information and share findings with the full team as they move toward action steps. The goal is to establish a shared understanding of:

- The current status of mental health programs and services in schools
- The existing relationships between the district and the community mental health system
- The current implementation of the MTSS core system features.

Districts and schools can be in various stages of SMH - PBIS partnerships to begin implementation of an ISF. For example, all schools in a district may be implementing PBIS with fidelity at all three tiers, or there could be no schools with PBIS implementation at any tier within the district. Similarly, with SMH, districts may have MOUs that designate agency clinicians to caseloads of identified students in schools, whereas other districts may have no actual interaction with community agencies but recognize unmet student need that prompts them to investigate partnering with community providers.

*Exhibit 2.0*
DCLT Implementation Review Process

1. Assess existing system structures
2. Review the status of current initiatives related to behavior/mental health
3. Conduct a staff utilization review
4. Review existing school and community data

Regardless of the starting point, the DCLT can determine the current level of implementation by considering the status of the factors in Exhibit 2.0. Using the *ISF Leadership Installation Guide*, these team-based assessments can help the DCLT identify the top 3-5 priorities that will determine the initial implementation tasks for action planning.

## STEP 3
### Reaching Team Consensus on a Mission Statement

As district and community leaders begin to coalesce around agreed upon priorities, they will need consensus on a shared mission that is valued by all stakeholder groups. An example is shown in Exhibit 3.0. A mission statement:

- Defines the purpose of the team

- Establishes goals for work

- Creates a shared vision that can be communicated with stakeholders, including teachers, students, and families

## STEP 4
### Establish DCLT Procedures and Routines

A vital part of the installation of an ISF is to establish procedures and routines that augment the use of the core features of a MTSS at both the district and building levels. This installation includes procedures for teams to:

- Choose and install a universal screener

- Select interventions

- Monitor fidelity and outcomes

As the routines and procedures are agreed upon, the DCLT will develop an integrated action plan.

*Step 4a: Selecting and Installing a Universal Screener.* It is recommended that the DCLT select the screener to be used district-wide. When choosing a screener, leadership should ensure that the tool identifies both internalizing and externalizing behavioral concerns of students. As many screening tools are available, DCLTs should engage in a selection process that compares tools across metrics (see Exhibit 4.0). There are both

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*Exhibit 3.0*
County Mission Statement
Healthy school environments and social-emotional learning improves student behavior and academic achievement. We will provide positive, predictable, and safe environments for all students and we will explicitly teach the social, emotional, and behavioral skills to promote student success. Trauma and stress can impact brain development and impact student learning. We will provide supports for students impacted by trauma that help regulate brain functioning to improve student attention to instruction and social-emotional behavior.

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cost and no-cost options available, but the fit for the district needs and capacity is imperative.

*Step 4b: Selection Process for Evidence-based Practices.* The DCLT should establish a formal process for selecting interventions for installation across all schools. The DCLT will be responsible for deploying resources (e.g., funding, staff to facilitate interventions, coaching supports) and will need to carefully determine how the overall system will be impacted if another initiative is added to the menu of available interventions. The DCLT may want to consider using the *Hexagon tool* (Blasé, Kiser, VanDyke, 2013) to help make decisions about new interventions to be installed district-wide. The Hexagon Tool guides dialogue and decision-making for selecting potential interventions by organizing information across multiple metrics (see Exhibit 4.0). This tool allows

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*Exhibit 4.0*

DCLT Screener Comparison Process

1. Evidence of each tool
2. Resources (e.g., staff time, technology, cost) needed to implement
3. Fit with other district initiatives and priorities
4. Readiness and capacity to implement

The Hexagon Tool Assessment Metrics

1. Need
2. Fit within current initiatives
3. Evidence of effectiveness
4. Capacity to implement
5. Readiness for replication
6. Resources and supports

---

the DCLT to assess the fit between the proposed intervention, prioritized need, and DCLT mission. This process will support an informed consensus on whether to adopt a specific intervention. Additionally, the Hexagon Tool allows the DCLT to determine if they have the resources to install, sustain, and expand the intervention to all students.

*Step 4c: Process to Monitor Fidelity of Interventions.* Once the DCLT has decided to launch a new intervention, the team has the task of determining how to accurately assess the extent to which the intervention is being implemented with fidelity. This information will be needed to help the DCLT deploy training and coaching resources more effectively. Choosing fidelity measurement tools and processes is an essential step in developing an evaluation plan. The team will be considering how the new fidelity tool fits with other measures and processes already in place. The questions in Exhibit 5.0 can assist the DCLT in determining how to measure fidelity as part of the installation of a new intervention.

*Step 4d: Process to Monitor Outcomes of Interventions.* In addition to ensuring that all building-level teams follow a consistent process to monitor fidelity, the DCLT also has a role in ensuring that building level teams monitor outcomes of each intervention. As part of the district action plan, the DCLT will develop an evaluation plan that includes fidelity measures and data collection procedures.

This *resource* describes which elements should be included in a robust evaluation plan and what questions should drive plan development.

## STEP 5
### Develop Action Planning to Support Demonstration Sites

At this stage the team has spent time reviewing data, assessing current status, and identifying action steps for integrating efforts using the MTSS framework. Although determining action items is ongoing during Steps 1-4, we describe the action planning process as Step 5, resulting in a comprehensive 3-5-year action plan. In addition to addressing the executive functions of the integrated system (stakeholder engagement, policy, systems alignment, funding, and workforce capacity, described in the PBIS Implementation Blueprint link the action plan addresses several critical components related to implementation. These components include an **evaluation plan** and a **professional development plan** that provides for training and coaching designed to build capacity by increasing the number of staff with social-emotional behavior expertise. Other key components include a method for the selection of **demonstration sites** with defined readiness and commitment factors. Finalizing the **MOU** is also a key component for the 3-5-year action plan. The MOU outlines the resource commitment of all organizations involved and articulates how they will work in an integrated way.

### ISF in Practice

One of the functions of the DCLTs is to identify a **formal process for selecting and implementing interventions**. Having a formal process for selection and implementation will prevent the system from becoming bogged down with too many initiatives and interventions; this can lead to poor implementation and an overwhelmed workforce. While the DCLT provides the formal process, implementation of interventions within individual schools may have slight variances based on the school-specific data. A formal process for selecting evidence-based interventions supports teams to consider the status of existing interventions and the

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*Exhibit 5.0*
Monitoring Fidelity

1. What tool will teams use to assess implementation fidelity?
2. When and how often will the teams assess implementation fidelity?
3. For this intervention, what is an acceptable level of implementation fidelity?
4. What will the DCLT do if implementation fidelity is below this acceptable level?

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contextual fit and capacity to implement newly proposed intervention(s). The questions in Exhibit 6.0 provide further descriptions to consider including in the process. The identified process will become the team's guide or checklist before investing in any new interventions. A successful intervention will match the need identified by data and have evidence to demonstrate effectiveness for identified need (e.g., preventative/Tier 1 intervention, intensive/Tier 3 intervention) and population of students (e.g., age, demographic). The district's ability to ensure implementation of intervention with fidelity will also be a critical factor. The DCLT will need to consider staff capacity, training, and coaching needs to support implementation. For a specific example of selecting interventions based upon mental health data, see the Local Spotlight below.

*Exhibit 6.0*
Considerations in Selecting Interventions

- How the intervention matches the identified *need* of students?
- How the intervention *fits* within current initiatives and interventions?
- Is there *evidence* to support the use of the intervention for an identified problem and population of students?
- Does the district and community provider have the *capacity* to implement the intervention?
- Is there *readiness* to implement or replicate?
- Are the *resources* and supports available to implement?
- Are *data systems* available to monitor fidelity and outcomes of implementation?

*Local Spotlight*

With an increase in mental health diagnosis and youth suicides in California, Placer County Educational Services (PCOE) identified a need to focus on mental wellness for all students. One high school in this county, utilized a formal process to develop their response to this data and select practices within a multi-tiered system of support approach. To begin, the school leadership team completed District Initiative Inventory to identify current status of initiatives in place to support social-emotional-behavioral (SEB) needs of students. Once current status of initiatives was complete, the team recognized a need for Tier I practice to prevent suicidal ideation.

To guide their selection process, the school leadership team used the Hexagon Tool from the National Implementation of Research Network (NIRN). Before using the Hexagon Tool to guide their conversation, the team identified two practices: NAMI on Campus and Signs of Suicide to explore further. After discussion and team rating guided by Hexagon Tool, NAMI on Campus had a higher score indicating this practice as the best fit for their Tier I preventive response. Another focus for the school leadership team was building staff's awareness and capacity to support students' social emotional behavioral needs.

With an understanding of limited staff resource, this team strategically considered what skills *all staff* (e.g.: teachers, custodians) needed to support SEB, *some staff* (e.g.: counselors, school resource officers, administrators) needed to respond to at-risk SEB needs, and a *few staff* (e.g.: school-based clinicians) needed to intervene to students displaying current SEB needs. The tiered approach to considering staff skills allowed the team to select Eliminating Barriers to Learning, an online modularized training for all staff, Youth Mental Health First Aid, an eight-hour training for some staff, and Applied Suicide Intervention Skills Training (ASIST) for a few staff. This tiered system of support for staff provided staff the skills needed to connect students to higher-level interventions.

**Appendix F: Interview Questions**

Individual Interview: Supporting At-Risk Students Through the Interconnected Systems Framework: Perspectives of Specialized Instructional Support Personnel

Time of interview:

Date: Place:

Interviewer:

Interviewee:

Position of Interviewee:

Description: This interview is being used to provide data for willingness to implement the Interconnected Systems Framework to mental health services for at-risk youth in the public school system.

Script: "Thank you for meeting with me. I have some questions about the research I am conducting; please answer honestly. None of your answers will affect anything at school. Once again, I am recording to review the content of the interview at a later time. Do you have any questions before I start?"

*Interview Questions*

**Background Questions:**

1. What is your job title?

2. Why did you become a specialized instructional support provider?

3. How long have you been in education?

**School Climate Questions:**

4. Can you tell me how you perceive your role as a specialized instructional support personnel?

a. Why do you think you feel this way?

b. Why is your work important to you?

5. What are your thoughts about the Interconnected Systems Framework?

a. How do you feel about your current role's ability to address students' mental health?

b. How do you think your experience working with PBIS has influenced your perspectives on the Interconnected Systems Framework?

6. How would you feel if you were asked to support the implementation of the Interconnected Systems Framework?

a. Why do you think you feel this way?

b. What comes to mind when you think about program implementation?

7. Would you be willing to support the Interconnected Systems Framework as a new approach to addressing student needs?

a. Why or why not?

b. What does your willingness reveal about your experience working with change models?

8. Do you think the school community (faculty, students, families, and community members) would support implementing the Interconnected Systems Framework?

a. Can you describe indications or observations that lead to your conclusions?

9. How do you feel the schools' role of providing effective support systems fits within the Interconnected Systems Framework and ecological system's theory?

a. Can you fill out the ecological systems theory worksheet numbering 1-5 where you believe the roles of the personnel and initiatives are placed within a student's system?

b. Considering systems' potential influence on students' cognitive and psychological growth, would you be willing to adapt the ecological systems theory to your instructional support practices?

**Barriers**

10. What barriers, if any, has your school experienced in implementing PBIS?

11. What barriers, if any, have you experienced in supporting the implementation of PBIS?

12. How do you think schools can help overcome these barriers?

**Concluding Questions**

13. Is there anything else you would like to share about your experience reviewing the ISF or working within the PBIS model?

14. Will you give me permission to reach out for any clarifying questions regarding your interview responses?

**Appendix G: Participant Recruitment Letter**

UNIVERSITY OF THE
PACIFIC
Benerd College

Date:


To: (Specialized Instructional Support Personnel at a PBIS designated school site)

As a doctoral student in the Benerd School of Education at the University of Pacific, Stockton, I am conducting a qualitative research study as part of the requirements for a doctorate in Transformative Action in Education. The purpose of this qualitative study is to examine specialized instructional support personnel's attitudes and willingness to implement a change model, ISF, to mental health services for at-risk youth in the public school system. I am writing to invite you to participate in my study. If you are currently employed as a specialized instructional support personnel that is currently implementing PBIS or were employed at the school prior to the implementation of PBIS and are willing to participate, you will be asked to complete a Zoom interview regarding your perceptions of the change model. It should take you no more than 30- 60 minutes to complete the interview. Before the interview, you will be asked to watch two short videos for 9 minutes and 48 seconds combined and examine two brief articles about the change model, Interconnected Systems Framework. Preparation for the interview should take no longer than 1 hour. Your participation will be confidential, and no personal or identifying information will be shared. You will be gifted a $5 gift card for your participation. To participate, please sign and return the attached consent form via e-mail within five days. I will contact you to schedule the interview upon receipt of the e-mail.

Sincerely,

**Luis Sandoval MSW**

Social worker in EGUSD

Doctoral Candidate|Transformative Action in Education

University of the Pacific|Stockton, California

xxxxx@u.pacific.edu

Cell Phone: (XXX) XXX-XXXX



_____     _____

Participant Consent                              Date

**Appendix H: Participant Consent Form**

Benerd College of Education

RESEARCH SUBJECT'S CONSENT TO PARTICIPATE IN RESEARCH

**Supporting At-Risk Students Through the Interconnected Systems Framework:**

**Perspectives of Specialized Instructional Support Personnel**

Name of Lead Researcher: Luis Sandoval

Name of Faculty Advisor: Dr. Anne Zeman

You are being invited to participate in a research study. Your participation is entirely voluntary. This qualitative study examines specialized instructional support personnel attitudes and willingness to implement a change model, ISF, to mental health services for at-risk youth in the public school system.

The expected duration of participation in this study will be one 30-minute to 1-hour interview and about 1 hour of pre-interview material preparation. If you decide to participate, you will be asked to complete an interview about a potential change model to PBIS and, watch two short videos for a combined runtime of 9 minutes and 48 seconds, and examine two brief articles about the Interconnected Systems Framework. There are some possible risks involved for participants. The possible risks include possibly feeling uncomfortable discussing your personal experiences at your school site. We don't anticipate any adverse impact to you or any discomfort as we discuss the change model. There are no direct benefits to the participants. My goal is that

the research will enhance the effectiveness of mental health services at the district and school site levels.

**CONFIDENTIALITY**

We will take reasonable steps to keep confidential any information obtained in connection with this research study, and that can be identified with you.

Measures to protect your confidentiality are the interview recordings will be stored on a locked computer, no names will be used in the study, and confidentiality will be protected and not provided to district or site level administrators. Upon conclusion of the research study, the data obtained will be maintained in a safe, locked, or otherwise secured location and will be destroyed after a period of three years after the research is completed.

**PARTICIPATION**

You were selected as a possible participant in this study because you are a specialized instructional support provider at a school implementing Positive Behavioral Interventions and Supports (PBIS).

We expect to have 6 participants take part in this study. Please feel free to ask any questions you may have.

Your decision to participate will involve no penalty or loss of benefits to which you are otherwise entitled. If you decide to participate, you are free to discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

**COLLECTION OF INFORMATION**

All personal information will be removed from all records and data collection tools. No information will be used or distributed for future research studies. You will be given a copy of the form to keep.

**CONTACT INFORMATION**

I am the lead researcher in this study, and I am a doctoral candidate at the University of the Pacific, Benerd School of Education. This research is part of my dissertation for a doctorate in Transformative Action in Education. If you have any questions about the research at any time, please contact me at (XXX) XXX-XXXX or by email at xxxxx@u.pacific.edu

If you have any questions about your rights as a participant in a research project or wish to speak with an independent contact, please contact the Office of Research & Sponsored Programs, University of the Pacific at (209) 946-3903 or by email at IRB@pacific.edu

**COMPENSATION**

Participants are being offered a $5 gift card for their participation.

**I.  ACKNOWLEDGEMENT AND SIGNATURE**

I hereby consent (Indicate **Yes** or **No**)

• To be audio recorded during this study.

___Yes___No

• To be video recorded during this study.

___Yes___No

You will be offered a copy of this form to keep.

Your signature below indicates that you have read and understand the information provided above, that you have been afforded the opportunity to ask and have answered any

questions that you may have, that your participation is completely voluntary, that you understand

that you may withdraw your consent and discontinue participation at any time.

without penalty or loss of benefits to which you are otherwise entitled, that you will receive a

copy of this form and that you are not waiving any legal claims, rights, or remedies.

Signed:                                             Date:


Research Study Participant (Print Name):

Researcher who Obtained Consent (Print Name)