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Amira S. Mostafa

Brandman University, amostafa@mail.brandman.edu

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Interdisciplinary Collaboration in Exemplary Counseling-Enriched High School  
Programs: Integrating College & Career Readiness and Mental Health Wellness  
for Students with Emotional Disturbance

A Dissertation by

Amira S. Mostafa

Brandman University

Irvine, California

School of Education

Submitted in partial fulfillment of the requirements for the degree of

Doctor of Education in Organizational Leadership

October 2019

Committee in charge:


Timothy McCarty, Ed.D., Committee Chair

Keith Larick, Ed.D.

Carlos V. Guzman, Ph.D.

BRANDMAN UNIVERSITY  
Chapman University System  
Doctor of Education in Organizational Leadership

The dissertation of Amira Mostafa is approved.

 \_\_\_\_\_, Dissertation Chair  
Tim McCarty, Ed.D.

 \_\_\_\_\_, Committee Member  
Keith Larick, Ed.D.

 \_\_\_\_\_, Committee Member  
Carlos V. Guzman, PhD

 \_\_\_\_\_, Associate Dean  
Douglas DeVore

October 2019

Interdisciplinary Collaboration in Exemplary Counseling-Enriched High School  
Programs: Integrating College & Career Readiness and Mental Health Wellness  
for Students with Emotional Disturbance

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by Amira S. Mostafa

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## ABSTRACT

### Interdisciplinary Collaboration in Exemplary Counseling-Enriched High School Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance

by Amira S. Mostafa

**Purpose:** The purpose of this mixed methods multiple-case study was to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. A secondary purpose was to explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Mellin (Mellin et al., 2010). Lastly, this study sought recommendations from team members on improved practices supporting adolescents with emotional disturbance.

**Methodology:** An explanatory sequential mixed methods multiple-case study design explored the interdisciplinary collaborative team process in three exemplary counseling-enriched programs in California. Quantitative survey data was collected and followed by qualitative interviews. Supporting documentary and archival data was also collected.

**Findings:** Adolescents with emotional disturbance are supported in college and career by providing differentiated support systems, collaborating with an expanded team of stakeholders, and including student voice and engagement. Their mental health wellness is supported by expanding collaboration with stakeholders, fostering meaningful relationships, creating a safe and inclusive community, and providing coaching and counseling. Interdisciplinary collaboration teams exhibit flexibility in communication,

interdependence through real-time communication, reflection and adjustments that are student-centered, and innovate through crossover in roles. Schoolwide wellness is recommended.

**Conclusions:** Collaboration with stakeholders is critical to supporting both college and career readiness and mental health wellness. Differentiated support systems provide the foundation for a self-sufficient adulthood. It is critical to engage adolescents as partners, and to build meaningful relationships with them. Team members must be flexible, interdependent, reflective, and innovative. Adolescents should be immersed in a schoolwide culture of wellness.

**Recommendations:** Future qualitative or mixed methods studies exploring other job roles on interdisciplinary teams are recommended. Quantitative comparative or casual studies of student data would add to the research base on outcomes. A longitudinal mixed methods study following adolescents served in exemplary programs from high school to young adulthood would be highly informative.



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## CHAPTER I: INTRODUCTION

The statistics are staggering: 2 in 10 adolescents in this country have a diagnosable mental health condition (Kessler et al., 2005); On any given day, 1 in 10 youth experience a mental health issue severe enough to limit their daily functioning (Koller & Bertel, 2006). In any high school classroom in America, three to six of the students in the room are likely struggling with depression, anxiety, or other mood or thought dysregulation problems. The prevalence and severity of mental health problems on among students and families during the already tumultuous developmental stage of adolescence is an area where improved educational practices are needed (Ball et al., 2010; Koller & Bertel, 2006; Lindo et al., 2014).

According to the 40th Annual Report to Congress on the Individuals with Disabilities Education Act (USDOE, 2019), approximately 360,000 children annually are so severely impacted by mental health issues that they are eligible for special education under criteria for emotional disturbance. Emotional disturbance is represented by an emotional condition manifesting in at least one of five possible characteristics, over a long period of time and to a marked degree, that adversely affects educational performance (IDEA, 2004). These students require specially designed instruction and related supports from a team of specialists in order to make educational progress (Kutash et al., 2000; Wagner et al., 2006; Weist et al., 2018).

The category of emotional disturbance accounts for approximately 6% of the special education population (USDOE, 2019). Many of these students are deprived of the educational and enrichment opportunities afforded to most high school students. Rather than being educated in public schools with typically developing peers, 17% of students

with emotional disturbance are being educated in “other environments”, defined as separate schools, residential facilities, homebound/hospital environments, or correctional facilities (USDOE, 2019). Consequently, research indicates that these students have fewer opportunities for accessing academically rigorous instruction (Mulcahy, Krezmien, & Maccini, 2014), thus limiting their future college and career opportunities and lessening their likelihood of achieving a self-sufficient and contributory adulthood.

Research reviewed over the past 50 years shows that students categorized as emotionally disturbed have been understudied regarding ways to open access to higher-level courses, increase opportunities for college and career, and improve mental health wellness (Sitlington, 2004; Wagner et al., 2006). Evidence-based practices that simultaneously address college and career readiness and mental health wellness of youth with emotional disturbance are needed in order to improve long-term outcomes (Wagner et al., 2006). One area that shows promise for further exploration is the question of how interdisciplinary collaborative teams’ function when supporting the academic and mental health needs of students with emotional disturbance.

Generally speaking, teams have shown greater benefit than individuals in addressing complex needs and situations due to the added value of varied perspectives and diverse specialties in developing effective intervention strategies. Teamwork has been evidenced as a successful method to meet a wide range of interpersonal and community or societal needs (Lencioni, 2012; Harvey & Drolet, 2005; Bruner, 1991). Research on interdisciplinary collaborative teams has advised practice within the public sector, primarily within the health and social work fields. Within education, teams have successfully been studied among like-trained professionals in a range of environments

such as professional learning communities, grade-level instructional teams, and content-focused teams (DuFour, Eaker, & Baker, 1998; Hattie, 2009; Marzano et al., 2018; Aguilar, 2016).

While there has been extensive research on teams in general, and much research on student-centered multidisciplinary teams, there is a scarcity of research on how interdisciplinary teams operate in meeting the academic and mental health needs of students with emotional disturbance. Research conducted about the interdependent workings of a team of diversely skilled professionals focused on improving access, opportunity, and outcomes for this special population may provide benefits for this group of students who have many challenges (Ball et al., 2010; Mellin & Weist, 2011; Weist et al., 2014). Recommendations from multiple entities, such as the World Health Organization's Mental Health Action Plan (2013), U.S. Congress' Every Student Succeeds Act (2015), and California's Local Control and Accountability Plan (2018), converge in a call to action for college and career readiness and mental health wellness for all students, including students eligible for designation as emotionally disturbed.

### **Background**

Historical and current perspectives on education, special education services, college and career readiness, and mental health provide context for this study. The population being studied is explained, and the setting of schools described. Background on the work of teams, with a special focus on interdisciplinary teams, provides a framework for how this study seeks to address the problem of meeting current needs for adolescents with emotional disturbance. Finally, two key outcomes that have eluded

many students with emotional disturbance are examined: college and career readiness and mental health wellness.

### **Historical Context**

In 1954, the United States Supreme Court unanimously ruled that race-based segregation in schools violated the Fourteenth Amendment of the U.S. Constitution in the landmark case *Brown vs. Board of Education of Topeka, Kansas* (1954). Equal opportunity in education has been a legal mandate and core value of our educational system for well over half a century. U.S. Supreme Court Chief Justice Earl Warren clearly expressed, “We conclude that in the field of public education the doctrine of ‘separate but equal’ has no place. Separate educational facilities are inherently unequal” (Brown vs. Board of Education, 1954).

In the years following the *Brown* decision, courts were filled with cases arguing that the application of the doctrine “separate is inherently unequal” be extended beyond race to disability. Most notably, the cases of *PARC v. Commonwealth of Pennsylvania* (1971) and *Mills v. Board of Education of District of Columbia* (1972) brought disparities in how and where children with disabilities were being educated into the national spotlight. The *PARC* (1971) decision established that denial of public education to any child was unconstitutional, and that regardless of disability, children must be provided with a free public education that matched that given to general students. In the *Mills* case (1972), which centered around the exclusion of children from school for substantial periods of time due to their behavioral, physical or emotional disabilities, the U.S. Supreme Court held that by not providing equal protection and education for all students,

the education system was stripping students of their natural rights. Further, the Court cited such practices as discriminatively impacting civil liberties in the nation.

Thereafter, the Congressional Investigation of 1972 (U.S. Congress, 1973) revealed that millions of children with disabilities were not receiving an appropriate education. Of particular relevance to the current study, Congress wrote, “The long-range implications of these statistics are that public agencies and taxpayers will spend billions of dollars over the lifetimes of these individuals to maintain such persons as dependents and in a minimally acceptable lifestyle. With proper education services, many would be able to become productive citizens, contributing to society instead of being forced to remain burdens. Others, through such services, would increase their independence, thus reducing their dependence on society” (U.S. Congress, 1973). This holds true for students with emotional disturbance, given that they represent one of the highest at-risk populations, yet have great potential to contribute in light of multiple areas of aptitude.

In efforts to both end disability-based discrimination in schools and improve future outcomes for students, Public Law 94-142: The Education for All Handicapped Children Act of 1975 was passed. Among other things, PL 94-142 required that specialized, designed instruction and related services be available to those that needed them, and that decisions about provision of services to such students be made in a fair and appropriate manner. Following several revisions, PL 94-142 became known as the Individuals with Disabilities Education Act of 1997, and is commonly referred to as the IDEA. In 2004, the law was amended as the Individuals with Disabilities Education Improvement Act. The IDEA is the federal statute governing education for students with

disabilities, encompassed within each child's Individual Education Program (IEP) and in short encapsulated by the term "special education" (IDEA, 2004).

### **Special Education Students Identified with Emotional Disturbance**

There are many different types of special-needs students. Of the 13 disabling conditions that form the eligibility basis for special education, the category of emotional disturbance will be the focus of this study: "emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors; (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) Inappropriate types of behavior or feelings under normal circumstances; (D) A general pervasive mood of unhappiness or depression; (E) A tendency to develop physical symptoms or fears associated with personal or school problems; (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section" (IDEA, 2004, Part C, Sec. 4). Students eligible under this category usually suffer from a serious mental illness, such as anxiety, depression, bipolar disorder, or mood dysregulation disorder. Following comprehensive assessment by school or educational psychologists and authorized by the IEP team, these students may be included in special education programs due to the extent to which their mental health condition is negatively impacting their educational progress. Although often not visible to the layperson due to internal symptomatology that may not be easily

observable, such mental health challenges force reconsideration of traditional instructional practices.

For the approximately 360,000 students with emotional disturbance served annually in the United States, several areas of need require specialized staff with expertise in the interplay of daily school functioning. Mental health counseling interventions, specialized academic instruction, general education core content instruction, college and career counseling, and administrative or disciplinary guidance have been identified as supporting their progress towards diploma and college (Weist et al., 2018; Kutcher, Wei, & Hashish, 2018). In 2016, only half of all high schoolers with emotional disturbance graduated with a regular high school diploma (EdFacts, 2018). Additionally, students with emotional disturbance were removed from their schools three times as often as others with disabilities due to serious violations (drugs, weapons, or causing serious bodily injury), and were suspended from school over four times as frequently (USDOE, 2019). These statistics suggest that schools are failing to appropriately prepare this group for future opportunities afforded to well-educated and mentally healthy adults.

### **Settings for Educating and Treating Students with Emotional Disturbance**

Within the grouping of students identified as emotionally disturbed, there is a wide range of needs, with some students requiring minimal accommodations and specialized academic instruction and counseling services, and others requiring highly restrictive placements (Knitzer, Steinberg, & Fleisch, 1990; Kutash et al., 2000). In previous decades, the most impacted of these students were segregated to psychiatric hospitals or residential treatment centers (Mills & Cunningham, 2014). More recently, it

has been purported that prevention and interventions should be provided through evidence-based practices provided in their home communities in order to avoid institutionalization (World Health Organization, 2013). Removing children from their homes and uprooting them from their natural supports of family, friends, and familiarity may cause further traumatization and emotional difficulties.

Today, these students need to be availed of resources within their home communities, and have equal access to high-quality instruction and mental health wellness opportunities similar to non-disabled peers. The expectation that schools need to address non-academic barriers to learning is prevalent in the research (Anderson-Butcher et al., 2006; DeLoach et al., 2012; Weist et al., 2018). While the need is clear, the best methods for addressing this are not yet established, and the question requires further research.

California's Local Control Funding Formula (LCFF) legislation and implementation companion, the Local Control Accountability Plan (LCAP) regulations (LCAP, 2018), encourage exploration of innovative educational practices for students with disabilities. This legislation dictates how California's schools are funded and governed, and establishes that every school district must seek innovative and creative avenues to meet the needs of all children—those with special needs in particular (EdSource, 2016). Under LCFF, students with disabilities are identified as a priority group, indicating that these students require full access equitable to that of typically developing students, and that they must have their emotional needs supported. The California LCFF Priorities Whole Child Resource Map (CDE, 2018) illustrates the need for one system of connected resources and supports to ensure that all students are healthy,



safe, engaged, challenged, and supported from “Cradle to Career” (CDE, 2018, center star graphic). Further, LCFF emphasizes that “schools should collaborate with families, caretakers, and community agencies to deliver integrated services that promote improved access to health and learning supports, high expectations, and a positive school climate—all of which are necessary for students to thrive in the twenty-first century” (CDE Whole Child Resources, 2018, para. 1).

### **Interdisciplinary Teams**

Teams of dedicated professionals have worked to give special needs students opportunity and access to a high-quality education for nearly a half-century as required by the Education for All Handicapped Children Act of 1975 (PL 94-142). Recognizing the complexity of designing educational programs to meet the unique needs of students with disabilities, Congress granted authority for important decisions to a multidisciplinary group of individuals, known as the student’s Individual Education Program (IEP) team. This team includes special education and general education teachers, school administrators, related services personnel, parents, and students, all of whom are to work together to ensure access and educational progress (IDEA, 2004). This multidisciplinary team functions as the decision-making body for a child’s education. Individuals pool knowledge, experience, and commitment to the design of an educational program that will facilitate the student’s educational progress (IDEA, 2004).

Addressing complex multisystemic problems requires a holistic view and the synthesis of narrowly focused skill sets of diverse knowledge, expertise, and resources (DeLoach et al., 2012; Reich & Reich, 2006; Waxman et al., 1999; Weiner, 1990). Long recognized as critical by social-theory constructionists, anthropologists, gestalt

psychologists, and systems-thought leaders, addressing the whole person amidst the environments they exist within goes far beyond the training and practice of any sole discipline (Maidenberg & Golick, 2001; Reich & Reich, 2006; Schmitt, 2001). As expressed by researcher Laura Bronstein, “Interdisciplinary collaboration today is more than a demand; it is a requirement for practice as social problems continue to become increasingly complex. It becomes virtually impossible for any one profession to address the range of problems presented by any individual, family, institution, or community” (Bronstein, 2002, p.113). Thus, it is necessary to examine how educators, psychologists, and other professionals work effectively to simultaneously meet both the college preparatory and the mental health wellness needs of this vulnerable population.

A key determinant of a highly skilled and effective team is collaboration. As distinguished from consultation or conferencing, the term collaboration refers to a systematic process in which work is done interdependently for improvement of individual and collective results (DuFour, Eaker & Baker, 1998). Further, researchers within the social work field express that this interdependence infers construction or creation that can only occur through positive working together (Bronstein, 2003; Bruner, 1991). This fusion of expertise and shared productivity sets collaboration apart from other forms of engagement amongst professions.

The commonly relied-upon definition of interdisciplinary collaboration purported by Bronstein (2003) surmises this cumulative value-added quality, “an effective interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own” (Bronstein, 2003, p. 299). In working with youth with emotional disturbance, interdisciplinary teams of psychologists and

educators address the essential mental health and academic needs for this population. The benefits yielded from the fusion of multiple schools of thought working together on a common goal is reflected consistently in the existing literature on interdisciplinary collaboration (Bronstein, 2003; Mellin, 2009; Weiss et al., 2002; Weist et al., 2001).

As the array of professionals from different disciplines working within schools continues to expand, a collaborative model is needed to deal with challenges that may arise from this merging of professional roles. In addition to common challenges found in collaboration, such as turf issues (Bemak, 2000) and pre-existing responsibilities (Weist et al., 1999), the unique school culture adds a layer of complexity for private or community professionals (Rappaport et al., 2003). Without a framework establishing agreements and guiding practice, authentic collaboration in schools is indistinguishable from the typical practice of consultation.

The synergy of multiple professional perspectives seeks to effectively address such circumstances and meet the needs of the whole child in a comprehensive manner (Ball et al., 2010; Mellin, 2009; Weiss, Anderson, & Lasker, 2002). Four essential elements of interdisciplinary collaboration in school-based mental health are articulated by Elizabeth Mellin and colleagues (Mellin et al., 2010) to provide a framework for this work. Elements and the primary research source supporting inclusion in the framework are: shared decision-making (Anderson-Butcher & Ashton, 2004); mutual respect (Weist et al., 2002); interdependence (Weist, Ambrose, & Lewis, 2006); and reflection (Hilton, et al., 2006). Interdisciplinary collaboration of professionals supporting students classified with emotional disturbance on comprehensive high school campuses is lacking. Recommendations for further research within schools include studies on the relationship

between collaboration and outcomes for students, including access to services, school attendance, and resource maximization (Mellin et al., 2010).

### **College & Career Readiness**

David Conley has conducted research on college and career readiness for nearly two decades and has advised on national and state policies (Conley, 2007; 2012; 2016). In operationalizing the research into a framework for what it means to be college and career ready, Conley's model highlighted four keys for success: *Think*, key cognitive strategies; *Know*, key content knowledge; *Go*, key transition knowledge and skills; and *Act*, key learning skills and techniques (Conley, 2012, p. 2). Over the last seven years, research highlighting the importance of non-academic skills for college and career success has grown rapidly (Gaertner, Conley, & Stoltz, 2016). The updated college and career readiness paradigm outlined in 2016 includes qualities such as social-emotional strength and grit (Duckworth & Yeager, 2015). One of the three recommendations for college and career readiness policy development summarizes this shift, encouraging new approaches that open college and career pathways for all learners (Gaertner, Conley, & Stoltz, 2016, p.23):

Consider the learner or employee's goals, circumstances, and attributes, and develop a plan to maximize an individual's likelihood of success in the language of GRIT, using students' varied strengths to mitigate their weaknesses.

Educational and career pathways should be a matter of choice and endeavor, not prophecy.

The USDOE Office of Special Education Office of Special Education and Rehabilitative Services has actively promoted college and career attainment for students

with disabilities (USDOE, 2018; College and Career Readiness and Success Center, 2013). Providing a free and appropriate public education in the least restrictive environment for students with emotional disturbance aligns with keeping the college door open during high school and preparing them for post-secondary life as much as their general education peers. As noted in the IDEA (2004), and further considered by research on preparing students with disabilities, these students have the right to a meaningful and contributory adulthood through a thoughtful transition planning process by the IEP team (Miller & Sarkees-Wirecenski, M., 2010; Sitlington, 2004; West, 2010).

Some educators hold tight to the outdated belief that students with emotional disturbance require not only mental health intervention and tight structure, but also "...a simplified or basic curriculum" (Pazaratz, 1998, p. 1). In their extensive work with this population, Bullis & Cheney (1999) found that traditional educational placements have been punishing for many of these students. They noted that by late adolescence reluctance or fear is evident in some, and a flexible educational approach is often necessary to re-engage and improve long-term outcomes for this population.

California's Department of Education has been explicit in citing the necessity of shifting practices for students who have traditionally been left behind in preparation for post-secondary life through LCFF Priority 4: Student Achievement (CDE, 2018):

Through communities of practice, teachers use student performance data to support a relevant and engaging curriculum for all students, including those who have traditionally faced barriers to successful transitions to high school, postsecondary, and Career Technical Education. Courses support all students for

success during and after high school by preparing them to pursue a full range of postsecondary opportunities.

LCFF Priority 8, Student Outcomes, also highlights college and career readiness as critical to educating California's youth. Further, LCFF Priority 7, Course Access, requires that individuals with exceptional needs must have access to, and supports provided necessary for, educational benefit within a broad course of study that aligns with their non-disabled peers.

Recent research has shown that students with emotional and behavioral disorders are increasingly learning in co-taught classrooms where they have access to a college preparatory curriculum and a highly qualified teacher (Conderman & Hedin, 2015). Unfortunately, given the visible signs of emotional distress, such as scars from self-harm, verbal threats towards self or others, withdrawn and disengaged behaviors, and dysregulated mood, general education teachers may be unprepared or uncomfortable serving these students in their classrooms. Teachers report being ill-equipped to appropriately instruct and support these students in their general education classrooms (Rothi, Leavey & Best, 2008; Rodger et al., 2018). Interdisciplinary collaboration efforts through an expanded team with high engagement between teachers with college preparatory expertise and psychologists with mental health expertise are recommended (Waxman, Weist, & Benson, 1999; Weist et al., 2017).

### **Mental Health Wellness**

Many studies have demonstrated that meeting students' social and emotional needs primes learning, increases motivation, improves memory and cognitive capacity, and ultimately improves learning outcomes (Collaborative for Academic, Social,

Emotional Learning, 2003; Weist et al., 2018; Adelman & Taylor, 2000; Bradley, Doolittle, & Bartolotta, 2008; Durlak et al., 2011). Whereas in previous generations, schools were not regarded as appropriate locations for mental health services, mental health and education are becoming increasingly intertwined. Newly regarded as having critical importance in schools, addressing the social-emotional learning needs of children is prioritized in national and state initiatives and funding models. Providing expanded mental health services is part of a school's obligation to their youth (Leschied, Saklofske, & Flett, 2018; Rappaport et al., 2004; Schacter, 2000).

In California, this emphasis on social-emotional wellness is found in the LCFF priorities, most prominently in Priority 5 on pupil engagement and Priority 6 on school climate. In 2016, California's State Superintendent of Public Instruction further endorsed the importance of the collaboration of academic, social, and emotional learning through formation of a multi-agency state team. This goal of this team is to affirm that social-emotional learning is an "essential component of a well-rounded quality education in all youth-serving settings" (CDE SEL State Team, 2018, p. 5).

Five of the eight LCFF Priorities (4, 5, 6, 7 & 8) guiding the funding and accountability of California's public education system focus on prioritizing the academic and social-emotional needs of youth, with additional emphasis on at-risk populations. As warranting further elaboration in Chapter 2, adolescents who meet criteria for emotional disturbance are particularly at-risk and in need of improved educational and mental health practices in schools. The central role collaboration plays in public education reform in California is further highlighted by the CDE SEL State Collaboration as their guiding principle, as quoted from the original source, The Aspen Institute's National Commission

on Social, Emotional, and Academic Development Council of Distinguished Educators (CDE SEL Team, 2018, p.5):

Weaving together social, emotional, and academic development creates high-quality learning environments in schools and classrooms. In these environments, children can confidently do their best work because they interact with a cooperative and welcoming community of learners. When social, emotional, and academic development are deliberately and thoughtfully interconnected, students benefit from learning experiences that enrich their understanding of academic content and strengthen their critical thinking skills. Such experiences enable students to be more effective contributors in their classrooms today and in their workplaces and communities tomorrow.

Social-emotional learning curricula and general wellness-focused strategies, such as mindfulness, at all grade levels may be implemented in brief snippets throughout the day by classroom teachers as a schoolwide intervention (Lindo et al., 2010; Maras et al., 2015; Rodger et al., 2018). However, when looking towards the needs of the 20% of students who are experiencing mental health struggles, a targeted approach by a school-based mental health professional is needed (DeLoach et al., 2012; Mills & Cunningham, 2018; Weist et al., 2010). Along with increased access to students and families, school-based mental health professionals have firsthand experience of student stressors and particular knowledge of developmental components at play across developmental stages, and have special opportunities to reduce stigma and barriers to obtaining mental health services (Maras et al., 2015; Adelman & Taylor, 2000).



## **Statement of the Research Problem**

Historically, the education and mental health fields have led distinctly separate lives (Weist, 1997). This is beginning to change, as evidenced by the rapid increase in recent years of research, policy, and programs targeting school-based mental health (Weist et al., 2014; Leschied, Saklofske, & Flett, 2018), yet the divide is still prominent in our nation's high schools. As well established, learning occurs within a social context and students learn when they feel safe and connected (Hattie, 2009; Kutsyuruba, Clinger, & Hussain, 2015; Shanker, 2013). Currently, the effects of schools maintaining this illusory divide between one's learning and one's mental and emotional state include significant missed opportunities for young people to access their cognitive and social-emotional potential (Short, Bullock, Jaouich, & Manion, 2018).

The world is in the midst of a mental health crisis. Statistics consistently indicate that at least 20% of the global population suffers from mental health problems (WHO, 2013). Research over the last 10 years indicates that one of out every five children will experience a diagnosable mental health disorder prior to reaching age 18 (Leschied, Saklofske, & Flett, 2018). Suicide rates in the U.S. continue to climb, with a 30% increase over the past 20 years. Suicide is the second leading cause of death in adolescents and young adults (CDC 2018; Heron, 2018). With rapid growth of mental health problems in youth, it is important that evidence-based practices in schools be studied and implemented. Some argue that mental health wellness promotion has become as important a part of the school day as traditional academic learning (Leschied, Saklofske & Flett, 2018; Schacter, 2000).

Concurrently, the global job market has shifted significantly, with more than a high school education being essential for living a self-sufficient adulthood. This goal is of particular significance for the 40% *on average* of students with emotional disturbance who are counted as high school dropouts (USDOE, 2018; Wagner, 2005). The economic impact on the nation of youth who do not continue their education is in the billions of dollars over the course of a generation, due to decreased earnings, loss of tax revenue, and the costs of incarceration, healthcare, social services, and support of basic needs (Alliance for Excellence in Education, 2013; USDOE, 2013b). Thus, the relevance of improving educational outcomes for students with emotional disturbance extends well beyond the individual, directly touching communities and nations.

Treating both the mental health needs and the college and career readiness of adolescents with emotional disturbance is increasingly important. Doing one without the other leaves them untreated and unprepared for the future. Yet there is a lack of information on the essential elements of school-based practices that simultaneously address the therapeutic and the academic needs of youth with mental health conditions. Therefore, the problem is that while improving the long-term outcomes of students with emotional disturbance is desired, successful ways to do so have eluded the educational and mental health communities for decades, as evidenced by persistently poor post-secondary outcome data year after year (Bradley, Doolittle, & Bartolotta, 2008; USDOE, 2019; Wagner & Davis, 2006).

### **Purpose Statement**

The purpose of this mixed methods multiple-case study was to describe how interdisciplinary collaborative teams support the college and career readiness and the

mental health wellness of adolescents with emotional disturbance. A secondary purpose of this study was to explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Mellin (Mellin et al., 2009). Lastly, this study will determine the recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

### **Research Questions**

The research questions explored in this mixed-methods multiple-case study were as follows:

1. How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?
2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?
3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) based on the model established by Mellin?
4. What recommendations do interdisciplinary collaborative team members have in regard to improved practices in supporting adolescents with emotional disturbance?

### **Significance**

Understanding effective integration of college and career readiness and mental health wellness within learning environments adds to the growing body of research driving both educational and mental health reform efforts. As such, interdisciplinary

collaborative teams supporting students with emotional disturbance is an area in need of further exploration. Backwards mapping from desired positive postsecondary life outcomes for this population to the high school approaches that are designed to provide students with what they need to be prepared for adulthood calls upon the joint expertise of educators and of mental health providers.

Recent research has demonstrated that a caring and compassionate learning environment of high expectations through a rigorous and engaging curriculum leads to better outcomes for students with emotional disorders (Climie & Altomare, 2013; Hattie, 2008; Lindo et al., 2014; Rees, 2015). With the focus of teacher preparation being in the area of instruction and delivery of academic content knowledge, rather than in the psychological or mental health domain, there is little guidance for teachers about how such a learning environment is to be created (Bronstein & Abramson, 2003). In contrast, training of school psychologists is in the cognitive, developmental, psychological, and mental health domains (Siegel & Cole, 1990; Gutkin & Reynolds, Eds., 1990), and not in educational and instructional programming. Through the vehicle of interdisciplinary collaboration, the expertise of many can be capitalized on and greater gains realized. Studying interdisciplinary collaborative teams in schools further contributes to the growing body of research on teams across industries.

As emphasized, instructional and mental health improvements for students with emotional disturbance are needed to shift the long-term trajectory in a positive direction. Individual factors that have been found to improve outcomes for these youth include access to general education courses where students can get quality instruction from highly qualified teachers, internships and vocational opportunities, and counseling in

school (Sitlington & Neupert, 2004). Yet there are limited studies providing a basis for an effective model blending these components into an integrated counseling-enriched educational program for this population. At present, there is a noticeable lack of consistent terminology and practice models upon which to measure outcomes and standardize such programs.

A gap currently exists in best practices for building and maintaining a special education environment that integrates mental health care with a rich and rigorous curriculum that adequately prepares youth for a self-sufficient and contributory adulthood. There are some promising practices found in the literature that show merit—particularly practices stemming from the research on teams and interdisciplinary collaboration (Bronstein, 2003; CASL, 2003; Marzano, Warrick, Reins & DuFour, 2018; Mellin, 2009; Weist et al., 2018). A comprehensive literature review revealed research in each of the three central variables of this study: interdisciplinary collaboration, college and career readiness, and mental health wellness. Yet no studies were found that integrated all three of these separate variables into one cohesive research study or model for service delivery.

In order to improve the high school academic and mental health practices that inform long-term outcomes for this population, further study on use of an integrated approach provided through the workings of an interdisciplinary collaborative team is necessary. The significance of this study is most prominent in synthesis and description of a model specific to this population that has the potential to change the long-term trajectory of their lives and impacts on society. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high

school programs, educators and mental health providers around the globe can better support youth with emotional disturbance in their care.

### **Definitions of Terms**

Defining several key terms that will be utilized in this study is essential for clarity. For some terms, the definition is provided only in operational terms. For terms that have a theoretical background, the theoretical definition is followed by its operational counterpart.

#### **College and Career Readiness**

College and career readiness means being equipped with the skills needed to enter and succeed in one's desired college and career program after high school. It includes qualifying for, and being prepared to succeed in, credit-bearing college or career pathway training courses without the need for remediation.

#### **Counseling-Enriched Classroom or Programs**

Counseling-enriched programs are special education programs that have counseling embedded within the educational setting, and staffed with special educators and mental health providers, such as school psychologists, counselors, or social workers.

#### **Counseling Services**

Special education services delivered by a mental health provider that may include individual counseling, group counseling, and parent counseling. These are related services to assist a child with a disability to benefit from special education, and the term denotes services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel. (IDEA, 2004, CFR §300.34)

## **Emotional Disturbance**

**Theoretical Definition.** “Emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child’s educational performance: (A) An inability to learn that cannot be explained by intellectual, sensory, or health factors. (B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. (C) Inappropriate types of behavior or feelings under normal circumstances. (D) A general pervasive mood of unhappiness or depression. (E) A tendency to develop physical symptoms or fears associated with personal or school problems. (ii) Emotional disturbance includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance under paragraph (c)(4)(i) of this section” (IDEA, 2004, Part C, Sec. 4).

**Operational Definition.** Emotional disturbance refers to a social-emotional or mental health condition that impacts a student’s educational functioning, such that special education eligibility is conferred under the qualifying criteria set forth by the IDEA.

## **Exemplary Counseling-Enriched Programs**

This study defines exemplary counseling-enriched programs as those that include all of the following five characteristics: (1) Safe, comfortable, and positive learning environment; (2) District and site leadership support of program and of students; (3) General education opportunities available and access to college preparatory courses; (4) Flexible, responsive approach to individual learning and social emotional needs; and (5) Staffing includes credentialed special education teacher, school psychologist, administrator, and access to a general education teacher with single subject authorization.

## **Expanded School Mental Health (ESMH) or School Mental Health (SMH)**

**Theoretical Definition.** School Mental Health (SMH) is defined as services provided by schools to address mental health, social-emotional, and behavioral needs of students. Expanded school mental health (ESMH) is a comprehensive system of mental health services and programs that builds on the core services provided by schools. ESMH includes provision of such services in the school by clinicians or community providers as an augmentation to ensure students' access to the full continuum of mental health services (Weist, 1997).

**Operational Definition.** SMH refers to mental health services delivered in schools by mental health providers, such as therapists, psychologists, counselors, or social workers. ESMH is more expansive and includes services from community mental health providers to provide a full continuum of prevention and intervention supports.

## **Individualized Education Program (IEP)**

The IEP is a legal document guiding the educational program of a child with a disability and is individually designed to meet a child's unique needs. The IEP is a written statement for a child with a disability that is developed, reviewed, and revised in accordance with §300.320 through 300.324 (IDEA, 2004, §300.22)

## **Individuals with Disabilities Education Act (IDEA)**

IDEA is the law of the land governing the public education of students with disabilities, and incorporates procedural safeguards for students and their families. It is a piece of federal legislation originally enacted by Congress in 1975 to ensure that children with disabilities have the right to free appropriate public education. Originally known as PL 94-142, or the Education of Handicapped Children's Act, and then as the Individuals



with Disabilities Education Act of 1997, and recently revised as the Individual with Disabilities Education Improvement Act of 2004. (IDEA, 2004; USDOE, 2019).

### **Individual Transition Plan (ITP)**

The ITP is a central component of the IEP for students aged 16 and older, and is a clearly articulated written plan of goals, services, activities and course of study appropriate for pursuit of post-secondary life in education/training, employment, and when appropriate, independent living skills. The ITP must be updated annually and include: (1) appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills; and (2) the transition services (including courses of study) needed to assist the student with a disability in reaching those appropriate goals (USDOE, 2017).

### **Interdependence**

Interdependence means the construction or creation that can only occur through positive working together (Bronstein, 2003; Bruner, 1991). It is the reliance on interactions among professionals where all are dependent upon others to accomplish their goals and tasks (Bronstein, 2002).

### **Interdisciplinary Collaboration Teams**

**Theoretical Definition.** Interdisciplinary collaboration is the interpersonal process that facilitates the achievement of goals that cannot be reached when individual professionals act on their own. Interdisciplinary collaboration teams integrate expertise from multiple professions and perspectives to create a synergy that produces positive

outcomes that are greater than those that could be achieved by any contributor working in isolation (Bronstein, 2002; Mellin & Wesit, 2011).

**Operational Definition.** Interdisciplinary collaboration teams are defined in this study as a group of two or more individuals from different disciplines combining their expertise in materializing a shared vision and common goals for the students with whom they work.

### **Local Control Accountability Plan (LCAP)**

California's system for monitoring the public education system. LCAP requires that each school district engage community stakeholders in development of a three-year plan around goals, actions, services, and expenditures. The LCAP provides an opportunity for local educational agencies (LEAs) to share their stories of how, what, and why programs and services are selected to meet their local needs. (CDE, 2014).

### **Mental Health**

**Theoretical Definition.** The most common definition of mental health is that used by the World Health Organization, meaning the state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community (WHO, 2013, p. 6).

**Operational Definition.** Mental health refers to an individual's state of well-being, and includes emotional regulation, flexibility and ability to cope with adversity, effective social and interpersonal functioning, and self-care needed for internal equilibrium. In this study, mental health is aligned with social-emotional functioning as commonly referred to in schools.

### **Newly Created Professional Activities**

This term refers to collaborative acts, programs, and structures that amount to more than what is created when the same professionals act independently, and requires maximizing the expertise of each individual to deliver services that are fundamentally and structurally different from what can occur in the absence of (Bronstein, 2002). As applied in this study, newly created professional activities are innovation associated with merging of multiple perspectives (Mellin et al., 2010).

### **Professional Flexibility**

This is the deliberate blurring of the lines between professional roles (Bronstein, 2002), and is characterized by inclusive decision-making, the ability to reach productive compromises in the face of disagreement, and mutual respect. Thinking and behaving in a flexible manner that digresses from traditional professional roles (Bronstein, 2002; Mellin et al., 2010).

### **Reflection on Process**

Thinking about and discussing interactions and relationships in order to improve processes and strengthen collaborative relationships and effectiveness. Reflection on process is about how teams evaluate their working relationship and incorporate feedback to strengthen (Mellin et al., 2010).

### **Special Education**

A federal mandate that provides for specially designed instruction and related services necessary for a student with exceptional needs to make educational progress. Special education is governed by the IDEA.

## **Delimitations**

This study is delimited to interdisciplinary collaborative team members in high school counseling-enriched programs serving adolescents eligible for special education under criteria for emotional disturbance. This study is delimited to school district programs in California in which an interdisciplinary collaborative team is in place. Finally, this study was delimited to programs meeting all of the following criteria, necessary for consideration as exemplary within the definition of this study:

1. Safe, comfortable, and positive learning environment;
2. District and site leadership support of program and of students;
3. General education opportunities available and access to college preparatory courses;
4. Flexible, responsive approach to individual learning and social-emotional needs;
5. Staffing includes credentialed special education teacher, school psychologist, administrator, and access to a general education teacher with single subject authorization.

## **Organization of Study**

This study is comprised of five chapters, followed by references, and appendices. Chapter I introduced the study with background information on the major themes, presented the problem, identified the study's purpose and research questions, defined key terms, and explained delimitations. Chapter II is comprised of a thorough literature review on the primary study themes of educating students with emotional disturbance, mental health, college and career preparation, and interdisciplinary collaboration teams. Exploration of the current body of research surrounding counseling-enriched high school

education programs for students with emotional disturbance, and study of team functioning specific to interdisciplinary collaboration in the realm of expanded school mental health, are detailed. Chapter III explains the research design and methodology of this mixed methods explanatory sequential study. Detailed explanation of the population, sample, and data collection and analysis procedures is also included in this chapter. In Chapter IV, study data is presented and analyzed, and study findings are discussed. The study concludes with Chapter V, in which the study is summarized, conclusions drawn, and recommendations for further actions and research are presented.

## CHAPTER II: REVIEW OF THE LITERATURE

### **Introduction**

This extensive literature review will provide background information regarding a study of interdisciplinary collaborative teams who are providing college and career preparation and mental health supports for emotionally disturbed students who attend exemplary counseling-enriched high school programs. This begins with a review of historical and current conditions in education, mental health, and employment, including considerations of equity to provide a context for the study. Next, college and career readiness is explored, with particular emphasis on long-term outcomes for students in special education who meet criteria for emotional disturbance. Review of existing literature on the provision of school-based mental health services, and on college and career preparation of youth, further narrows the focus of this study. This study includes a detailed synopsis of the principles of exemplary post-secondary transition practices for this population.

Additionally, this review of research will discuss the theoretical underpinnings of teams, and their application in schools forms the basis for the theoretical framework of interdisciplinary collaboration upon which this study is built. A synthesis of the newly emerging research base of expanded school mental health services, occurring largely within the past two to three years (Leschied, Saklofske, & Flett, 2018; Weist et al., 2017), and of interdisciplinary teams follows. The interdisciplinary collaboration model proposed by Laura Bronstein (2002, 2003) and further refined by Elizabeth Mellin and colleagues (Mellin et al., 2010) is summarized. This chapter concludes with consideration of the role of interdisciplinary collaboration in addressing gaps in research on how to

concurrently address the college and career readiness and the mental health wellness of adolescents with emotional disturbance in high school.

### **Inequities Establishing a Need for Change**

Equity is critical, but it is not equity in terms of all students attaining similar average levels of achievement; rather, it is equity in that the possibility of attaining excellence is available to any student regardless of their background, prior achievement or the financial acumen of their parents. We all have the right to aim for excellence and to attain excellence in multiple ways (Hattie, 2015, p. 26).

### **Historical Context**

Inequality has been a prominent issue in the United States for the last hundred-plus years. Discrimination in education started with full exclusion of certain segments of the population from school based on gender, race, or disability. Throughout the first half of the 1900s, there was legally sanctioned racial segregation (1896, *Plessy v. Ferguson*), affording lesser educational experiences for marginalized groups. The ruling by the U.S. Supreme Court in 1954 in *Brown vs. Board of Education* provided the basis for landmark legislation outlawing race-based segregation in schools and educational agencies that receive federal funds.

Equal opportunity in education has been a legal mandate and expressed core value of our educational system since the *Brown* ruling (1954). The Elementary and Secondary Education Act of 1965 (ESEA) extended this mandate beyond race, proposing full educational opportunity for children who were previously marginalized, and dedicated special funds for schools serving low-income students. However, inequities in public

schools created by separation continued throughout the 20th century. As exposed by Jonathan Kozol in *Savage Inequalities* (1991), the American education system evidenced disparities in funding, resources, environment, curriculum, enrichment activities, and teacher quality, based upon community.

In the current day, inequities in access, quality, and services based upon group affiliation remain evident. Research and national statistics found in ongoing annual reports from the Civil Rights Data Collection branch of the U.S. Department of Education continue to point out significant inequities in education based on race, disability, gender and socio-economic status (CRDC, 2018; Ballantine, Hammack, & Stuber, 2016; Kohli, Pizarro, & Nevarez, 2017).

Further, the U.S. Department of Education's Commission on Equity and Excellence found ongoing inequities in the country's public education system. They reported these inequities were due to three primary causes: 1) assignment of students into instructional tracks or programs, such as special education, where the instructional content does not include all aspects of the core curriculum, and through restricting access to advanced or gifted and talented programs; 2) lowering standards or rigor for coursework under the guise of making it more accessible to certain students, thus limiting learning of knowledge and skills that will be necessary for success in future studies; 3) class or school exclusion for discipline, such as suspensions, resulting in excessive lost instructional time, particularly for students of color and students with disabilities (USDOE, 2013, p. 27).



## **Educational Inequities: Children with Disabilities**

PL 94-142 established that every child, regardless of disability, must be provided with a free public education that matched that given to students without disabling conditions. Since this time, federal law has required that special education and related services be made available to those that need them, and that decisions about such services be made in a fair and appropriate manner. Revised in 1997 under the title Individuals with Disabilities Education Act (IDEA), and in 2005 as the Individuals with Disabilities Education Improvement Act, the IDEA ensures the right to a free and appropriate public education in the least restrictive environment for each and every child in the United States. The IDEA is operationalized through development of an individual plan that guides goals, services, and the educational program of each student who meets special education eligibility criteria. This plan is known as the Individualized Education Program, or IEP (IDEA, 1997, 2004).

Within the IDEA, there are 13 categories under which a student may be identified. The disability category of emotional disturbance (ED) encompasses emotional and behavioral conditions and psychiatric conditions that adversely affect educational performance over a long period of time and to a marked degree, and is the student population focus of the current study. Students whose education is negatively impacted by mental health issues such as mood or depressive disorders, anxiety disorders, thought disorders, or relational disorders are some examples of those eligible as ED. As established by Congress, children with ED have as much of a right to educational equity as any child (IDEA, 2004).

As established in research and confirmed consistently by annual demographics of education placements, students with emotional disturbance are the least exposed to a quality general education curriculum, less than any other student group (Kutash et al., 2000; Office of Special, Rehabilitative, & New Editions Consulting, 2016; Sitlington, 2004). Students with emotional disturbance have fewer opportunities for accessing academically rigorous instruction (Mulcahy, Krezmien, & Maccini, 2014). The high school educational placements available to them are limited by location, size, and number of single subject credentialed teaching staff, denying access to college preparatory courses. This presents an access barrier that is inequitable and contributes to poor long-term outcomes for this group.

### **Mental Health Inequities**

The prevalence and severity of social-emotional and mental health needs are on the rise (Centers for Disease Control and Prevention, 2013; President’s New Freedom Commission on Mental Health, 2003). Prevention, early intervention, and integrated care efforts are highlighted as an area of need around the globe (Weist et al., 2017; World Health Organization, 2013). According to the World Health Organization (WHO) (2013), up to 50% of mental disorders in adults begin before an individual reaches 14 years of age. By ninth grade, more than half of afflicted individuals with mental health disorders will already be experiencing symptoms. With suicide being the second leading cause of death in the nation amongst individuals aged 10 – 24 years old, annually representing 17% of adolescent deaths, mental health promotion and intervention in high schools presents an opportunity that cannot be missed (Heron, 2018). Bronstein & Mason report on the necessity of bringing interventions into schools: “While the primary

instructional mission of schools has not changed, the traditional means by which to educate students to be successful no longer works in the current context, characterized by a diverse society confronted with an expanding array of psychological problems” (2016, p. 20).

By proactively and aggressively addressing mental health needs in schools, the negative implications for individuals, communities, and society can be mitigated. Outcome evaluations in the School Mental Health (SMH) field indicate a need for reform efforts and social marketing “to integrate SMH into the fabric of society as a needed and effective approach to reducing barriers to learning and assuring their school and life success” (Mark Weist interview, as cited by Bronstein & Mason, 2016, p. 46). The Education Equity and Excellence Commission (USDOE, 2013) further supported linkages between educational equity and social-emotional well-being. The Commission highlighted the practice of collaborative efforts and school and societal ownership of the social-emotional world of youth as best practices:

Improving student learning and educational equity require strong, consistent, and sustained collaboration among parents, teachers, school boards, superintendents and administrators, business leaders, and the community. And such improvements require that we all take responsibility for the academic and social well-being of the students in our charge (USDOE, 2013, p. 1).

### **Employment Shifts**

Despite countless reform efforts aimed at college readiness for all, some that have taken hold in pockets of the U.S. and many others that have come and gone, the fundamental structure and funding formula of America’s public education system

remains relatively unchanged over the past several decades. The American school system was designed to sort and instruct students in predictable avenues of work and prepare them for an adult life that is no longer relevant (Miles & Baroody, 2012). It is needlessly aimed at a bygone era in which a college education was not as critical for an independent adulthood. Miles & Baroody state, “We need to take a multi-dimensional approach and fundamentally reorganize education to meet our goals of excellence, equity and efficiency for all students” (2012, p. 7).

Partnership for 21st Century Learning, a group of educational leaders and industry partners, frames the education and employment connection needed for modern times: “A unified vision for learning to ensure student success in a world where change is constant and learning never stops” (Partnership for 21st Century Learning, 2019, subtitle). A framework for schools to support students in graduating with the skills they will need to compete in the future is captured in the Four C’s: critical thinking, communication, collaboration, and creativity. The Four C’s identify what the nation’s students need to know and be able to do in order to compete in a global society (National Education Association, 2012; Partnership, 2019).

Over the past quarter century, overall employment grew by 31 percent, despite jobs for those with a high school education declining by 13 percent (Georgetown University, 2016). In the early 2000s, the Great Recession hit the U.S. economy, and those with a high school diploma or less suffered the greatest economic loss. They have gained virtually nothing in the post-recession job market. Recent job-growth data indicates that of the 11.6 million jobs created between 2007 and 2016, 99% of them went to those who had more than a high school education (Georgetown University, 2016).

Postsecondary education or training is becoming increasingly necessary for a living wage and benefits. Students who graduate high school earn higher salaries than those who do not, and students who earn a college degree or advanced degrees are more likely to be gainfully employed and have significantly higher rates of pay than those who do not (Georgetown, 2016). Therefore, one of the most important goals for high school is to prepare all students to graduate adequately prepared for college-level work and with the skills necessary for a self-sufficient adulthood.

Findings within the 2013 report of the U.S. Department of Education's Commission on Equity and Excellence explain that schools often codify low expectations for some students, thereby denying them the necessary instructional content and skills necessary for college and career (USDOE, 2013). This is one significant way in which educational inequities contribute to employment inequities, continuing marginalization of segments of society. The high unemployment rate for adults who were classified as emotionally disturbed in high school highlights this nexus between the lowered expectations found in modified special educational programs for these students and their poor long-term outcomes.

### **College and Career Readiness**

The 2002 reauthorization of ESEA, the federal law governing regular education, was named the No Child Left Behind Act (NCLB, 2002). The reauthorization highlighted the need for high academic standards and ongoing measurement of student progress and responding accordingly when students were not achieving at the level necessary for adequate college preparation. Targeting services and supports necessary for each child to achieve at high levels was a primary intent of NCLB. However,

NCLB's extensive requirements, particularly those relating to assessment and credentialing and complex funding structures, quickly became unwieldy and obstructive to educators' efforts to serve the United States' neediest students (USDOE, 2013).

An improved law, focused on fully preparing all students for success in college and career and eliminating unnecessary testing requirements, was called for. Every Student Succeeds Act of 2015 (ESSA, 2017) was President Obama's and Congress' response. Final ESSA regulations were completed in 2017, and it is the law currently guiding Preschool – 12 education in this country. Some key features of this law relating to the purpose of the current research study include: requiring all students be instructed using high academic standards that prepare them to succeed in college and careers; ensuring communication of progress monitoring on students' progress towards this requirement; supporting local innovation in use of evidence-based and place-based interventions developed by local leaders; and calling for accountability and action for positive change in schools where students are not achieving and have low graduation rates (ESSA, 2017).

### **Defining College & Career Readiness**

In order to meaningfully prepare all students for college, a clear understanding of both entrance requirements and essential skills proven to aid in success in the postsecondary world is necessary. Researcher and policy development contributor David Conley published numerous articles in 2006 – 2016 defining what it means to be *college and career ready*. A student who is aptly prepared is one who can “qualify for and succeed in entry-level credit-bearing college courses leading to a baccalaureate or

certificate, or career-pathway oriented training programs without the need for remedial or developmental coursework” (Conley, 2007, p.1).

In operationalizing the research, Conley’s model of college and career readiness defined four keys to success (Conley & Educational Policy Improvement, 2012, p. 2): (1) *Think*: key cognitive strategies; (2) *Know*: key content knowledge; (3) *Go*: key transition knowledge and skills; (4) *Act*: key learning skills and techniques (Conley & Educational Policy Improvement, 2012, p. 2). Noteworthy is that only one of the four keys is content-knowledge based, and the others stretch beyond traditional core content mastery to encompass strategies, techniques, and actions. Further, in the years since 2012, there has been rapid growth in the research on the importance of non-academic skills in college and career readiness (Gaertner, Conley, & Stoltz, 2016). The updated college and career readiness paradigm outlined in 2016 includes qualities such as social-emotional strength and grit (Duckworth & Yeager, 2015). One of the three recommendations in college and career readiness and policy development summarizes this shift, encouraging new approaches that open college and career pathways for all learners.

### **Individuals with Disabilities**

Working to improve the college and career readiness of students is a national priority. Individuals with disabilities between the ages of 16 and 65 have unemployment rates that are double the national average (College and Career Readiness Success Center, 2013). They are the “most unemployed and underemployed segment of the population” (Miller & Sarkees-Wirecenski, 2010, p. 37).

The impact on the national economy suggests that the loss in lifetime earnings of 2011 high school dropouts is projected at \$154 billion, lowering the U.S. earnings per

capita, tax contributions of citizens, and work productivity significantly (Alliance for Excellent Education, 2011). Further economic impacts include the cost to society of incarceration, unemployment, healthcare, and support for basic needs (USDOE, 2013b). As such, the necessity of improving outcomes for this group of special students extends beyond individual and civil rights, and directly impacts community wellbeing and overall contribution to our nation and world.

While many young people make the leap from their high school years to adulthood relatively successfully, some vulnerable populations struggle during the transition period due to limited skills; health or mental health challenges; unreliable or nonexistent familial support; involvement with drugs, alcohol, or the criminal justice system; and poverty (Osgood, Foster, Flanagan, & Ruth, 2005b). Youth with disabilities as a whole, and in particular youth with emotional disturbances, have many of these risk factors. Therefore, this population is particularly vulnerable to unhealthy and unsuccessful experiences with the transition years (Levine & Wagner, 2005).

The specialized learning, related services, and supports needed by students with disabilities must be considered to ensure that the 13% of students eligible for special education are not left behind in the postsecondary world. Beyond having the academic background knowledge and repertoire of independent learning skills that others need for college success, students with disabilities have to develop compensatory skills relative to their disabilities. Students with emotional disturbance often need social-emotional and behavioral skills such as self-advocacy, self-management, emotional regulation and interpersonal skills (College and Career Readiness Success Center, 2013; Wagner & Cameto, 2006; West, 2010; Varrassi, 2015).



**Individual Transition Plan.** The IDEA sought to address these and other disability-related needs through the Individual Transition Plan (ITP), an essential component of IEPs for students aged 16 and older. This plan focuses the IEP team, with full participation and ideally led by the student, to engage in a thoughtful process of transition to adult life in the domains of education, employment and daily-living skills (if necessary). Transition planning services are defined as “a coordinated set of activities to facilitate the child’s movement from school to post-school activities” (Individuals with Disabilities Education Improvement Act of 2004, section 602(34)(A)). Collaboration of individuals with various perspectives and expertise, such as special educators, general educators, counselors, community agency personnel, and families, is a mandated component of the ITP (West, 2010). The shared purpose of this collaborative team is to develop a clearly articulated goal and service-driven plan to facilitate the student’s movement from school to adult life, centered on their areas of interest and strengths.

In K-12 education, children with disabilities are guaranteed to make educational progress, and it is the responsibility of the adults to craft an individualized educational program from which they derive meaningful benefit. Special education ends at receipt of a high school diploma, or age 22, whichever comes first. In the postsecondary world of college and career, individuals with disabilities or handicapping conditions have protections of non-discrimination and access under Section 504 civil rights legislation. This is far from the “guaranteed success” from which they matriculated. While the IEP presents certain protections to these adolescents, it also widens the chasm between the high school and college experiences for young adults with disabilities. Students with disabilities transition from the support of a case manager whose job it is to

design an individualized program that meets their unique needs, to a college world in which they need to forge their own path to success (West, 2010; Varrassi, 2015).

In the case of students eligible as emotionally disturbed, the skills, strategies, and supports paving the way to a successful transition to college will lie within the mental health realm. These may include emotional regulation abilities, interpersonal skills, healthy coping mechanisms, motivation, grit, resiliency, self-awareness, self-management and self-compassion and care. This gives rise to the need for integrating mental health wellness into high school programs that seek to successfully prepare this special population for college and career.

The U.S. Department of Education's National Longitudinal Transition Study of 2012 (NLST-2) followed a national group of students with disabilities for a 10-year period as they moved from adolescence to early adulthood. Collecting data from a nationally representative set of 13,000 high school students with and without IEPs, this study reported on backgrounds, functional abilities, social and life activities, academic supports, and preparation for adulthood (Lipscomb et al., 2017). Specific to students with an IEP for emotional disturbance, these students had the lowest correlation between their high school programs and preparing them for their anticipated adult lives. Further, two-thirds did not have school programs that were reflective of their transition goals (Wagner & Davis, 2006).

According to results of the NLST-2, over 62% of students with emotional disturbance who took a general education academic class had a modified curriculum, 20% of them had modified grades on their high school transcripts, and as a group they had the lowest GPAs in these classes compared to all other disability groups (Wagner &

Davis 2006; Wagner et al., 2016). It is important to note that modifying curriculum is in essence lowering expectations, lessening skills and knowledge necessary for college academic content, and with modified grades on transcripts, college entrance requirements are likely not met, thus actually limiting access to entering college. The California State University system, the public gateway to a traditional college setting, does not acknowledge courses taken with modified grading as meeting course entrance requirements.

A 2004 Data Brief summarized findings from the NLST in comparison to initial findings from the NLST-2 for students with emotional disturbance, and there was an increase in courses taken in general education settings and in services provided to these youth, signaling a shift in preparation levels for postsecondary life for these students (Wagner & Cameto, 2004). Further opportunities to improve best practices in preparing students with emotional disturbance are recommended, despite some gains made in this domain in the last decade. As described by Wagner and colleagues, “Although youth who receive special education services in the ED category share a label, they are a diverse group whose members often have a range of co-occurring disabilities” (Wagner et al., 2016, p. 164). Results from the NLTS-2 parent reports on their high school-age children designated as emotionally disturbed illustrate some of these intragroup differences relating to effective transition planning:

1. Many high school students eligible as emotionally disturbed have co-occurring conditions: 29.9% also have a learning disability; 63.1% also have attention-deficit disorder (ADD)/attention-deficit/ hyperactivity disorder (ADHD).

2. Nearly half (45.6%) take medications in an effort to manage their disability, and the types of medications vary: 28.8% take stimulants; 28.9% use antidepressants; 12.5% are on mood stabilizers; 11.5% are prescribed antipsychotics; and 7.7% take seizure medications.

### **Principles of exemplary transition practices for students with**

**disabilities.** Wagner & Cameto (2006) identified five principles of exemplary practices through data compiled by the National Alliance for Secondary Education and Transition (2004) and the National Council on Disabilities (2004), which are recommended to support a positive transition to adulthood for students with disabilities. Exemplary programs would have elements of the following five principles: relationships, rigor, relevance, attention to the whole child, and involving students and families in goal-driven transition planning. Drawing on data collected nationally from 501 school districts, on 11,000 students with disabilities, and a sample of 1,077 adolescents with emotional disturbance, conclusions as to the current state of programming for this population in relation to the five principles of exemplary secondary school transition programs follows. This information is represented in Table 1.

**Relationships.** Student engagement research continues to emphasize the value of meaningful relationships at school in attendance, achievement, social-emotional and behavioral well-being and safety. Avenues found to lead to positive bonds between students and staff include smaller schools, reduced class size, small learning communities, and mentoring programs. Specific recommendations for students with emotional disturbance include support or counseling services aimed at reducing the impact of the disability on the capacity for building and maintaining relationships.

At the high school level, additional time and effort is needed to work with students with learning, emotional, and behavioral challenges due to the years of negative experiences endured by this population in the primary grades. Repairing the damage of loss of trust in the educational system and the loss of self-confidence that ensues is an added need for effective work with this population of adolescents (Murray & Pianta, 2007). The importance of a trusting relationship between teacher and student is emphasized for this group (Mills & Cunningham, 2013).

**Rigor.** The term “rigor” refers to having a challenging curriculum geared towards 21st-century skills delivered by well-prepared teachers in inclusive environments. With consideration of students with disabilities, who require individualization of their educational programs, differentiation and flexibility can be provided while still maintaining rigor and not lowering standards. While definitions of rigor may vary by high school general education teachers, grounding this in the work of Conley (2012; 2016), successful completion of a rigorous high school course suggests that remedial coursework in college would not be necessary.

This issue is of particular concern for students with emotional disturbance. These students are the least exposed to a college preparatory curriculum, with over 14% of them being educated in separate schools or residential facilities. This number is even higher for California’s students with emotional disturbance. Data indicates that 25%, or 1 out of 4, youth are prohibited access to the rigor available in general education environments due to their school setting (California Statewide Task Force on Special Education, 2015).

**Relevance.** Students need to see the relevance of content and skills taught and how it relates to their future plans, and is connected to their areas of interest. Experiences

in work-related activities and exposure to such environments through job shadows, community service, internships, or workplace learning opportunities provide general job readiness/behavior skill development and career exploration in a low-risk environment. The disconnect and disengagement from school often found within the population of students with emotional disturbance makes this particularly important (Wagner, Marder, et al., 2003). Further, finding relevance in school experiences and expectations strengthens relationships.

**Address the needs of the whole child.** This principle focuses attention on consideration of additional factors to those indicated above, which interfere with the student's educational experience and is an area of need for appropriate functioning as an individual, community member, and citizen (Wagner & Cameto, 2006, p.87). The social-emotional and behavioral manifestations of this disability suggest that additional needs that may need to be addressed include self-awareness, self-determination, and effective self-advocacy. Incorporation of skill development opportunities covering interpersonal relationships and social skills, self-awareness and insight development, independent-living skills, decision-making, and healthy coping mechanisms for managing depression, anxiety, perceptual inaccuracies, and mood fluctuations are worthy of consideration. This list is inconclusive as the range of needs and manifestations of each individual adolescent's disability vary greatly.

**Involve students and families in transition planning.** This is the heart of the ITP process, and is a pivotal point in the IEP for students of transition age. "Transition planning should be goal-driven and involve drawing on and coordinating community resources. Transition goals are to reflect a student's strengths, preferences, and interests;

and identify a course of study and postschool service needs that support those goals”  
(Wagner & Cameto, 2006, p. 87).

Table 1

*Five Dimensions of Best Practices for Students with ED Incorporating NLST-2 findings.*

Five Dimensions	Operational Definition/ Primary Characteristics	Compared to Other Students With Disabilities, Students with ED are			Implications/ Recommendations
		More likely	Same as/ equivalent	Less likely	
Relationships	Meaningful relationships at school; Being well-connected to others; Feeling that teachers understand and care about the individual	Attend smaller schools and class sizes		Go to the neighborhood school; Report positive peer relationships; Feel connected to teachers	Access to general education and local schools; Provide social skills, life skills, relationship management skills; Wraparound services support success in LRE
Rigor	Rigorous, inclusive, and supportive curriculum; Challenging curriculum geared to 21st Century skills delivered by well-prepared teachers in inclusive environments	Attend special ed schools or alternative schools	Have general ed teachers who do not feel equipped to teach students with special needs	Take academic courses in general ed setting; Be academically successful in gen ed class (lowest GPA)	Increase supports for success in gen ed classes (e.g., tutoring, small-group or individual); Education in teacher prep programs and professional development on behavior and mental health
Relevance	Relevant content to students' future and interests; Authentic learning; Work-related & community experiences		Participation in vocational courses	Take part in school-sponsored work-experience programs; Career counseling or vocational support	Create multiple pathways to high school completion; Provide academically challenging career and technical education;

Five Dimensions	Operational Definition/	Compared to Other Students With Disabilities, Students with ED are			Implications/ Recommendations
Whole-Child	Go beyond academics; Prepare to be adult community member; Skills in creative problem-solving; Effective self-advocacy; Modulating emotions and behaviors	Take life skills or social skills class; Participate in mental health services	Proportion of non-academic courses taken	participate in organized extracurricular activities	Improve coordination of mental health services; increase support for conflict-resolution; anger-management training; substance abuse education or services
Transition planning involvement	Student and family involved in transition planning; Student ownership over process; Involves community based experiences and resources and provides for service coordination	Counselor SpEd teacher in transition meetings; Mental health and behavioral supports noted as future needs	Students participated in transition meetings; Few students took leadership role	Parents felt transition meetings less useful; Transition plan & course of study not aligned with transition goals	Early and consistent transition planning; "person-centered" approach; Student to lead the process; Increase participation of general ed teachers and agency personnel

Application of these known principles for a positive transition to adulthood in preparatory work with adolescents struggling with significant social-emotional issues or mental illnesses is endorsed by researchers in the field. Wagner and colleagues (Wagner et al., 2016) summarized several studies on the long-term outcomes and notes the social costs of not effectively transitioning youth with emotional disturbance to adult life.



Relative to peers, these young adults have higher rates of poverty, substance use, criminal justice involvement, unwed childbearing, and institutionalization. Wagner and colleagues endorse strengthening services during high school, improving transition planning to include community linkages such as to mental health providers, and addressing barriers that may prevent youth from accessing adequate supports and services in the postsecondary world.

### **Teams**

Teaching teams and professional learning communities have risen in popularity over the past 20 years, due to mounting research connecting teams to overall teacher effectiveness and student outcomes. Yet many schools have not changed their industrialist approach to educating the masses. According to researchers Miles & Baroody (2012), several outdated approaches continue to be the modus operandi in a majority of schools today: teachers working alone in isolated classrooms; age- and subject-specific classes following a predetermined time-dependent trajectory of curricular instruction; and students being pulled out of mainstream environments for remedial instruction or special supports.

Transformation of schools into dynamic and flexible systems that build the skills of all students to be creative, communicative, and collaborative problem-solvers engaged in lifelong learning is appropriate for global citizenship in the 21st century (NEA, 2012; Partnership, 2019). This requires that schools include students with emotional disturbance in efforts to build the academic foundation and social-emotional skills of all children as they graduate with mastery of the 4 C's. This charge draws upon the need for the skill sets of special and general educators teaming together.

Evidence from multiple studies demonstrate that teachers who team with other effective teachers get better results in student learning than those who do not (Conzemius & O’Neil, 2002; DuFour, Eaker, & Baker, 1998; Garmston & Wellman, 2013). Building effective teaching teams that maximize combined expertise and provide time for collaboration and access to expert support requires restructuring of the teaching job. Further, differentiated teaching roles and more flexible job definitions and school and teaching schedules facilitate the structures that are needed for effective teaming (USDOE, 2013; 2013b).

### **Professional Learning Communities**

The Professional Learning Community (PLC) is an evidence-based instructional improvement movement based upon teachers teaming with one another to discuss student data in light of classroom practices (DuFour, Eaker, & Baker, 1998). Three big ideas encapsulate the PLC process: 1) ensuring that students learn; 2) a culture of collaboration; and 3) a focus on results. Similarly, in their work on adaptive schools, Garmston & Wellman articulated six essential characteristics of effective professional communities based upon integration of findings from research on adult culture and student learning, collective teachers’ efficacy, and teachers’ academic optimism on student learning (Garmston & Wellman, 2013, p. 15):

1. Compelling purpose, shared standards, and academic focus
2. Collective efficacy and shared responsibility for student learning
3. Collaborative culture
4. Communal application of effective teaching practices and de-privatized practice
5. Relational trust in one another, in students, and in parents

6. Individual and group learning based on ongoing assessments and feedback

Thus, team members should be able to learn from mistakes, seek feedback, take risks of “not knowing” together, and challenge one another to achieve excellence. By doing these things and building upon one another’s expertise, collective efficacy is achievable. Teachers’ collective efficacy has been found to have more than a threefold effect on positive student achievement, and is the single most important in-school predictor of such achievement (Hattie, 2009; 2018).

Collective efficacy results from a collaborative, high-functioning team. Researchers studying the team process agree on several central tenets that, when present, support an effective and high-functioning team: trust (Harvey & Drolet, 2005; Lencioni, 2006); interdependence (Aguilar, 2016; Bronstein, 2003; Garmston & Wellman, 2015; Weiss, Anderson, & Lasker, 2002); shared vision (Garmston & Wellman, 2015; Mellin 2009; Marzano, Warrick, Reins, & DuFour, 2018); and decision-making (Aguilar, 2016; Harvey & Drolet, 2005; Lencioni, 2006). As one might expect, there are added complexities in the development and interplay of trust, interdependence, shared vision, and decision-making on teams comprised of individuals from multiple professions who come to the table with different professional training, varied foundation knowledge, and assorted roles and responsibilities.

**Collective Efficacy**

Researcher and professor John Hattie has spent over two decades researching the question: “What works best in education?” He provided answers for all in his book, *Visible Learning: A Synthesis of Over 800 Meta-Analyses Relating to Achievement* (Hattie, 2009). This represented the largest collection of evidence-based research on

what works in education ever published. Findings are distilled from thousands of studies, on millions of students from around the world, to showcase what is most apt to improve student achievement.

Synthesis and interpretation of the data from hundreds of meta-analyses was done through use of *Cohen's d* effect-size ratio to represent the extent to which student learning was influenced. These factors were ranked, with the average effect size being 0.40, meaning that at this hinge point, there was not a statistically significant impact on learning. Thus, this is the minimum threshold needed for positive impact. Which elements positively influenced learning, and to what extent, are interpreted by effect sizes above 0.40, and those below were found to negatively influence learning.

These findings culminated in Hattie's model of visible learning that is applicable worldwide to both children and adults. Succinctly defined, "Visible Learning means that students know what they need to learn, how to learn it, and how to evaluate their own progress" (Hattie & Hamilton, 2018). Some key tenets of visible learning are: setting challenging learning intentions, being clear about what success means, and developing conceptual understanding of what is already known or understood upon which to build.

As the body of research continues to grow, Hattie's organization, Visual Learning Plus, updates the impact list with new data. Findings now incorporate over 1,600 meta-analyses of over 95,000 studies, and represent research more than 300 million students globally (Visible Learning Plus, 2019). The top three indicators of student achievement in order of effect size (ES) were: collective teacher efficacy (1.39 ES), students' self-reported grades (1.33 ES), and teachers' estimates of student achievement (1.29 ES) (Hattie, 2018, retrieved from [www.visuallearningplus.com](http://www.visuallearningplus.com)). Therefore,

contemporaneous research strongly advises that if teachers want to positively impact learning, they will engage in behaviors that support collective efficacy, student self-assessment of learning and self-efficacy, and high expectations of youth.

Applying Hattie's findings (2009; 2015; 2018) to the current study on interdisciplinary collaboration in counseling-enriched programs, of the three factors found to have the greatest effect size on learning, alignment is found in the central topic and variables explored in this research study. Collective efficacy is a core feature of interdisciplinary collaboration. This connection will be elucidated further on in the review of literature on teams and collaborative practices. Teachers' estimates of student achievement are featured in teachers' high expectations for students and their preparing students for college and career, to be expanded upon in the review of literature on current conditions in education and equitable practices. Students' self-grading or self-evaluation of their learning connects to mental health wellness, as accurate self-perception, self-advocacy, self-efficacy, and motivation are all related to an adolescents' social-emotional and behavioral well-being. This will be described in greater detail in literature review sections covering mental health and emotional disturbance. The applications of Hattie's findings to this study are found in Table 2.

Table 2

*Top 3 influences on student achievement with 3 elements of the current study. Influences per meta-analysis results per Visible Learning (Hattie, 2009; 2018)*

Top 3 Influences on Student Achievement	Effect Size (ES): Over 3x ES 0.40	Characteristics	Alignment with Current Study Variables
Collective Efficacy	1.39 ES	Team with other professionals; Share analysis of student data; Adjust practice accordingly.	Interdisciplinary Collaboration
Students' Self-Evaluation	1.33 ES	Accurate self-perception; Self-reflection; Self-determination; Self-advocacy; Sense of efficacy	Mental Health Wellness
High expectations	1.29 ES	Open access and exposure; Expect success at high levels; Support in attainment of excellence	College & Career Preparation

Further in considering equity in education, John Hattie highlights collaborative expertise as an integral path to raising schools and teachers to a state of excellence for all (Hattie, 2015). From the world's largest evidence base of research on what influences millions of students' achievement, it is known that teams of experts who engage in creative collaboration in which risks are taken, feedback is evidenced, lessons are learned and applied, and a common vision of equity in education is held, are what works in education. In summary, Hattie (2015, p. 27) writes:

Have we the courage to dependably recognize the excellence that is often all around us in our schools, among our teachers and with our school leaders? Have we the courage to then build a coalition of success based on this excellence and invite the others in the system to join this coalition? The aim is not aspiring to utopia but scaling up the success already about us. It is expertise, it is reliable

judgement, it is passion for making the difference, and it is collaborative sharing of this knowing and doing and caring. This requires the greatest investment, and the benefits for the students will be manifest, powerful and exciting.

### **Interdisciplinary Collaboration**

The majority of training programs for teachers and for specialists, such as such as psychologists and counselors, occur in silos. In university pre-service training programs, there is little cross-pollination of ideas across professional boundaries or exposure to graduate-level coursework in related disciplines (Bronstein & Abramson, 2003; Koller & Bertel, 2006). This lack of adequate cross-disciplinary training in graduate training programs deprives aspiring professionals of a model for the team process that they will be working in once out in the field (Rodger et al., 2018; Welch et al., 1992; West, 1990). Also, this siloed specialist training also does not offer experience with the necessary skills and attributes of effective interdisciplinary collaboration (Bronstein & Abramson, 2003; Mellin et al., 2013, Weston, Ott, & Rodger, 2018).

A significant amount of research in the healthcare, social sciences, and education fields points to the expansive value of interdisciplinary collaboration (Bronstein, 2002, 2003; Mellin, 2009; Reich & Reich, 2006; Schmitt et al., 2001; Weist, 1997). Considering the necessity of collaboration in meeting complex needs, an environment that maximizes the effectiveness of this problem-solving approach is desirable. Bronstein's (2002, 2003) research on influential factors which, when present, support the process, and, when absent, present barriers to the process, is informative. Effective interdisciplinary collaboration environments include:

- Professional roles: clarity in expectations for each collaborator's role; mutual respect; ecological and holistic view of practice; similar perspective among collaborators
- Structural characteristics: time and space for collaboration to occur, culture of support, administrative support, professional autonomy, small caseload
- Personal characteristics: collaborators have ability to understand and trust one another; positive experiences of collaborator's personality traits
- History of interdisciplinary collaboration: existence of, and positive experiences with, interdisciplinary collaboration (Bronstein, 2002, p.115).

Through comprehensive literature review of studies on interdisciplinary/interprofessional collaboration spanning over 20 years, Bronstein developed a framework to guide teams (Bronstein, 2002). Her research on interdisciplinary collaboration included analyses of theoretical, practice, and research-based literature, with an emphasis on findings from the social work field. Defining characteristics of interdisciplinary collaboration were: (i) interdependence, (ii) newly created professional activities, (iii) flexibility, (iv) collective ownership, and (v) reflection on practice. Table 3 provides further detail on each element within the model.



Table 3

*Bronstein's Five Elements of Interdisciplinary Collaboration*

Elements of IC	Operational definition	Characteristics/ Behaviors
Interdependence	Occurrence and reliance on interactions among professionals where all are dependent upon others to accomplish their goals and tasks.	Formal & informal time together; Oral and written communication; Valuing of, and respect for, colleagues' professional opinions and input as necessary to do one's job.
Newly created professional activities	Collaborative acts, programs, and structures that amount to more than what is created when the same professionals act independently.	Maximize expertise of each professional; Deliver services that are fundamentally and structurally different from what can occur in the absence of.
Flexibility	Deliberate occurrence of role blurring.	Ability to reach productive compromises in the face of disagreement; Inclusive decision-making; Alteration of roles.
Collective Ownership of Goals	Shared responsibility in entire process of reaching goals, including joint design, definition, development, and achievement of goals.	Commitment to client-centered care; Each professional takes responsibility for their part in success and failure; Behaviors that support constructive disagreement and deliberation among colleagues and clients.
Reflection on Process	Collaborators attention to the process of working together.	Collaborators think and talk about their working relationships and process; Incorporation of feedback about their process to strengthen collaborative relationships and effectiveness.

Consistent presence and application of the aforementioned elements form the basis for interdisciplinary collaboration. Incorporating Bronstein's model into the

workings of teams of school-linked service providers provides for further refinement of the model specific to the unique cultures of schools. School-linked services take many forms and are most effective when paired with the particular needs of the community in which they are located (Dryfoos, 1994). Schools that house and/or provide medical or dental services, family resource centers, day care, after-school tutoring and dropout-prevention activities, counseling clinics, and wellness centers are some examples of situations in which a variety of professionals from different disciplines work alongside one another, consult, and collaborate. Of relevance to the current study, school-linked service initiatives focusing on students' psychosocial or mental health functioning are explored further.

### **Interdisciplinary Collaboration in School Mental Health**

The umbrella term of School Mental Health (SMH) or Expanded School Mental Health (ESMH) refers to programs or services in which mental health professionals come into schools for provision of care. The advancement of school mental health programs in the U.S. can be traced back to 1995, with origins in the federally funded Center for School Mental Health (CSMH). The established objectives of the Center include advancing the training, practice, research, and policy guiding school-based mental health (Bronstein, 2016). CSMH programs are based in schools and include a wide array of mental health professionals, including professors, psychologists, psychiatrists, social workers, counselors, therapists, and psychiatric nurses, engaging in indirect and direct psychosocial, behavioral, and school climate improvement efforts. Ongoing evaluation of ESMH's progress in supporting students' successes in areas of attendance, behavior,

work completion, and overall academic performance is yielding positive results (Weist et al., 2010; Weist et al., 2018).

As the array of professionals from different disciplines working within schools continues to expand, a model for guiding the collaborative process is in demand. In addition to common challenges found in collaboration, such as turf issues (Bemak, 2000) and pre-existing responsibilities (Weist et al., 1999), understanding school culture for private or community professionals adds a layer of complexity to the work (Rappaport et al., 2003). Without a framework establishing agreements and guiding practice, authentic collaboration in schools is indistinguishable from the traditionally relied-upon practice of consultation. By definition, students eligible as emotionally disturbed are impacted by social-emotional issues in the educational setting, emphasizing the need for a collaborative team framework to guide mental health and educational staff working with this population. The synergy of multiple professional perspectives promises to effectively address such circumstances and meet the needs of the whole child in a comprehensive manner.

Research specific to interdisciplinary collaboration in expanded school mental health highlights four essential elements, rather than the five elements originally identified by Bronstein (2002). Literature review by Elizabeth Mellin (Mellin et al., 2010) looked specifically at the manner in which teachers and mental health providers engage in collaborative work. Findings indicate support for the following essential elements specific to how SMH providers and educators collaborate in serving students: shared decision-making (Anderson-Butcher & Ashton, 2004); mutual respect (Weist et al., 2002); interdependence (Weist, Ambrose, & Lewis, 2006); and reflection (Hilton et

al., 2006). In order to measure these elements, Mellin worked with Bronstein and other researchers (Mellin et al., 2009, 2010) to develop a survey.

**IITC-ESMH:** The Index of Interprofessional Team Collaboration for Expanded School Mental Health (IITC-ESMH) was developed to measure perceived functioning of interprofessional teams specific to school mental health (Mellin et al., 2010). The IITC-ESMH resulted from refinement of the Index of Interdisciplinary Collaboration (IIC, Bronstein, 2002), per recommendations that future research create profession- and setting-specific versions of the IIC. Addressing the need for a focused measure specific to school mental health, Mellin partnered with Bronstein and others (Mellin et al., 2010) in model refinement and scale development.

Through exploratory factor analysis, the resultant 26-item scale measuring functioning in each factor yielded Cronbach's alpha scores ( $\alpha$ ) over 0.80, suggesting reliability within the IITC-ESMH. Collective ownership of goals, originally one of Bronstein's factors on the IIC, was eliminated for ESMH as there was a lack of internal consistency. The researchers opined that this was due to the IIC's intent to measure perceptions of social workers in teaming across settings and the client-centered involvement in goal development, rather than the IITC-ESMH focus on measuring perceptions of *team* collaboration in schools, where families are often viewed as decision-making partners, rather than staff team partners. The four factors measure the essential elements of interprofessional collaboration in the ESMH field:

**Reflection on process.** Reflection on process measures frequency of team reflection, including how they evaluate their working relationships, and how they incorporate feedback on their processes in supporting their ongoing work. Additional

support for the inclusion of reflection as an essential element can be found in the work of Hilton and colleagues (Hilton et al., 2006), with evidence indicating that the time spent examining results of team efforts improves accountability, links to outcomes, and informs practice. Thereby, reflection on process serves as a formative assessment guiding collaborative team efforts.

**Professional flexibility.** This factor assesses the flexibility of teams with respect to the expansion and blurring of roles and responsibilities. Important characteristics that support the individuals on teams to engage in professional flexibility include communication, mutual respect, and compromise. Research findings indicating the interplay of these characteristics on team flexibility is found in the work of researchers on teams in general (Harvey & Drolet, 2005; Lencioni, 2002), teams in education (Aguilar, 2016; Garmston & Wellman, 2013), and ESMH teams (Reich & Reich, 2016; Weist et al., 2001). Professional flexibility is maximized when team members value and respect their collaborators, opening all up to new ideas and approaches.

**Newly created professional activities.** This factor measures the extent to which innovation occurs through the merging of multiple perspectives. Also referred to in the literature by the term “partnership synergy” (Weiss, Anderson & Lasker, 2002), diverse viewpoints, backgrounds, abilities, and expertise contribute the necessary ingredients for creativity, innovation, and newly constructed practices. On the IITC-ESMH, this factor includes measurement of items relating to shared decision making, including changes to policy, program, and service delivery, as derived through the collaborative process.

**Role Interdependence.** The extent to which team members rely on other professionals to accomplish goals and activities is captured by role

interdependence. Interdependence is defined by “The idea that the work could not be done without relying on others” (Mellin et al., 2010, p. 521). Consistently found to be a critical aspect of teams, this element is a key component of what it means to be engaged in effective interdisciplinary collaborative work. In ESMH, teachers and mental health professionals, who are interdependently reliant, recognize that students’ learning and related mental health needs could not be met without one another.

Table 4

*Refining Bronstein’s model to Mellin’s model of interdisciplinary collaboration (IC) in expanded school mental health.*

5-Factor Model (Bronstein)	4-Factor Model (Mellin)	Characteristics
Reflection on Process	Reflection on Process	<ul style="list-style-type: none"> <li>• Team reflection;</li> <li>• Incorporation of feedback about process to strengthen collaborative relationships and effectiveness;</li> <li>• Continuous feedback loop.</li> </ul>
Flexibility	Professional Flexibility	<ul style="list-style-type: none"> <li>• Flexibility in how team functions with expanding and blurring roles and responsibilities.</li> <li>• Includes interdependence behaviors that support flexibility (communication, mutual respect, compromise).</li> </ul>
Newly created professional activities	Newly created professional activities	<ul style="list-style-type: none"> <li>• Innovation from merging of multiple professional perspectives.</li> <li>• Partnership synergy = Creation of new approaches and strategies.</li> </ul>
Interdependence	Role Interdependence	<ul style="list-style-type: none"> <li>• Reliance on, and perception that, interactions with other professionals are necessary to accomplish goals and activities.</li> <li>• Valuing of, and respect for, colleagues’ professional opinions and input as necessary to do one’s job.</li> </ul>
Collective Ownership of Goals	Eliminated on IITC-ESMH due to lack of internal consistency. Bronstein’s factor from social work emphasized collective ownership of goals with families.	

Mellin and colleagues acknowledge the emergent nature of this area of study and encouraged additional research on further refinement of models and instruments of interdisciplinary collaboration (Mellin et al., 2010). Observations of teams functioning in their natural settings were encouraged. This includes further qualitative and quantitative research around the impact of collaboration on intended outcomes. Within schools, studies on the relationship between collaboration and outcomes for students—outcomes such as access to services, school attendance, and resource maximization—are needed to solidify the expected connection with causal data (Mellin et al., 2010; Mellin, Taylor, & Weist, 2014).

The IITC-ESMH was utilized as the basis for a survey in a recent study measuring interprofessional team collaboration in promoting students' mental health in Norway (Borg & Pålshaugen, 2018). A mixed methods approach included the use of survey items adapted from the IITC-ESMH, followed by interviews and observations of eight collaborative teams. Findings indicated that discussing roles and responsibilities and reflecting on process were likely to produce innovations. Less important were the organizational aspects of the original design or structure of the interdisciplinary collaboration, and more important was “how collaboration is co-created by collaborators as actors” (Borg & Pålshaugen, 2018, p. 11).

Some of the challenges found in the literature in ESMH include non-educators being welcome and integrating into schools, lack of training in how to effectively work in schools, difficulties with acceptance of clinicians by educators, and vice versa. Further, Weist and colleagues warn against ineffective collaboration in school mental health,

citing research findings of marginalization across disciplines, inauthentic teamwork, disjointed systems, and confidentiality issues (Weist et al., 2010). Recommendations for improvement include more consistent implementation of ESMH programs across the nation, application of research into practice, and joining with the positive behavioral intervention and supports (PBIS) movement to build evidence-based, high-quality programs that are multi-tiered, and increased family and community involvement (Mellin et al., 2010). In consideration of findings from further research within the field, Bronstein & Mason recommend the use of “social marketing to integrate SMH into the fabric of society as a needed and effective approach to reducing barriers to learning and assuring their school and life success” (Bronstein & Mason, 2016, p. 46).

### **Team Members in ESMH**

It is necessary for mental health professionals to understand the training, roles, and socialization of teachers in order to support them in their job as primarily responsible for the education of youth they serve. Similarly, teachers’ understanding of the professional training, practices, and ethics of mental health professionals creates a common foundation upon which collaboration can be built. The background and expertise of interdisciplinary collaborative team members who support high school students with emotional disturbance is elaborated on:

**Teachers.** The current expectation that *all* students graduate and are prepared for college and career has led to increased expectations for teachers’ role fulfillment. It has been established by the legislature that each and every student, regardless of race, gender, disability, or any other identifying group membership, deserves to be prepared for college (ESSA, 2013). Thus, addressing the unique psychological and learning needs of every



individual student is paramount to any teacher's success. However, most teacher education programs emphasize a narrow role, despite ongoing dialogue on the need for today's teachers to have a broad understanding of the whole child and their unique social-emotional and learning needs (Bronstein & Mason, 2016; Phillippo, 2013).

Today's teachers are de facto social workers, counselors, and advisors, yet most lack the training, intent, and sometimes, the interest, necessary to fill such roles (Weston, Ott, & Rodger, 2018). Social-emotional learning curriculum and class-wide stress management techniques such as mindfulness, social skills training, and bullying prevention have led to merging education and psychology in teacher-led whole-group instruction in general education classrooms. As Bronstein & Mason state, "we are beyond the debate about whether teachers should have support to attend to the circumstances and conditions that interfere with children's learning; the question instead is how to structure and provide these supports to maximize impact, and in so doing, provide an environment where teachers can do what they do best: teach" (Bronstein & Mason, 2013, p. 23).

Teachers require instruction, modeling, and ongoing support and feedback in order to use opportune contact with students to be a contributory team member in addressing the mental health needs of youth. Teachers have a unique opportunity to recognize and be first responders to the mental health needs of youth in their classrooms (Johnson, Eva, Johnson, & Walker, 2011; Rothi, Leavey, & Best, 2008). With this opportunity comes responsibility for which teachers may not have been adequately prepared. Daily contact with students who have emerging or ongoing mental health issues adds a layer of complexity to the teaching profession. (Berger, Hasking, & Reupert, 2014). Multiple studies conducted around the globe have demonstrated the need

to train teachers in responding to the mental health needs of students through comprehensive and ongoing guidance and feedback (Rothi et al., 2008; Shah & Kumar, 2012; Han & Weis, 2005).

The majority of general education teachers report not feeling adequately trained to teach students with special needs, particularly students identified as emotionally disturbed (Wagner & Davis, 2006; Wagner et al., 2016; Rodger et al., 2018). This is a finding that has been repeatedly reported in the literature (Berger, Hasking & Reupert, 2014; Berman et al., 2015). This can be particularly troubling for general education teachers encountering some of the visible signs of emotional disturbance in students, such as scars from self-harm, verbal threats towards self or others, withdrawn and disengaged behaviors, and dysregulated mood. General education high school teachers may be unprepared or uncomfortable serving these students in their classrooms (Weston, Ott & Rodger, 2018; Rodger et al., 2018).

Within the teaching profession, there are important distinctions to be made between general education secondary-level teachers and special education teachers. Differences in the professional training, credentialing requirements, and job duties of general and special educators contribute to varied expertise and perspectives on collaborative teams (CCRS Center, 2013; Hattie, 2015; Marzano et al., 2018). General education teachers have the core content knowledge and instructional expertise for delivery of college prep material, and are equipped to prepare high school students for the academic demands, work production and pacing demands, and classroom social norms common to college courses. In contrast, special education teachers are experienced in individualizing instruction, executive functioning, social and behavioral interventions for

students with emotional needs, and breaking down work into explicit and clear steps (Conderman & Hedin, 2015). Providing social, behavioral, and academic support to these students through combined expertise of general and special educators is one benefit of teaming between teachers from different disciplines.

**Mental Health Professionals.** There are several different types of mental health providers authorized to provide school-based mental health services. In California, there are three specializations with Pupil Personnel Service Credentials issued through the CDE: school psychology, school counseling, and school social work (CCTC, 2017). Additionally, individuals licensed to provide mental health services who may be providing ESMH include therapists, clinical psychologists, and clinical social workers.

**School social workers.** Roles of school social workers range from providing clinical interventions, serving as caseworkers for students with disabilities, to now increasingly forming school and community linkages, delivering and coordinating a variety of services in schools, and promotion activities focused on social capital, health, and well-being (Testa, 2012; Peckover et al., 2012; Kelly et al., 2010). Further, clinical or community social workers that are based in schools are providing access to psychosocial and mental health services for students with and without disabilities (Peckover et al., 2012; Wesit, Ambrose, & Lewis, 2006).

**School counselors.** School counselors are the most common mental health provider in our nation's schools (Brener et al., 2007), providing direct counseling services and indirect services such as referrals, case coordination, consultation, and collaboration. The training of school counselors addresses service provision in the areas

of career, academic, and personal or social life. The experiences of high school counselors in college and career advisement are of particular relevance to this study.

**School psychologists.** The field of school psychology dates back to Lightner Witmer of the University of Pennsylvania, where, in 1896, the first psychological clinic focused on addressing school-related mental health needs of students was established. The profession of school psychology includes roles of psychoeducational assessment, consultation about child development and school structures, crisis response, special education administration, and the provision of psychological or counseling services. Over the past decade, the school psychology field has experienced a return to its roots in the resurgence of providing direct mental health interventions (Cummings et al., 2004; Splett et al., 2013).

With expertise in child development, neuroscience, assessment, education law, mental health interventions, and programmatic and systems-level evaluation and consultation, school psychologists are in a prime position to be collaborative members of interdisciplinary teams. School psychologists are members of the exemplary counseling-enriched programs in this study.

**Students.** Although this current study will not include explicit exploration of the role of students in the interdisciplinary collaborative team process, this group deserves mention. In her research on collaboration, Bronstein (2003; Bronstein & Mason, 2016) found that quality collaborative practices in schools involve full partnerships with students. Maximizing student engagement as collaborative partners includes reflective practice, power-sharing, planning, transparency, and training, and extends to decision-

making and leadership development (Youth Development Institute, 2009; Cummings, Dyson, & Todd, 2011; Ruglis & Freudenberg, 2012).

Meaningful youth engagement involves “recognizing the strengths, perspectives and experiences youth bring to the learning process; ensuring that these are integrated and reflected in the learning environment; and the support of adults in the deliberate practice of those strengths, perspective and experiences” (Forum for Youth Investment, 2005, p.1). A way to indirectly incorporate student voice in the interdisciplinary collaboration team process is through keeping students’ transition plans on point when engaging in problem solving. As summarized earlier, the ITP incorporates student-driven goals that are based upon areas of interest and future intent. Thus, for student-specific discussions, consideration of this plan is important.

### **Addressing the Gap to Meet the Need for Change**

While there is a sizeable body of research on interdisciplinary collaboration in the health and social service fields (Bronstein, 1999; Reich & Reich, 2006; Waxman et al., 1999; Weiner, 1990), there is far less research on interdisciplinary collaborative team approaches in the education field. Inquiry into the utilization of interdisciplinary collaborative teams in serving youth with emotional disturbance is lacking in existing literature. A gap currently exists in best practices for building and maintaining a special education program that integrates emotional and mental health care with a rich and rigorous curriculum. With the mission of high school being to prepare adolescents for the post-secondary world, preparation for college and career is a valued outcome that students with emotional disturbance deserve. This also benefits all of society, as previously established in this literature review. Improved long-term outcomes for this

population may be attainable through the role of interdisciplinary collaborative teams in meeting the mental health wellness and college and career preparation needs of this unique population.

### **Summary**

Instructional and school-based mental health improvements for students with emotional disturbance are needed as a means to improve long-term outcomes for youth with emotional disturbance. The last five years have witnessed a growing body of research demonstrating that a caring and compassionate learning environment of high expectations through a rigorous and engaging curriculum leads to better outcomes for students with emotional disorders (Climie & Altomare, 2013; Lindo et al., 2014; Rees, 2015). However, with the pedagogy of teacher preparation programs resting in the instructional and curricular domains, there is little direction for teachers on how such a learning environment is to be created (Bronstein & Abramson, 2003; Kutcher, Wei, & Hashish, 2018). School psychologists, through their professional training in mental health, behavioral and cognitive development, and consultation, can play an integral role in bridging the education and mental health divide.

Counseling-enriched high school programs utilizing interdisciplinary collaborative partnerships between teaching staff and mental health providers are an avenue to create the desired caring and compassionate learning environment of high expectations illustrated in the research as valuable for all students. Through collaboration between teachers and psychologists, educating youth exhibiting mental health needs has been found to be effective (DeLoach, 2012; Mellin et al., 2017; Weist et al., 2018). The federally funded Center for Adolescent Research in the Schools study, spanning 2008

through 2013, sought to understand the obstacles, recommend strategies to overcome such obstacles, and describe the successes of an interdisciplinary collaborative student-centered approach in meeting needs of students with emotional and behavioral disorders (DeLoach et al., 2012). Findings suggest that interdisciplinary collaboration is a promising practice and encouraged expansion and further research in this area.

In California, a statewide task force of representative stakeholders compiled findings from two years of study into why special education outcomes were less than desired, and delivered recommendations for improvement (California Special Education Task Force, 2015). They found that a primary reason was the division of general education and special education into separate entities, manifesting in one of their primary recommendations for a coherent system of collaboration and coordination across disciplines and service providers. Collaboration across disciplines within classrooms can change this and open up access for these historically marginalized students.

Collaborative systems were identified by the California task force as efficient and cost-effective. This occurs “when teachers and staff are well trained and when educators work together in a united effort to deliver effective programs and services, all children benefit” (California Special Education Task Force, 2015, p. 69). This is especially necessary with students eligible for special education as emotionally disturbed. However, there is limited research as to how interdisciplinary collaboration occurs in serving the college and career preparatory and the mental health needs of adolescents with emotional disturbance.

Pioneers and researchers in interdisciplinary collaborative practices in ESMH, Mark Weist and Elizabeth Mellin emphasize the ongoing need to explore *how*

professionals are collaborating in the field (Weist et al., 2012; Mellin et al., 2016). An additional recommendation for further research is examining the impact of interdisciplinary collaboration on student outcomes in academic and non-academic arenas (Mellin et al., 2010; Mellin, Taylor & Weist, 2014; Weist et al., 2018). Collaboration within the ESMH field is widely recognized as critical, with approximately 60% of school districts reporting having some degree of collaboration with mental health agencies, yet there has been little research to produce evidence on whether, or how, direct student outcomes are influenced (Mellin, Taylor, & West, 2014).

Exemplary high school counseling-enriched programs in California in which there is an interdisciplinary collaborative team approach will be the setting for this study. This researcher will use an explanatory sequential mixed methods multiple-case study research design to explore to meet the study's purpose. Quantitative data will be gathered through use of the IITC-ESMH questionnaire. Qualitative data will include documentary and archival records, as well as interviews with interdisciplinary collaborative team members for a deeper understanding. This study will contribute to the growing body of research on interdisciplinary collaboration in expanded school mental health. Further, a contribution to the educational field's understanding of supporting high school students with emotional disturbance in their college and career readiness and mental health wellness is to be expected.



## CHAPTER III: METHODOLOGY

### **Overview**

The methodology used in this study is discussed in this chapter. Initially, the purpose statement and research questions are reviewed to provide the basis for exploration of the dynamics of interdisciplinary collaborative teams in exemplary counseling-enriched high school programs for students with emotional disturbance. Second, the research design is explained. Use of an explanatory sequential mixed methods multiple-case study design in addressing the research problem and meeting the stated purpose is described. The population and sample are articulated, with three cases from California chosen for study. Description of the instruments, data collection process, and data analyses protocol used for this mixed methods study follows. The chapter concludes with articulation of study limitations and a brief summary.

### **Purpose Statement**

The purpose of this mixed methods multiple-case study was to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. A secondary purpose of this study was to explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Mellin (Mellin et al., 2010). Lastly, this study will identify the recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

## **Research Questions**

The research questions explored in this mixed methods multiple-case study were:

1. How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?
2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?
3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) based on the model established by Mellin?
4. What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?

## **Research Design**

The design of a research study is determined through consideration of several factors, including how the research problem will best be addressed, the fit of the design approach within the stated purpose, and the alignment of the design to answering the research questions. According to John Creswell, “Research designs are types of inquiry within qualitative, quantitative and mixed methods approaches that provide specific direction for procedures in a research study” (Creswell, 2014, p. 295). Subtypes within each of the three primary approaches further detail and direct the procedures, and complete the methodology used in a study. Several methodologies were considered prior to determination that an explanatory sequential mixed methods multiple-case study design best addressed the purpose and research questions.

## **Research Design Considerations**

The research designs considered and why they were ultimately rejected warrants brief review. Initially, a quantitative descriptive research design was considered. Descriptive research design assesses how things currently are, which matched the purpose of this study. However, while exploring the conditions surrounding interdisciplinary collaboration in counseling-enriched programs is an aspect of this study, the researcher felt that exploring the group dynamics of interdisciplinary team members required in-depth conversations. Additionally, there are very few programs that meet the target population boundaries and defined characteristics of exemplary programs. Thus, there was not a large enough sample size to justify use of a quantitative descriptive design.

Use of a qualitative narrative design was also considered for this study. Narrative research is primarily concerned with the social and personal experiences of an individual, the chronology of such experiences, and how past experiences influence present and future experiences (Creswell, 2002). This design fit as the primary purpose of this study included exploration of interpersonal interactions between individual professionals within the social context of a counseling-enriched program. However, this approach was rejected as it would not have captured data on ratings of the essential elements of interdisciplinary collaboration based on the Mellin model (Mellin et al., 2010).

## **Mixed Methods**

The researcher ultimately decided upon use of a mixed methods design. A relatively new and increasingly popular research approach, mixed methods research design began in the 1980s. It was solidified for use in the behavioral and social sciences

by Tashakkori & Teddlie (2003; 2010) through publication of a comprehensive handbook guiding researchers. The following definition explains this type of research design:

Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumption of this form of inquiry is that the combination of qualitative and quantitative approaches provides a more complete understanding of a research problem than either approach alone (Creswell, 2014, p. 32).

The benefit of the mixed methods approach is that through the combination of open-ended qualitative data and closed-ended quantitative data, the limitations of each method are mitigated, while the strengths of each method are capitalized upon. According to Creswell, “this ‘mixing’ or blending of data, it can be argued, provides a stronger understanding of the problem or question than either by itself” (Creswell, 2014, p. 264). Contributions from quantitative and qualitative data sets mix to establish a broader and deeper understanding than each investigated independently. As such, the mixed methods approach parallels central tenets of interdisciplinary collaboration, partnership synergy and interdependence.

Researchers of interdisciplinary collaboration in the education and mental health fields have cited the need for further studies in how interdisciplinary collaborative teams work in a real-life context, and have suggested the mixed methods approach as an appropriate research design (Mellin et al., 2017; Weist et al., 2014). Specifically, Bronstein (2003) cited the need for further exploration of interdisciplinary collaboration within various professional settings, such as schools, using both a quantitative and a

qualitative approach. Following their research on a model of interdisciplinary collaboration in school mental health, Mellin and colleagues (Mellin, 2009; Mellin et al., 2010), directly suggested the need for mixed methods studies in this field. These same recommendations were reiterated by Borg & Pålshaugen (2018) in discussion of their findings on interdisciplinary collaboration in Norwegian schools. With a mixed methods approach repeatedly suggested as an area of need of further research in the study of interdisciplinary collaboration in school mental health, this researcher's determination of the best design was validated.

Following the model of explanatory sequential mixed methods research, quantitative data was initially gathered. First, survey participants completed the Index of Interprofessional Team Collaboration for Expanded School Mental Health (IITC-ESMH) (Mellin et al., 2010). This research survey was specifically developed for use with interdisciplinary collaborative teams working in school-based mental health. Next, survey results were analyzed and reflected upon. Qualitative data collection followed, including examination of documentary and archival evidence for each of the cases. Thereafter, interview questions were informed and refined based on the data from survey results, documentation, and archival records. The purpose of honing interview questions following analysis of the aforementioned data was to provide a deeper understanding and broader exploration of findings. Finally, qualitative interviews with all survey respondents were conducted to explain and expand upon findings. Through the sequence composed of an initial quantitative data collection phase followed by a qualitative data phase, this research design carefully adhered to the guidelines set forth in explanatory sequential mixed methods research.

**Case study.** Additionally, a multiple case study design was decided upon as an appropriate framework for the mixed methods approach. Yin's refined twofold definition addresses both the scope and features of this research method: "A case study is an empirical inquiry that investigates a contemporary phenomenon (the 'case') in depth and within its real-world context, especially when the boundaries between phenomenon and context are not clearly evident, and in which multiple sources of evidence are used" (Yin, 2014, p. 16).

The advantages of this methodology in addressing this study's purpose include the dominance of the "how" research questions posed in context of current conditions over which the researcher has no control. Additionally, the limited sample size of cases that fit the criteria set forth for being exemplary, coupled with the complexity of the student population served by the exemplary counseling-enriched programs studied, called for comprehensive exploration of the set of conditions within which these interdisciplinary collaborative team members function. The ability of the case-study design to address numerous variables of interest, its reliance upon multiple evidence sources, and its utilization of theoretical propositions (Yin, 2014) combine to provide further reasoning as to why this methodology was ultimately decided upon.

Within case study design, there are single-case and multiple-case variations. The use of multiple cases provides a more robust base upon which phenomena are explored. Covering multiple cases from which to draw a single set of cross-case conclusions provides for a more compelling study and provides the opportunity for replication within the study without doing separate studies or experiments, as each of the cases is replicative of the others. As explained by Yin, "Each case must be carefully

selected so that it either (a) predicts similar results (a literal replication) or (b) predicts contrasting results but for anticipatable reasons (a theoretical replication)” (Yin, 2014, p. 57). For this research study, through deliberate sample selection of cases from a variety of high school campus settings within different districts, the researcher was able to include both literal and theoretical replication procedures, lending to deeper exploration of similarities and differences within interdisciplinary collaborative teams.

***Quantitative research design.*** Within mixed methods, a non-experimental quantitative approach of survey research was used. Quantitative research involves the collection of numerical data in order to explain, predict, or control phenomena (Gay, Mills, & Airasian, 2011). Specifically, quantitative survey research is the collection of numerical data to test hypotheses or answer questions about the current state, and commonly “assesses the preferences, attitudes, practices, concerns, or interests of a group of people” (Gay, Mills, & Airasian, 2011, p. 9).

The quantitative tool used in this study is the IITC-ESMH (Mellin et al., 2010), a 26-item survey on a 5-point Likert scale validated for use with this target population (Jacob et al., 2017). Patton (2015) indicated that use of a close-ended survey tool that provides numerical data for compilation and analysis, and from which conclusions are drawn, is a common instrument used in quantitative studies. The overarching purpose of this study was to explore interdisciplinary collaboration in practice; thus, acquiring data about the current perceptions and practices of team members through survey was an appropriate approach. This survey information helped the researcher refine interview questions to provide for greater depth and breadth of understanding. The researcher reviewed each respondent’s survey responses prior to their interview so that more in-depth

insight about their interdisciplinary collaboration work could be determined.

*Qualitative research design.* The qualitative portion of this study was phenomenological in nature. As explained by Creswell (2013), an appropriate use of qualitative research design is for exploring, explaining, and bringing forth knowledge or understanding of phenomena. The qualitative researcher seeks to describe what is often intangible and hard to ascribe a quantitative value to, such as interpersonal interactions, social and cultural norms, and behavioral expectations of groups.

Within a qualitative approach, a phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or phenomenon (Creswell, 2013, p. 76). The research questions of this study were well aligned with this. The phenomenon of interdisciplinary collaboration was explored as a means of gaining insight into the lived experiences of the team members in the present time and in their natural setting. Following an explanatory sequential model, the qualitative interview portion was the second phase of this study. Initially developed interview questions were refined based upon survey responses. Additionally, documentary and archival evidence was collected. Triangulation across cases through these multiple data sources provided for robust understanding of findings.

### **Population**

In research, the term population refers to the general group from which the researcher would like to generalize results (Gay, Mills, & Airasian, 2011). It is the broad stroke of characteristics differentiating the group of interest to the researcher from all other groups. For this study, the population comprises interdisciplinary collaborative team members working in counseling-enriched high school programs serving students with



emotional disturbance. Nationally, there are approximately 360,000 school-aged children eligible as emotionally disturbed who are served in special education on an annual basis. Of these, there are 225,000 between the ages of 12 – 21 years, who may be served in high schools or secondary programs. There is not data available on how many of these students are served specifically in counseling-enriched high school programs.

### **Target Population**

As explained by Creswell (2014), a study's target population is sometimes referred to as the sampling frame. This involves a narrowing of the general population to a target population. The target population "is a group of individuals with some common defining characteristics that the researcher can identify with a list or set of names" (Creswell, 2014, p. 650). The target population for this study consists of interdisciplinary collaborative team members working in counseling-enriched high school programs serving students with emotional disturbance in California. There are approximately 25,000 school-aged children eligible as emotionally disturbed in California. Of those students, 22,000 of them are within the 12- 21 years age bracket. As is the case nationally, there is not data available on the number of counseling-enriched high school programs in California.

**Relevance.** Isolating to California for the target population is relevant due to differences across the nation in the percentage of students with emotional disturbance who are educated outside of the regular classroom environment. As represented in Figure 1, California's students with emotional disturbance spend much less time in the general education classroom than the national average (USDOE, 2017). Due to these higher separation rates, high school students that interdisciplinary collaborative team members

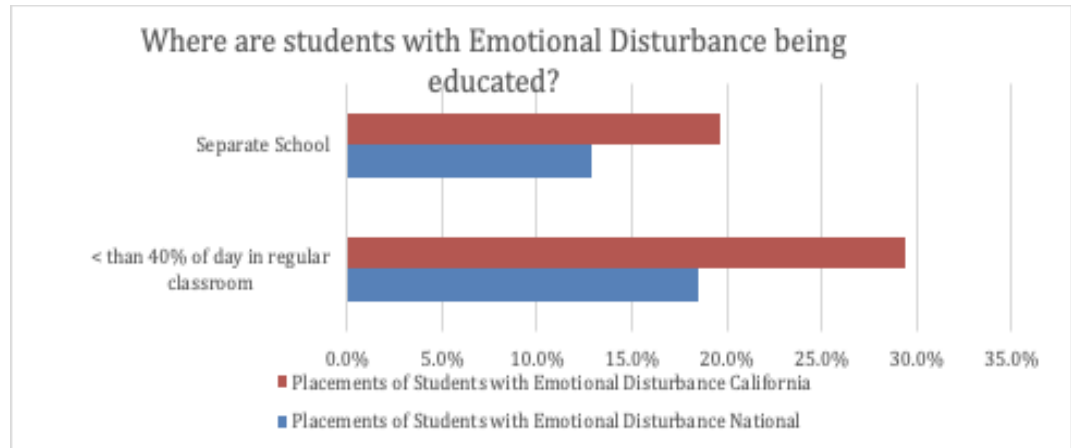
are serving in California are less exposed to the college and career preparatory environment than those in other states.

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Figure 1

*Target population narrowed to those serving California's students. Where are students with Emotional Disturbance being educated?*

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National statistics indicate that approximately 30% of these students are separated for most or all of their school day—18.5% in separate classes and 12.9% in separate schools. In California, this is more significant, with nearly 50% of students with emotional disturbance having limited to no access to regular college preparatory classes. In 2017, approximately 30% of students with emotional disturbance in California were in separate schools entirely, and another 20% were being educated outside of the regular classroom for the majority of their school day (USDOE, 2017, p. 152). The significance of separation for California's students with emotional disturbance may contribute to an underprepared population of adults.

### **Sample**

As explained by McMillan (2010), the sample in a study is a selected group of individuals from the target population upon which the researcher gathers data to be

generalized. The following purposeful sampling procedures were used in this study: convenience, criterion, and reputational. Use of multiple sampling procedures provided for both literal replication and theoretical replication logic to be used. According to Yin (2014), such replication logic is recommended for sample selection when using an embedded multiple-case study design framework, as in this study.

The sample for this study was drawn from counseling-enriched high school programs in three school districts in the state of California. Professional connections within the researcher's network in California and the provision of on-site data collection increased willingness of district administrators to consent to study of their exemplary counseling-enriched programs. This is a form of convenience sampling in which participants are willing and available to be studied (Creswell, 2014).

### **Criterion of Exemplary**

This study was specifically interested in exemplary counseling-enriched high school programs serving the college and career readiness and mental health wellness of high school students with emotional disturbance. The criterion of "exemplary" provided fidelity to the stated purpose of this study. This is known as criterion-based sample selection, in which the criteria set reflect crucial elements of the study's purpose and provide for information-rich case selection (Merriam & Tisdell, 2019). Review of literature on evidence-based practices for students with emotional disturbance, and the California LCFF Whole Child Resource Map (CDE, 2018), provided a basis for defining an exemplary program. This study required the presence of all five of the following characteristics within exemplary counseling-enriched high school programs:

1. Safe, comfortable, and positive learning environment.

2. District and site leadership support of program and of students.
3. General education opportunities available and access to college preparatory courses.
4. Staffing includes credentialed special education teacher, credentialed school psychologist, and general education teachers with single subject authorizations.
5. Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist, and general education teacher.

**Case selection.** Additionally, purposeful reputational sampling was used through case recommendations of exemplary high school programs by a panel of experts. The researcher formed an expert panel for assistance with the case selection process to provide for greater breadth of knowledge and to protect against bias in case selection. An introductory letter outlining the study and expected activities was provided (Appendix D). The expert panel included individuals with knowledge of special education, counseling-enriched programs, college and career readiness, and mental health wellness, identified as follows:

- Jonathan Lenz: Director of Marin SELPA for ten years, and for the past five years has concurrently served as the Assistant Superintendent, Special Education for the Marin County Office of Education. Dr. Lenz, a former school psychologist, also serves as the California State Content Lead in Emotional and Behavioral Programs. His professional network includes a listserv of SELPA directors across the state of California.
- Anjanette Pelletier: Associate Superintendent for San Mateo SELPA. Dr. Pelletier has held this position for eight years. Ms. Pelletier is a leader in

special education program development for the high school and post-secondary levels.

- Lenore Silverman: Partner with Fagen, Friedman, and Fulfroast, a leading educational legal firm serving all of California. Ms. Silverman has practiced in Northern California as a special education attorney for over 20 years. Her professional network includes attorneys based in firm offices across the state.

Sample selection was completed through a variation of reputational case sampling. As explained by Patton, a reputational sampling approach uses experts to identify the sample participants (Patton, 2015). First, the researcher utilized the expert panel for recommendations of programs that met the established criteria. Through the knowledge of the experts within Northern California, and then reaching out to their professional networks across the state, programs which met the established criteria were identified. Next, the researcher used multiple sources to verify each criterion was met, as shown in Table 5.

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Table 5

*Exemplary criteria and verification sources*

Criterion	Verification
1. Safe, comfortable, and positive learning environment.	Discipline and Safe Schools data from CDE Dashboard.
2. District and site leadership support of program and of students.	Program literature; Superintendent or Designee interview.
3. General education opportunities available and access to college preparatory courses.	Instructional guide; Course offerings and enrollment.
4. Staffing includes credentialed special education teacher, credentialed school psychologist, and access to general education teachers with single subject authorizations.	Human Resources list; Staffing assignments.
5. Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist or mental health practitioner, and general education teacher.	Program literature; Superintendent or Designee interview.

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This sampling procedure yielded three cases for study. A sample size of three cases is within expected bounds for a multiple-case study design (Creswell, 2002; Yin, 2014). In order to maintain anonymity for study participants, the districts are identified only as District 1, District 2, and District 3.

A total of 9 participants were included in the sample, with 3 interdisciplinary collaborative team members coming from each of the 3 cases. Each case serves approximately 15 students at a time, resulting in a total of 45 students served by the 9 participants in this study. Graphic representation of the study population of interdisciplinary collaborative (IC) team members is shown in Figure 2: Population, Target Population and Sample by Cases and Participants. Further, the number of students the study's population serves is found in Table 6: Population, Target Population, Sample by number of students served under eligibility for Emotional Disturbance by age range.

Figure 2

*Population, Target Population and Sample Cases and Participants*

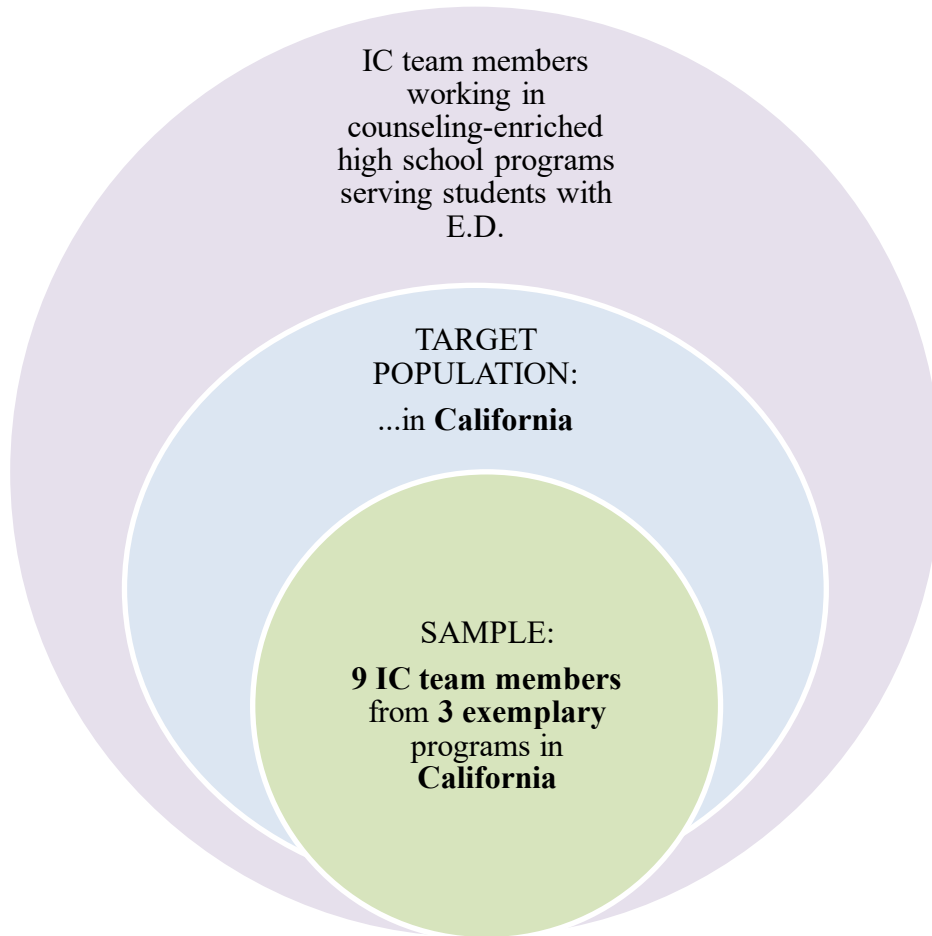


Table 6

*Population, Target Population and Sample by Number of Students Served Under Eligibility for Emotional Disturbance (ED) by Age Range.*

		AGES 3 -21	AGES 12-21
<b>POPULATION</b>	Students eligible as ED in United States	360,000	225,000
<b>TARGET</b>	Students eligible as ED in California	25,000	22,000
<b>SAMPLE</b>	Students eligible as ED being served in 3 exemplary programs in California	--	69

*Within-case participant selection process.* Following identification of the district programs, the Superintendent and Special Education Director for each were contacted. The study was explained through voice call and email. Agreement with study participation was gathered through invitational packets that included a letter about the purpose of the study, potential benefits and risks of participation, expectations of participants (Appendix E). A district case agreement form for signature by the Superintendent was also included (Appendix F).

Purposeful reputational sampling was again used for within-case participant selection. The interdisciplinary collaborative team members who participated were identified through consultation with the district's Special Education Directors operating the exemplary programs (Appendix G). Team members included one special education teacher, one school psychologist or mental health practitioner, and one general education teacher. This follows the definition of purposeful sampling, as "on the basis of the researcher's knowledge of the population, a judgment is made about which subjects should be selected to provide the best information to address the purpose of the research" (McMillian & Schumacher, 2010, p. 138). Thereafter, the following process was used to contact and secure participation of the interdisciplinary collaborative team members:

1. Initial contact was made by the researcher via email to participants. The email contained study invitational packets, including a letter about the purpose of the study, participant expectations, and a participant agreement form. The participant agreement form included a confidentiality clause and release for



the researcher. The researcher provided their contact information, and encouraged contact and questions. (Appendix H).

2. The researcher called each participant within two days to provide an opportunity for clarification, questions, and initial rapport-building.
3. Upon receipt of agreement, instructions for survey completion and the IITC-ESMH were provided electronically via SurveyMonkey (Appendix N).
4. 45-minute individual interview appointments were scheduled.
5. The researcher followed up via email with confirmation of the scheduled interview time and attachment of the following documents:
  - a. Invitation to participate letter (Appendix H)
  - b. Informed consent form for signature (Appendix I)
  - c. Research Participant's Bill of Rights (Appendix J)
  - d. Audio release form for signature (Appendix K)

### **Instrumentation**

Case study design relies upon multiple sources of evidence. The six major sources of evidence in a case study are: documentation, archival records, interviews, direct observations, participant observation, and physical artifacts (Yin, 2014, p. 106). For this study, documentation and archival records were initially gathered. This was followed by survey completion, and finally, interviews were conducted. With each of the three cases being examined through four lenses, this mixed methods multiple-case study used prolific evidence to develop convergent lines of inquiry. Thus, construct validity and triangulation, both of which will be elaborated upon further in Chapter IV, are strengthened (Yin, 2014).

## **Quantitative Instrument**

The quantitative data were gathered using an instrument available for free for research use through the American Psychological Association's PsychTESTS database: Index of Interprofessional Team Collaboration for Expanded School Mental Health (IITC-ESMH) (Mellin et al., 2010). The IITC-ESMH measures functioning of interdisciplinary collaboration teams in school mental health based on four essential elements or factors: professional flexibility, reflection on process, role interdependence, and newly created professional roles. This 26-item questionnaire utilizes a 5-point Likert-type scale. Permission to use the questionnaire in this study was granted by the lead survey developer and researcher, Elizabeth A. Mellin (personal communication, February 27, 2019).

The IITC-ESMH was chosen as the appropriate survey tool for this study for alignment with the stated purpose and research questions in this study, particularly Research Question 3. Additionally, findings from a recent review of available tools for interprofessional teams to self-evaluate their collaboration indicated that the IITC-ESMH was one of the top four tools available (Jacob et al., 2017). As the IITC-ESMH was the only one of the tools with sound psychometric properties specific to expanded school mental health, use by this researcher over the others was logical. Overall recommendations from Jacob's study included additional analysis and development of tools to be more robust through further piloting and use (Jacob et al., 2017).

## **Qualitative Instruments**

Documentation, artifacts, and interviews are all techniques that may be employed by the qualitative researcher (Patton, 2015). Within qualitative research, the researcher is

the instrument (Creswell, 2002; Patton, 2015; Yin, 2014). The researcher as the instrument presents a potential bias in this study. McMillan & Schumacher (2010) warn that attention to the researcher's experience in relation to the topic of study presents the potential for influencing participant's responses. The background, experience, and professional relationships of this researcher include over 20 years of work within the fields of special education and school psychology, central tenants to this study. In order to address this, the researcher adhered strictly to the methodology guidelines and made any appropriate corrections through field testing in order to extinguish any biases prior to conducting study interviews.

**Artifacts.** Documentary information is an important and relevant component of almost all case studies (Yin, 2014). For this study, the documentary evidence included program descriptions, sample course offerings, behavioral charts and guidelines, and sample transition planning activities. According to Yin (2014), archival records differ from documentary evidence in that they are often precise and usually quantitative. Numerical data of the overall student population and the student caseload served by each interdisciplinary collaborative team member, and maps and photographs of the classroom and therapeutic spaces, were collected and analyzed in this study.

**Interviews.** Interview questions were designed to provide in-depth exploration of the research questions. This data would be triangulated with archival data and survey responses. Interview questions were refined following reflection on the quantitative data and archival data gathered in phase one of each case study. Interview responses were used as a primary source to respond to Research Questions 1, 2, and 4, and a supplementary data source for Research Question 3. Conducting on-site, in-person,

individual interviews provided participants the opportunity to share their stories, insights, and ideas about their interdisciplinary collaborative team experiences.

Creswell explains that the process of qualitative interviewing includes “mostly general, open-ended questions,” followed by recording of responses that are then transcribed and analyzed (Creswell, 2002, p. 203). For this study, all interviews began with a brief review of the Participant’s Bill of Rights (Appendix J) and interview protocol (Appendix B), including consent for audio recording (Appendix M). Interviews were scheduled for 45 minutes to fall within the typical high school class period. For this study, individual interviews were conducted on the school site of the case being examined, and were held in a confidential space of the participant’s choosing.

### **Validity and Reliability**

Research quality relates directly to the validity and reliability of its instruments. Therefore, consideration of the validity and reliability of a study’s instruments is an important aspect of methodology. Validity refers to the degree to which an instrument measures what it purports to measure, and reliability refers to the degree to which an instrument yields consistent results over multiple administrations or from one time to another (Roberts, 2010).

Reliability and validity were addressed through consideration of literature available on the IITC-ESMH survey tool used in this study. A systematic review of peer-reviewed measurement tools for measuring dynamics of interdisciplinary collaboration between healthcare and other professionals was conducted out of the University of South Australia by Julia Jacob and colleagues (Jacob, et al., 2017). The IITC-ESMH was identified as being in the top three of available tools, and was the only one in the top

directed at school mental health. The IITC-ESMH was measured against criteria set for critical appraisal of psychometric properties, which the authors based on the McMaster Critical Review Form and on literature review for questionnaire design and development (Jacob et al., 2017).

Findings indicated that the IITC-ESMH performed above average in 5 of the 6 critical appraisal areas used in the systematic review. The areas of strength included purpose, construct validity, external validity, reliability, and layout (Jacob et al., 2017). The area in which the IITC-ESMH fell short was that of reliability, due to requiring further development.

**Validity.** In case study research, Yin (2014) warns of threats to internal validity when conducting explanatory case study models, as there is the tendency to conclude a causal relationship between two data points, whereas the cause could be due to third unknown factor. Two ways of addressing such threats and improving validity in case-study research were used in this study: relying on theoretical propositions and addressing rival explanations (Yin, 2014). Triangulation with existing literature and published research findings of interdisciplinary collaboration in school mental health reviewed in Chapter II were used in tying the data back to the theoretical proposition upon which this study was built. Also, during the data collection phase, this researcher included multiple sources of evidence, established a chain of evidence, and included consideration of rival explanations to ensure validity.

**Reliability.** Generally speaking, reliability refers to consistency. In considering instruments for use in research design, it is important to verify that repetition of use will produce consistent results. Typically, researchers look for a reliability coefficient of at

least 0.80, meaning that 80% of the time, findings will be the same across multiple administrations. Cronbach's alpha, which represents how closely items within a data set or factor scale relate to one another, was relied upon as the measure of internal consistency for the quantitative measure. This was chosen as there will only be one administration of the survey to each participant, making it necessary to determine reliability by testing for internal item consistency (Patten et al., 2018). The IITC-ESMH has established reliability with internal consistency demonstrated based on Cronbach's alpha ( $\alpha$ ) scores for each of the four factors on the scale (Mellin et al., 2010): Reflection on Process, 0.81  $\alpha$ ; Role Interdependence, 0.84  $\alpha$ ; Professional Flexibility, 0.91  $\alpha$ ; and Newly Created Professional Roles, 0.91  $\alpha$ . Thus, the IITC-ESMH factor scales can be relied upon as accurately measuring what they purport to measure.

For the qualitative portion of this study, consistency in data collection was facilitated through the gathering of similar documents and artifacts for each case. Additionally, an interview script and interview questions that were examined in connection to the data gathered through archival data and the administered survey provided for consistency. The researcher used a colleague who had been trained in research on human subjects to verify coding procedures during the field test process to ensure accurateness of identified themes to 80% interrater reliability.

### **Pilot Testing**

A pilot case study was conducted in order to refine survey procedures and interview questions prior to initial data collection. Yin encourages capitalizing on the opportunity for data collection plan refinement provided through pilot testing, by conducting a comprehensive pilot case study early in the research process (Yin, 2014). In

selecting an appropriate pilot case, convenience, access, and proximity are generally used (Yin, 2014).

The pilot case study included field testing of the IITC-ESMH through completion by the school psychologist. Following survey completion, feedback regarding the process of survey distribution and completion, the content of the survey questions, and the time it took for survey completion was gathered. The researcher conducted a mock interview with the participant thereafter. Feedback on the interview script, clarity and appropriateness of interview questions, and insights about the overall interview process were gathered. The researcher inquired specifically about any behaviors that may have suggested bias. Based upon feedback from the interviewee, the researcher rehearsed delivering the interview script with greater neutrality.

### **Data Collection**

In advance of initiation of this research study, the research completed training in conducting research on human participants (Appendix K). Permission to conduct the study was obtained from the Brandman University Institutional Review Board (BUIRB) prior to the collection of any data. Additionally, written approval from the Superintendent and the Special Education Director for the districts housing the three exemplary counseling-enriched high school programs was obtained in advance of contact with for contact, survey completion, and interviews with their interdisciplinary collaborative team members was received. Informed consent, including use of data and confidentiality, and written participation agreement (Appendix F) was received in advance of survey distribution or interview scheduling.

Permission for audio recording of interviews was also obtained (Appendix M). All data gathered was used for research purposes only and was stored in password-protected technology; the researcher was the only individual with access to raw data. Following procedures in explanatory sequential mixed methods design (Creswell, 2013), data was collected through a two-phase process adhering to the following order: (1) documentation and archival records review (2) survey completion; (3) individual interviews; and (4) triangulation.

Consideration of the embedded multiple-case study framework also informed the data collection process. Quantitative and qualitative data were collected from three participants per case: the special education teacher, the school psychologist, and the general education teacher. A total of nine individuals, equally representing the three professions on the interdisciplinary collaborative teams, contributed data to this study.

### **Quantitative Data Collection**

The IITC-ESMH survey tool was used for quantitative data collection. This tool was primarily used for Research Question 3. Additionally, survey data was used to inform qualitative interview questions. The IITC-ESMH was provided in two forms to allow for participant preference in survey format choice. The questionnaire in its original format was provided through a PDF attachment to email. Additionally, the survey was transferred verbatim into an electronic version that could be completed through the SurveyMonkey online platform, and the online survey was provided via hyperlink within the email.

Consistent with this study's BUIRB approval guidelines, participants were required to read and acknowledge the informed consent form (Appendix I) prior to beginning the



survey. A one-week timeframe was given for survey completion, with an email reminder on days 4 and 6 for those who had not yet completed the survey. Participants were advised that expected time to complete the survey was 5- 10 minutes.

### **Qualitative Data Collection**

**Artifacts.** Documentary evidence, including program descriptions, sample course offerings, and transition planning activities, were initially collected through information available online. Documents that were not available online were collected in person or through email request. Additionally, meeting agendas from interdisciplinary collaboration team meetings were collected through the researcher obtaining samples from participants. Archival records, including the overall student population and the student caseload served by each interdisciplinary collaborative team member, maps of the classroom and therapeutic spaces and photographs, were also utilized.

**Interviews.** Qualitative interviews were conducted after survey data had been collected, analyzed, and the interview questions refined based upon quantitative findings. The interviews were conducted one-to-one on the case school site in a confidential space chosen by the participant. A total of nine interviews were conducted across three cases. Within each case, the special education teacher, school psychologist or mental health provider, and general education teacher who were members of the same interdisciplinary collaborative team were interviewed.

Each interview lasted approximately 45 minutes and was audio-recorded. All interviews began with a brief review of the Participant's Bill of Rights (Appendix J) and interview protocol, including consent for audio recording. The interview protocol and script were followed for validity and reliability purposes. Interview questions were

developed to respond to research questions and were refined during the field-testing process (Appendix B). Interview questions were aligned with the purpose and research questions using an open-ended question format.

### **Data Analysis**

Researchers engage in data analysis after collecting, preparing, and organizing data for the purposes of making decisions based upon defined procedures (Creswell, 2014). The data analysis process differs for quantitative and qualitative data sources. Consistent with the explanatory sequential mixed methods process, this researcher began with analysis of the survey data, then followed with analysis of interview data, and followed with triangulation of results. In Chapter IV, findings from data analysis will be described, summarized, and conclusions drawn. Alternative explanations will be included to negate biases inherent in case study design.

#### **Quantitative Data Analysis**

Microsoft Excel software was used for descriptive statistical analysis of survey data. Results generated were analyzed by individual respondent, by case, and by total sample. Within-case analysis was conducted through analysis of factor scale scores from each of the three individual respondents per case, as well as considered in reflection for the case as a whole. Additionally, cross-case analysis was conducted by describing data gathered across each of the three cases. This provided for maximization of benefits inherent within the embedded multiple-case study model. Finally, data was analyzed by the total sample of nine participants.

Mean scores and standard deviation scores for the total survey and for each of the four factor scales on the IITC-ESMH (reflection, flexibility, newly created roles, and

interdependence) were calculated. Additionally, item analysis of the 26 items on the survey provided supplementary data about participants' beliefs, and informed the writing of interview questions. Data for all research questions are reported out in graphical representation through tables and charts and are further elaborated on in narrative form in Chapter IV.

### **Qualitative Data Analysis**

Following quantitative data analysis, drafted interview questions were reexamined in light of the archival data gathered and the survey data results. The research adjusted interview questions accordingly. Qualitative interviews were then conducted and audio-recorded. The recordings were transcribed and the researcher used thematic coding to identify patterns and trends in responses. Use of software aided the researcher in organizing and categorizing data gleaned from the interviews. The QSR NVivo 12 for Mac software was used to organize the data around the most frequently mentioned themes, or nodes, which were identified through qualitative data analysis.

Interviews were recorded and transcribed using the following application on the researcher's mobile phone: Rev Voice Recorder and Transcription Application, available at <https://www.rev.com/voicerecorder>. Thereafter, the researcher read through each transcription document twice, with intent to identify key patterns and themes across interview respondents. The most frequently expressed themes were utilized in the creation of nodes in NVivo. Themes were linked back to the research questions. Chapter IV explains the experiences and recommendations of interdisciplinary collaborative team members in meeting the college and career readiness and mental health wellness of students with emotional disturbance.

## **Triangulation of Data**

Both Yin (2014) and Patton (2015) cite that a significant strength of the case study is the opportunity to use many data sources in analysis and conceptualization. The necessity of using multiple sources of evidence in case study research “far exceeds that in other research methods” (Yin, 2014, p. 119). Further elaborated upon, triangulation occurs through consideration of any finding or conclusion from the research being based upon several different sources of information. Four different types of triangulation are discussed in the literature: (a) data triangulation, which is across data sources; (b) investigator triangulation, referring to convergence among different evaluators; (c) theory triangulation, explained as similar perspectives on the same data set; and (d) methodological triangulation, which is convergence of methods (Patton, 2002). By design, the case study provides for the development of convergence of evidence such as would occur within data triangulation, as multiple data sources contribute to development of the case.

In this study, quantitative data and qualitative data were compared and contrasted, providing for greater analysis of patterns and themes prominent in results. Additional triangulation occurred through comparison of data patterns and themes with findings found in the comprehensive literature review described Chapter II. Examination of data sources with evidence from the literature review provides a study with further legitimacy (Creswell, 2014). Additionally, relevant for this research study, theory triangulation was provided for multiple perspectives on the same data set, evident both through within-case and by professional perspectives per job role across cases.

## **Limitations**

As commonly understood in research, limitations are present in all studies, and it is necessary to identify them in reporting results (McMillan & Schumacher, 2010; Patten, 2014; Patten et al., 2018). The limitations for this study include the specific geographic area being utilized, and the willingness of the district's leadership (Superintendent and Special Education Director) for case participation, and for access to interdisciplinary collaborative team members. Additionally, the time, availability, and willingness of the participants to complete surveys and to be interviewed factor into study limitations. Further, in order to maintain fidelity to the research design, surveys and interviews needed to be completed in specific order and within close time proximity to one another for consistency in responses.

## **Summary**

This chapter provided rationale for, and a detailed account of, the methodology used in this study. An explanatory sequential mixed methods multiple-case study research design was used to add to the growing body of research on interdisciplinary collaborative teams in expanded school mental health. The multiple-case study framework used in this study provided comprehensive exploration of how interdisciplinary collaborative teams in exemplary therapeutic programs support the college and career readiness and the mental health wellness of adolescents with emotional disturbance.

Additionally, analysis of survey data and qualitative interviewing provided data on how team members in exemplary counseling-enriched high school programs describe their interdisciplinary collaboration using the four essential elements (reflection,

flexibility, newly created roles, interdependence) in the model established by Mellin and colleagues (Mellin et al., 2010). Lastly, findings from this multiple-case study identified recommendations from field practitioners for interdisciplinary collaborative teamwork in supporting the college and career readiness and mental health wellness of adolescents with emotional disturbance. This study followed guidelines established in the literature on mixed methods multiple-case research design, ensuring a reputable study was conducted and reported on.

## CHAPTER IV: RESEARCH, DATA COLLECTION, AND FINDINGS

The primary focus of Chapter IV is presentation of the data. This chapter begins with a restatement of the study's purpose and research questions. Following is a brief summary of the research design and methodology in this multiple-case study, including data collection procedures, population, and the sample. Demographic data for the nine research participants is included, with context provided through brief descriptions of the three exemplary programs that served as the case study sites.

The majority of this chapter is devoted to data analysis and study findings. The presentation of data is organized around each of the four research questions. All research questions include findings from the qualitative data collected. Quantitative data is a primary source in answering the third research question, which speaks to essential elements of interdisciplinary collaboration. Chapter IV concludes with a brief summary.

### **Purpose Statement**

The purpose of this mixed methods multiple-case study was to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. A secondary purpose of this study was to explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Mellin (Mellin et al., 2010). Lastly, this study will determine the recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

## **Research Questions**

1. How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?
2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?
3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) from the model established by Mellin?
4. What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?

## **Research Methods and Data Collection Procedures**

This study used an explanatory sequential mixed methods multiple-case study research design. Four sources of data were collected: documentary evidence, archival records, surveys, and interviews. Documentary evidence collected included participant personal notes, meeting agendas, course offerings, bell schedules, and program descriptions. Archival data collected included student population, caseload, school campus maps showing case study instructional and therapeutic areas, and photographs of the areas utilized by the counseling-enriched programs. The researcher ensured all data collected was confidential and securely stored.

Survey data was gathered using the Index of Interprofessional Team Collaboration for Expanded School Mental Health (IITC-ESMH) (Mellin et al., 2010). Participants completed the survey online at their convenience via Survey Monkey.



Participants took an average of 4 minutes to complete the 26-item survey. Survey data was utilized to respond to the third research question.

Thereafter, face-to-face semi-structured individual interviews were conducted on the school sites. Interviews were conducted in a confidential space of the participant's choosing. An interview protocol script was followed addressing all four research questions. Interviews were audio recorded and took about 29 – 52 minutes.

### **Population**

The population studied comprised interdisciplinary collaborative team members working in counseling-enriched high school programs serving students with emotional disturbance. Nationally, there are approximately 360,000 school-aged children eligible as emotionally disturbed who are served in special education on an annual basis. It is estimated that 30% of this student group has limited to no access to regular college preparatory classes (USDOE, 2017).

The target population for this study was interdisciplinary collaborative team members working in counseling-enriched high school programs in the state of California. In California, there are approximately 225,000 students between the ages of 12 – 21 years, who may be served in high schools or secondary programs. Targeting California is significant due to the high separation rates of students with emotional disturbance from the general student population. In California, nearly 50% of students with emotional disturbance have restricted access to general education (USDOE, 2017, p. 152). Interdisciplinary collaborative team members in California are serving a student population that has less access to college and career readiness. There is not data available on how many of these students are served in a counseling-enriched program.

## Sample

The sample for this study was drawn from three high schools in California that operate exemplary counseling-enriched special education programs for students with emotional disturbance. Purposeful reputational sampling was used to identify the cases. A panel of experts who have knowledge of special education, college and career readiness, mental health wellness, and counseling-enriched high school programs served to recommend programs which met the criteria for exemplary. The three cases included were district-run programs that met all five of the following criteria for exemplary:

1. Safe, comfortable, and positive learning environment.
2. District and site leadership support of program and of students.
3. General education opportunities available and access to college preparatory courses.
4. Staffing includes credentialed special education teacher, credentialed school psychologist or mental health provider, and access to general education teachers with single subject authorizations.
5. Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist or mental health provider, and general education teacher.

Of note, this researcher initially sought recommendations for programs within the San Francisco Bay Area of California that met the exemplary criteria for convenience sampling purposes. However, due to the limited number of programs in operation which met the exemplary criterion, the location parameters for the study were widened to the

full state of California. The three cases studied are in school districts located in Marin County, Nevada County, and Riverside County.

Consistent with sampling procedures for identifying the three cases, reputational purposeful sampling was also utilized for identification of within-case participants. Each district's special education director or designee recommended the interdisciplinary collaborative team members as including one special education teacher, one school psychologist or mental health provider, and one general education teacher. This resulted in three participants for each of the three cases, and a total sample size of nine.

### **Demographic Data**

The nine study participants were from exemplary counseling-enriched high school programs in three school districts in California. The school districts served middle to upper-middle class communities in semi-rural to suburban areas. The exemplary programs were located on comprehensive high school campuses with student populations ranging from 1,400 – 2,200 students. The programs had been in place for an average of 6 years. Case demographic information is represented in Table 7.

Table 7

*Demographic Information of Cases*

	District 1	District 2	District 3
Location	Marin Co., San Francisco Bay Area, No. CA	Nevada Co., Sierra-Nevada Foothills, No. CA	Riverside Co., Inland Empire, So. CA
Community	Upper-Middle Class Suburban	Middle Class Suburban-Semi-Rural	Middle Class Suburban
School Population	1,400	1,600	2,200
Program Population	15	30	24
Participants Credentials	Ed Spec; Gen Ed-Art; School Psychologist	Ed Spec; Gen Ed-CTE Bldng & Const; LCSW	Ed Spec; Gen Ed-CTE Health; MFT
Program Existence (Average = 6 yrs)	5 years	3 years	10 years
Team Longevity (Average= 4.1 yrs)	5 years	1 – 3 years	1 – 9 years

Participants’ work experience under their current credential or license ranged from 1 to 11 years, with an average of 5.2 years. Study participants have been on their respective interdisciplinary collaboration teams an average of 4.1 years, spanning from 1 – 9 years on the team. Within-case participant data is represented in Table 8. Narrative descriptions of cases and participants follow the table.

Table 8

*Demographic Information for Participants*

Participant's Role on Team	Commission on Teaching (CTC) Credential or Board of Behavioral Sciences (BBSE) License	Years credentialed	Years with team
<b>District 1</b>			
Special Ed Teacher	Education Specialist Instruction Credential	6	5
General Ed Teacher	Single Subject Teaching Credential, Art (Examination); Single Subject, Geography; Education Specialist Instruction Credential	8	5
Mental Health Practitioner	Pupil Personnel Services Credential, School Psychology	7	5
<b>District 2</b>			
Special Ed Teacher	Education Specialist Instruction Credential	3	3
General Ed Teacher	Career Technical Education Teaching, Building & Construction Trades	3	2
Mental Health Practitioner	Licensed Clinical School Worker	1	1
<b>District 3</b>			
Special Ed Teacher	Education Specialist Instruction Credential	7	7
General Ed Teacher	Career Technical Education Teaching Credential, Health Science and Medical Technology	11	9
Mental Health Practitioner	Licensed Marriage and Family Therapist	1	1

**District 1 Participants**

The counseling-enriched program from District 1 is located on a comprehensive high school campus of approximately 1,400 students. It is in a unified school district in an upper-middle-class suburban community in the Marin County. This is within the San Francisco Bay area of Northern California. The program serves up to 15 students in

grades 9 - 12, and is staffed with one special education teacher, two paraeducators, and a school psychologist. Students access the program anywhere from one class period up to six class periods, per their course schedule. The amount of time each student spends in the program is individually determined by their IEP teams.

The program has been in existence for five years. All study participants have served in their current roles for this full length of time that the counseling-enriched program has been in operation at this high school. The special education teacher for the program was hired to begin the program at this school site, having had previous experience in a nonpublic school setting for students with emotional disturbance. The general education teacher has always worked at the school where the study took place, and is dual credentialed in general and special education. She holds two Single Subject Teaching Credentials, one in Art (Examination) and the other in Geography. She also holds an Education Specialist Instruction credential. The school psychologist providing mental health services to the students in the exemplary program is also serving as the school psychologist for the entire comprehensive high school student body.

### **District 2 Participants**

District 2 is classified as a high school district in a middle-class suburban to semi-rural community in Nevada County within the Sierra Nevada region of Northern California. The exemplary counseling-enriched program studied is located on a comprehensive high school campus that has a student body of approximately 1,600. The program serves up to 30 students in grades 9 – 12, and is staffed with two special education teachers, two paraeducators, and one mental health practitioner. The amount

of time each student spends in the program is determined by their IEP teams, with the majority of students taking most of their courses within the special education program.

The program has been in existence for three years. This interdisciplinary collaborative team has been working together for one year. The special education teacher participant has worked in the program for three years, and holds an Education Specialist Instruction credential. The general education teacher has two years of experience serving the students in the program, and holds a Career Technical Teaching Credential in Building and Construction Trades. The mental health practitioner is a Licensed Clinical Social Worker (LCSW) and has been with the program for one year.

### **District 3 Participants**

The third case included in the study is within a unified school district in a middle-class suburban community in Riverside County in the Southern California Inland Empire. The exemplary counseling-enriched program studied is located on a comprehensive high school campus with an overall population of roughly 2,200 students. The program serves an average of 24 students in grades 9 – 12, and is staffed with two special education teachers, three paraeducators, and mental health practitioners. Most students take the majority of classes within the counseling-enriched setting, with older students tending to be in for fewer classes.

The program has been in existence for over 10 years. The special education teacher participant has worked in the program for seven years, and holds an Education Specialist Instruction Credential. The general education teacher has worked with the program for nine years and holds a Career Technical Education Teaching Credential in

Health Science and Medical Technology. The mental health practitioner has been on the team for one year, and is a Licensed Marriage and Family Therapist (LMFT).

### **Presentation and Analysis of Data**

The data presented and analyzed in the following section is the outcome of 12 hours of on-site research on 3 comprehensive public high school campuses from different regions of California. The researcher spent time in the field conducting interviews with nine professionals, tours of the campuses, including the counseling-enriched classrooms and therapy offices, and gathering of documents and artifacts from the site. Additionally, some documentary evidence was gathered online in advance. Qualitative data was gathered, reflected upon, interpreted, developed into themes, and organized around answering the four research questions in this study. Answering the third research question included the integration of quantitative data. In the following section, findings are described and presented using charted data, frequency tables, and narrative discussion within the context of each research question.

### **Intercoder Reliability**

A secondary coder was utilized to support reliability of data, reduction of coding errors, and reduction of potential bias. Standard intercoder reliability procedures as established in the research field (Creswell 2018; McMillan & Schumacher, 2010; Yin, 2014). At least 10% of data should be coded independently by two or more expert coders, with agreement at the coefficient level of 0.80 or greater. For this study, 12% of the qualitative data was provided to a secondary coder. Agreement was found to be at 0.82, which is within acceptable limits, and thus findings are determined to be reliable.



## Data Analysis for Research Question 1

The first research question asked: how do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance? A total of 136 coded statements were referenced in answering the first research question. Additionally, 2 artifacts were found, bringing the total frequency count for this research question to 138. Findings indicate that the college and career readiness of adolescents with emotional disturbance are supported in four significant ways. They are listed in frequency from greatest to least: providing differentiated support systems for college prep and career tech curriculum; collaborating with stakeholders to meet students’ postsecondary goals; including student voice and engagement in postsecondary planning; and teaching prosocial skills for success in school and work settings. The sources and frequency counts are represented in Table 9.

Table 9

*RQ 1 College & Career Readiness Themes Sources and Frequency Counts*

Themes	Interview Frequency		Artifact Sources	Total Count
	Sources	Count		
1. Collaborating with stakeholders to meet students’ postsecondary goals	9	42	2	44
2. Providing differentiated support systems for college prep and career tech courses	8	44		44
3. Including student voice and engagement in postsecondary planning	8	26		26
4. Teaching prosocial skills for success in school and work settings	9	24		24
Total RQ1				138

### **Collaborating with Stakeholders to Meet Students’ Postsecondary Goals**

The college and career readiness of adolescents with emotional disturbance was frequently supported through collaborating with stakeholders to meet students’

postsecondary goals. This theme centered around an expanded team of stakeholders and was described by 100% of participants. Interviews yielded a frequency count of 42. Two artifacts provided corroborating evidence for this theme, bringing the total frequency count to 44. The artifacts included school postsecondary-focused website pages accessed by students, and class postings with college and career opportunities.

Interviewees indicated that they frequently collaborate with other stakeholders in the students' life to address the students' postsecondary goals. During the interviews, all three special education teachers, two of three mental health providers, and one general education teacher, mentioned the Individual Transition Plan (ITP) of the student's IEP as driving this collaboration with stakeholders. Interviewees often referenced collaborating with a variety of other individuals, both within, and outside of, the school system in implementing a student's ITP. Ongoing and sustained collaborative relations and supporting the student in accessing support from these stakeholders was indicated.

Participants from all sites reported collaborating with additional team members and connecting students with other school staff or outside providers and agencies. Some of the within-school staff referenced included other teachers, administrators, academic counselors, college and career specialists, and workability coordinators. The wide variety of support accessed by this collaboration at school was described by a special education teacher: "One way I support them in working toward those goals is in partnership with our transition program here on campus". She further elaborated that staff from the on-site transition program take their students into the community to volunteer, place students into paid internships, help them get their driver's license, and take them on college tours.

Also heard in all three schools, the interdisciplinary team expands to include community providers for addressing college and career preparation. This may include private therapists, social workers, probation officers, and wraparound service providers. A general education teacher elaborated: “You have this additional support member in the meeting. And so, it's nice for me to be able to see them, know who they are, and communicate with them about strategies that they see working, and for them to be able to ask me about how the students are doing in here and what's working and what's not.”

### **Providing Differentiated Support Systems for College Prep and Career Tech**

Interdisciplinary collaborative team members supported the college and career readiness of adolescents with emotional disturbance by providing differentiated support systems for college prep and career tech curriculum. The frequency count was 44 for this theme. Interviewees from all three programs revealed that multiple access points were provided within the general education classroom as well as within the counseling-enriched classroom.

This flexibility in how, when, and where students access curriculum was emphasized by 8 of 9 participants. Most commonly this was reported as accomplished through differentiation, backwards design in lesson planning, use of accommodations, push-in aide support in general education classes, and scheduling with particular teachers, at particular times of day, and clustering students in particular class periods. Consultation from the special education teacher and/or mental health provider about how a student’s emotional struggles may manifest, and how to address these issues in the mainstream classroom, was noted to improve successful access to curriculum.

The importance of being strategic and responsive in how students transition into and out of general education classrooms surfaced repeatedly. Several participants explained that differentiation needs to be orchestrated in a student-centered manner that is flexible in time and location. The mental health provider from Site 2 further explained, “Coming back to the ED class after that gen ed. class, it's kind of like a decompression. Give them time to decompress a little bit, and then we'll go back”.

It was expressed by 2 of 3 special education teachers that in order for their students to fluidly move between general education classes and counseling-enriched classes, there must be course alignment and collaboration with teachers. At every site, core curriculum courses, including 9 – 12th grade English, Science, Social Studies, and Math courses were available for students to access in the special education counseling-enriched classrooms. Special education teachers from every site commented on the vast range of curriculum that they are providing within their classrooms.

This access strategy was referenced both to be an important opportunity for equity of access, and a challenge for delivery. The special education teacher from Site 3 described, “We have to be flexible because we have multiple subjects in one classroom. I could have a 9th grader doing freshman seminar, but I can also have a 12th grader doing government and econ”. The Site 1 special education teacher shared she designs lessons by “collaborating with Gen Ed teachers to figure out what their scope and sequence looks like, so that I can replicate that to the best of my ability in here.” The goal expressed in so doing is to keep students in course alignment with the mainstream for smooth integration back with their peers when they are ready. Further, she explained that her students deserve “the same curriculum that they would have had anyway”.

## **Including Student Voice and Engagement in Postsecondary Planning**

Team members in exemplary counseling-enriched programs supported the college and career readiness of adolescents with emotional disturbance by including student voice and engagement in postsecondary planning. This theme was found 26 times across 8 interviews. Heard at 100% of sites, team members were continually magnifying student voice, and actively reaching out to engage students in future planning. Some of the practices used to facilitate student involvement included use of interest inventories, strength-based assessments, discussions of potential barriers and how to overcome them, and students writing and expressing their own ITP goals. Special educators indicated that they ensured the student participates in, and is heard by, the team during IEP meetings.

Mental health providers from all sites identified supporting students' engagement in post-secondary planning through directly addressing interference caused by low self-esteem, lack of confidence, or limited self-efficacy. Across all districts, there was a common thread of adolescents with emotional disturbance ruling themselves out of future opportunities due to depressive features and lack of confidence in their future success. The social worker from Site 2 explained, "Not even thinking they can throw their hat into the ring. Like, 'I'm already self-selecting out of that. People like me don't go to college. People like me don't...', so more of identity role support around how they want to find meaning after high school". Across all job roles, team members are addressing this with students through psychoeducation, reality-based conversations, exposure to possibilities, and active encouragement.

## **Teaching Prosocial Skills for Success in School and Work Settings**

Data also indicated that teaching prosocial skills for success in school and work settings was how exemplary counseling-enriched programs were supporting college and career readiness. The frequency count for this theme was 24, and was identified by 9 of 9 participants. Explicit instruction in self-monitoring and self-management skills, expected classroom and workplace behaviors, and interpersonal relationship skills were expressed.

A mental health provider described a common conversation that she has with students: “Okay, when you're out there, how are you going to manage where you're living? How are you going to manage relationships with who you live with?” The role of the mental health provider on the interdisciplinary team in preparing these students for college and career often included exploring options and navigating resources outside of school. The school psychologist from District 1 explained how she helps guide students towards mental health and social supports they may need in the future: “I had several kids who were, like, ‘I want to go to college but I can't live at home anymore because that's not a good situation for me. And so, where do I go? What do I do? How do I have the money? I have to work. How do I navigate all that stuff?’”.

Over half of the participants emphasized that supporting the college and career readiness for students in their counseling-enriched programs extended beyond academics and required added focus in the social-emotional and behavioral realm. As elucidated by the special education teacher from Site 3, “So they know cognitively how to go to college and what to do. But how do you act was the big focus in the program”. Self-awareness and insight about one’s mental health was also addressed in relation to postsecondary life. Quoting a special education teacher, “How do you handle your depression? How do you

handle your anxiety of going into a class filled with a bunch of kids and as professor you have no idea who he is?”

Helping students develop their abilities to code-switch was identified by special education teachers and mental health practitioners in response to interview questions about how they support college and career readiness. As the Site 3 special education teacher explained, “You can act one at home; you can't act that way in school. It's different. So, it's really a lot of preparing them emotionally for life outside of high school. Because I'm not going to be there. So, it's a lot about how do you handle the behaviors outside of high school”.

### **Data Analysis for Research Question 2**

The second research question was, how do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance? A total frequency count of 250, comprised of 247 interview responses and 3 artifacts, established significant support for mental health wellness being a critical component of interdisciplinary collaborative teams in exemplary programs. Table 10 provides the sources and frequency counts for the six themes that surfaced. Elaboration of each of the identified six themes follows.

Table 10

*RQ 2 Mental Health Wellness Themes, Sources and Frequency Counts*

Themes	Interview Frequency		Artifact Sources	Total Count
	Sources	Count		
5. Regularly collaborating with stakeholders about students' social-emotional wellbeing	8	66		66
6. Fostering trusting relationships between students and staff	9	40		40
7. Creating an inclusive classroom community that serves as a safe space for students	9	37	3	40
8. Coaching or counseling students' general wellness by instructional staff	9	38		38
9. Providing psychoeducation on mental health issues	9	34		34
10. Counseling or therapy from mental health providers accessible on a regular and as-needed basis	6	32		32
Total RQ2				250

### **Regularly Collaborating with Stakeholders About Students' Social-Emotional Wellbeing**

Team members in exemplary programs supported the mental health wellness of adolescents with emotional disturbance by regularly collaborating with stakeholders about students' social-emotional wellbeing. This theme was found 66 times and was identified by 8 of the 9 participants and is the highest frequency count of any theme within this research study. How, and with whom, interdisciplinary team members collaborated with in addressing social-emotional wellbeing is detailed below.

Providers from wraparound ("wrap") service team models were identified as being an integral part of participants' collaboration with stakeholders on mental health wellness. In 100% of programs studied, at least one interdisciplinary team member offered comments on their participation in wrap-family team meetings. These meetings



include the student. Participants from 2 separate sites reported observing student's responding well by seeing they have a full team of people in their corner.

A participant described how collaboration with outside providers looks during monthly collaboration meetings: "So all of them will come and we do a case. We go down through the names, and they ask for an update, and then we get to hear what's going on in the community or family settings in ways we didn't normally hear." She continued to explain that this shared information is utilized by the school team to better support the student's social-emotional and behavioral functioning at school. Another study participant expressed, "It's very easy for us to have all of our extended mental health players come together and collaborate and even participate in activities with us".

Stakeholders on staff that are collaborated with include other teachers, counselors, psychologists, campus supervisors, safety officers, health specialists, coaches, and administrators. Collaboration was described as occurring on a regular basis, formally and informally, and in-person, by phone, or via email or other shared electronic student information systems. The general education teacher from Site 3 articulated how she collaborates regarding mental health: "I just call them and I say, 'Hey, what's up with his kid? Help me out here. What is going on? What can I do to get through?'". She further explained that school staff work together in figuring out what is going on for each student and, "How can we make it better".

Participants from Site 3 reported that there is a shared understanding amongst the full staff that sometimes these students may need to go to other classrooms for brief breaks. School staff are available to support one another by providing supervision or coverage if a change of space is needed. Interviewees from Sites 1 and 2 described

having similar understandings amongst staff, with emphasis on collaboration of adults in service of a calm environment that is in the best interests of the mental health of students.

### **Fostering Trusting Relationships Between Students and Staff**

Fostering trusting relationships between students and staff was another way that mental health wellness was supported. This theme yielded a total of 40 responses from 9 of 9 interviews. The importance of a relationship-based approach in working with this population was repeatedly mentioned. This sentiment was captured as, “If you don't have that relationship, you have no idea when they're mad, when they're happy, when they're sad, you have no idea”.

Participants expressed the belief that their students responded best to adults at school that they felt a meaningful connection to. Behavioral improvements, increased productivity, and increased emotional stability were said to occur when there was a trusting relationship between student and team member. It was noted that building trusting relationships with this population of students can take extra time and effort. Ways in which trust was built with students included making time to connect with them individually, getting to know their patterns, their likes and dislikes, and then connecting with them on a real, human level. The adults being fallible, owning their mistakes, taking responsibility, and apologizing when appropriate was noted as building trust and modeling what it is that they expect of students. A genuine sentiment of “we're all in this together” was expressed in various ways by one or more respondents from all study sites.

Further, knowing their students on a deeper level allows these team members to quickly read their students' moods, understand their behaviors in a different way, and then alter their approach based upon these factors. Building trusting relationships was

discussed as being based in observing and respecting students' needs at any given moment. This idea was articulated by a participant as "just meeting the students where they are, and recognizing that when they're in an upset place, that might not be the best time to have the conversation that you want to have with them".

### **Creating an Inclusive Classroom Community That Serves as a Safe Space for Students**

Exemplary counseling-enriched programs meet mental health needs by creating an inclusive classroom community that serves as a safe space. Every participant provided several codable responses for this theme, resulting in an interview frequency count of 37. Additionally, 3 artifacts, in the form of photographic evidence taken during on-site visits, provided further support for this theme and resulted in a total frequency count of 40.

Team members from all districts commented on their classrooms having dynamics similar to those one might find in a family. All special education teachers described the counseling-enriched programs of having a family-like atmosphere with peer interactions often resembling sibling relationships. According to a respondent, "they stick up for each other, and they're there for each other". This was noted as being particularly important for students who have family-related trauma in their past and/or may currently be in unsafe or unsupportive situations outside of school. Quoting one special education teacher, "We're a family. You come to us if you have problems. If you're upset outside of my room, you come to me and you let me help you through it, because we're a family". Providing students with a family experience where they will feel supported, loved, and forgiven was expressed.

During interviews, 100% of participants mentioned creating safety as being one way that they meet their students' mental health needs. Building community was described as being a top priority in how to create safety for their students. Spending time on this and being intentional about facilitating community-building activities and group discussions around inclusivity was emphasized. The special education teacher from Site 3 described a key lesson from a classroom activity in which art was started individually and then contributed to by all classroom members: "You affect every single person in this room, positively and negatively depending on how you want to live your life".

Some participants reported that adult modeling and facilitating peer-to-peer support contributed to classroom communities that felt inclusive and safe. The Site 1 special education teacher explained that she tells her students, "This is our classroom. This is our space. This is our community. It is not 'my' classroom. It belongs to all of us and we're all responsible for how it feels to be in this space".

The general education teacher from Site 1 shared similar feelings, "My role is giving students a safe space to work and create," and providing a space where "they can feel good about being at school and they're doing something that's fun and interesting". Establishing safe places on campus for students to access was identified as being a reason for their students to remain at school by having a safe place on campus to retreat if emotionally upset or triggered.

An inclusive and safe environment was often noted by participants as being evidenced by improved school attendance after students entered the counseling-enriched program. Participants from 100% of sites reported that by having a safe place on campus to retreat to if they upset elsewhere on campus. A special education teacher relayed a

story of a student turning around two years of non-attendance within a few months of being in the counseling-enriched program due to feeling included. This happened via a classmate in the program texting the student every time they were absent to check that they were okay and tell them that they were missed. This teacher from Site 1 attributed this to, “It was just that persistence, that love”. Similar stories of students connecting and supporting one another was heard multiple times from participants across sites.

Many of the students choose to stay in the counseling-enriched setting during unstructured times, like breaks and lunch, rather than trying to navigate the social milieu of high school. It was expressed that instead of avoiding school altogether, their students were showing up because they had a safe haven on campus. A participant shared that she will “Remind them of their coping strategies and remind them that we're right here throughout the day”.

Participants from all sites stated the need for identifying alternative spaces and areas for students to access or to go to rather than to the office or to a disciplinarian. Agreed-upon areas where students can go and be within adult supervision but not be “bothered”, and where they can take space and have personal time to reflect and regroup, were described by participants from all three job roles. A special education teacher summarized, “My big thing that I try to do in the classroom is build community. If they feel like they belong, I know they're going to be more successful. They're going to be more comfortable. They're going to feel safe. That's huge among our population, feeling safe, because for a lot of them, unfortunately they haven't felt safe”.

All sites had defined areas of the counseling-enriched classrooms that were described by interviewees as being designed as comfortable and calm areas for students

to spend time in. Archival data supported this theme in photographs taken by this researcher at two of three sites. Photographs chronicled designated spaces that were more akin to a family room than to a classroom. These areas were decorated with student artwork, and had floor rugs, cushions, comfortable chairs, fidgets, art supplies, musical instruments. Additionally, these rooms had kitchenette areas with filtered water, coffee makers or tea kettles, microwaves, mugs and bowls, and snack foods.

### **Coaching or Counseling Students' General Wellness by Instructional Staff**

Instructional staff coaching or counseling students' general wellness was frequently how interdisciplinary collaborative team members supported students' mental health. This theme was identified by 88% of participants, totaling 38 responses. The instructional staff refers to the special education teachers and instructional assistants in the counseling-enriched programs, and includes the general education teachers that are frequently serving the students in these exemplary programs.

Having classroom staff that are helpful, calm, emotionally regulated, fun, and "real" with the students surfaced during interviews. Staff who are intuitive and recognized when students need additional support and who are able to put what they are doing aside to listen and counsel is needed. As expressed by the Site 1 social worker, this looked like having "Staff who do not become externally dysregulated from things that could be upsetting to hear or see". Additional examples of how this theme materialized heard during interviews across the three districts included having teachers and aides reinforce students' use of their coping mechanisms, guiding students towards healthier and adaptive choices, listening, and not shying away from intense conversations. The ability to redirect students to the mental health provider for in-depth counseling without

being dismissive of them or overwhelmed by the material they share was described by participants as important.

A mental health provider explained that it was important for their students to know that, “Any given person here is also going to support or talk with you about what’s going on for you emotionally just as quickly as they are with academics”. The same respondent later elaborated on the benefits of students being able to engage with other adults in their daily world around sensitive topics, “There’s some power in that. Actually, I think it ends up creating good outcomes for kids when they kind of see everyone is in it and it’s not that a therapist just sits somewhere in some office”. In all programs studied, the special education teacher reported being present during weekly or biweekly class counseling groups that are facilitated by the mental health provider.

### **Providing Psychoeducation on Mental Health Issues**

All interdisciplinary team members supported adolescents by providing psychoeducation on mental health issues. This theme was mentioned by 9 out of 9 participants and had a frequency count of 34. There were two distinct groups that psychoeducation efforts were directed towards: students, and staff members.

All of the special education teachers mentioned using some type of social-emotional curriculum with their students. Supporting students understanding of mental health and the role it plays in their lives was indicated, “I try and get them to recognize it and understand that they have a disability and it’s okay. There’s nothing wrong with that. It’s how we handle it and how we cope with it.” All mental health providers described efforts to de-stigmatize mental health at their sites. This took the form of providing trainings, normalizing occurrences of mental health issues, or practicing with neutral

socially accepted habits, such as mindfulness or use of art or music. The special education teacher from Site 3 expressed students being less triggered and more understood by a wider array of adults on campus. From the same site, the therapist elaborated how they guide others in interacting with their students: “So first, it's modeling and second, sometimes it's even giving a little bit of instruction and feedback.”

Establishing a school-wide approach that follows a trauma-informed care model was expressed by half of the participants. Explained by participants at 2 of 3 sites, this is supported by providing trainings at staff meetings and collaboration with administrators. A mental health provider shared, “I'm so grateful that mental health is becoming more recognized. So, educating people on mental health, and the needs of a lot of these kids. I think, understanding where they come from, of seeing life through their lens.”

### **Counseling or therapy from mental health providers accessible on a regular and as-needed basis**

Students with emotional disturbance in exemplary counseling-enriched programs are supported with counseling or therapy from mental health providers who are accessible on a regular, and on an as-needed basis. There were 32 codable responses as named by 66% of participants. Those pinpointing this theme were 3 of 3 special education teachers, 3 of 3 mental health providers, and 0 of 3 general education teachers.

According to interviews, and further supported by program description documents examined by the researcher, individual and group counseling was provided in 100% of the districts studied. Special education teachers and mental health providers shared that they see students building relationships with one another during group counseling, and that this often extends beyond the counseling time. As the special education teacher from



Site 1 explained, “Now they'll laugh with each other, and now they'll start to open up about their trauma, and the kid who they would never talk to ever, ever, ever, all of a sudden is like, ‘dude, that happened to me, too, and this is how I dealt with it’”.

In addition to regularly scheduled counseling sessions, every mental health provider conveyed that an important way they support mental health wellness is by being available to students as-needed. A school psychologist noted, “Being flexible enough to stop what I'm doing up here to go down there and sit with those kids and go through something with them is really beneficial. And I know that it means something to them when they see us being able to put everything kind of on the back burner and move forward with what their needs are at the time. I can see that they place value in that”.

The social worker from Site 2 spoke to the power in providing therapy to a student for whom she has regular contextual knowledge. She expressed value earned in the therapeutic process with her students that comes from “being here and observing interactions all the time”, counseling others in their peer group, and hearing regularly from classroom staff that continuously observe and interact with students. Further, “you kind of get to skip passed maybe some stuff that would be easy for students to split or keep in a bubble for a long time. Not intentionally even, but just out of protection”.

Flexibility in when, where, and how counseling was provided was communicated by all mental health providers and all special education teachers. None of the general education teachers reported this theme. Beyond counseling sessions in school mental health providers’ offices, counseling was said to occur in the classroom, outside, and during trips or group outings. Engaging with students in a broader manner was described as benefiting mental health wellness by a social worker: “Being more integrated, I feel

like I end up getting to support a lot of different situations”. This participant also articulated: “When you're in it with kids, and this is where they spend most of their hours if you're K-12, where you spend your hours is at school. It feels like the relationship is, I don't know, it just feels a little weightier and they kind of see that they can respond in a certain way, and I'm still there and want to be with them for therapy”.

Differences between private therapy and within-school counseling were pointed out by all mental health providers in this study. The value added of knowing and interacting with students outside of the office walls was described as creating “deeper” and more authentic experiences in working through mental health issues that are surfacing at school. The Site 2 social worker commented, “I don't feel like they have to explain their social setting at school to me in the same way, because you're like, ‘I'm just here. I see it. I know the four kids that are always pissing you off’”. This mental health provider shared that she feels like this may set the stage a potential benefit of having that built-in therapeutic component to their day while they are in high school.

### **Data Analysis for Research Question 3**

The third research question asked how do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) from the model established by Mellin. This was addressed through analysis of both quantitative survey data and qualitative interview data. Data for each of the four essential elements will be presented independent of one another in order to adequately answer this research question.

All participants completed the IITC-ESMH survey, yielding a total score for the survey and for subscales measuring each of the essential elements of interdisciplinary

collaboration. The extent to which each element factored into the interdisciplinary collaboration process in these exemplary programs was captured by the survey. Item responses were structured using a 1 - 5 Likert scale as follows: 1 (*never*); 2 (*rarely*); 3 (*sometimes*); 4 (*often*); and 5 (*almost always*).

Data for the total IITC-ESMH yielded a mean score of 4.09 out of 5, with a standard deviation of 0.80. This indicates that team members endorsed these four elements of interdisciplinary collaboration as essential to their work with adolescents with emotional disturbance as *often* occurring. Table 11 previews the full IITC-ESMH survey results. Tables 12, 14, 16, and 18 are included as findings for each one of the essential elements is explained narratively. For qualitative data, all interview sources were coded by the same four essential elements of interdisciplinary collaboration. Data tables exhibiting findings from all interviews are presented in Tables 13, 15, 17, and 19.

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Table 11

*IITC-ESMH Scales and Full Survey Mean and Standard Deviation, from Highest to Lowest-Rated Element using a 1 -5 Likert Scale.*

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Scales Measuring Essential Elements	Mean	Standard Deviation
Professional Flexibility	4.55	0.52
Interdependence	4.44	0.60
Reflection on Process	3.69	0.60
Newly Created Professional Responsibilities	3.60	0.80
Full Survey	4.09	0.80

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### **Professional Flexibility**

Professional flexibility was measured by survey items addressing communication, mutual respect, and compromise. A mean score of 4.55, with a standard deviation of 0.52 was calculated on the professional flexibility scale, and is found in Table 12. This

indicates that it is *often to almost always* important for team members to be flexible in their work within these counseling-enriched programs.

Table 12

*Professional Flexibility Scale of the IITC-ESMH, Mean and Standard Deviation*

	Mean	Standard Deviation
Professional Flexibility	4.55	0.52

During qualitative interviews, professional flexibility was also identified as the most essential of the four elements, with a total frequency count of 116 coded responses. The definition provided to participants on an interview reference sheet was, “the flexibility of teams with respect to the expansion and blurring of roles and responsibilities. Characteristics supporting professional flexibility include communication, mutual respect, and compromise”. Themes that surfaced during interviews and the frequency count for each are presented in Table 13.

Table 13

*Professional Flexibility Themes, Sources and Frequency Counts*

Themes	Interview Sources	Frequency Counts
11. Multiple avenues of communication are utilized	8	38
12. Available and responsive when called upon	7	34
13. Willingness to invest non-work time to the program	6	22
14. Accept unpredictability and adapt quickly to the unexpected	6	22
Total RQ3 Flexibility		116

**Multiple avenues of communication are utilized.** Professional flexibility of interdisciplinary collaborative team members in exemplary counseling-enriched

programs required utilization of multiple avenues of communication. This theme was expressed by 8 out of 9 respondents and had a frequency count of 38. Flexibility in communication was a hallmark of the exemplary counseling-enriched programs in this study, and this was described as ranging from the traditional formal manner regularly scheduled meetings to informal conversations that are happening on the go.

Communication was multimodal and frequent and was represented by an openness to engagement with one another however, and whenever, opportunity struck. This was articulated by a general education teacher as, “We’re all sort of loose and flexible in terms of our expectations for how we communicate”. As a mental health practitioner explained, “If we run into each other, we’re talking. It becomes, sometimes formal conversations, IEPs and things like that, but a lot more informal conversations”.

Team members from 3 of 3 districts commented that they continued communication with one another beyond the school day. Examples provided by participants were texting or talking by phone at night, going for walks afterschool together, catching one another during their own children’s daycare pick-up times, and going out to dinner. These conversations were happening all the time and were held in various formations of the team, ranging from 1:1 conversation to full team debriefs.

Formal communication amongst the interdisciplinary team included working together to prepare IEP meeting documents including discussion on a student’s present levels of performance and areas of need, goal development and reports, as well as during the IEP meeting itself or during other types of meetings, such as multi-student case reviews, in which the special education teacher, general education teacher, and mental health practitioner are engaging with the expanded team of stakeholders.

This theme was heard across at all sites and across all job roles. A special education teacher from District 1 explained that in flexibly engaging with her team members to meet the needs of their students, “It takes a lot. It takes a lot of emailing. It takes a lot of face-to-face. It takes a lot of meetings”. A mental health practitioner from District 2 underscored the need for flexible communication due to the depth of content for interdisciplinary collaborative team members to discuss when working with adolescents with emotional disturbance, “We could have a debrief afterwards, or a pre check-in every morning before school, and still have stuff to talk about”. In the words of a general education teacher from a different site, “In terms of flexibility, I think that that's sort of the only way this works, because in order to work collaboratively with any one student, or for any one student, it's sort of gotta be this juggle, and we make it work because we're sort of all cool with being flexible and meeting after school or whatever we got to do”.

**Available and responsive when called upon.** In engaging in professional flexibility, collaborative team members were available and responsive when called upon. Seven of the study participants discussed this theme 34 times in total. This theme included being available and responsive when needed by fellow team members, and being available and responsive when needed by the students. In the exemplary programs studied, an essential element to interdisciplinary collaboration was being flexible enough to switch gears and assist any adult or student immediately.

Within the team “there's a quickness to just jump in and help with something”. This theme was further elaborated as having occurred by team members knowing when to pull on one another in for support of a larger crisis. It was stated that this expansion

beyond the smaller core team potentially included administrators, office staff, campus supervisors, and teachers. A school psychologist explained, “they know to pull me when certain things happen”. Being reliant upon one another was said to include trust in team members’ flexibility and dependability in responding when called upon.

This theme was most frequently mentioned by all of the District 1 team members. This team had worked together as a unit since program initiation five years ago. In the words of the special education teacher, “We all depend on each other, and we're all very good at praising each other, and at just dropping anything for each other, you know, and for our kiddos.”

Flexibility manifests itself in being available and responsive to students as well. As described by a teacher, “Flexibility is really just being flexible with your students and recognizing again, where they are, and what are their needs? Do they need me to push and challenge right now? Do they need me to back off and just give them space?” Flexibility and adaptability in being available and responsive to individual students’ changing needs for learning, for engagement, for interaction, for behavior, and for work space was stressed by teacher respondents. Similarly, with mental health, being flexible to respond to students is essential. District 1’s school psychologist summarized:

We’ve come to realize that that's how important that is within our CEC program, because you will get days where a kid comes in and is in crisis from the second she walks in, and then that kind of stops learning for the day. And so, me being flexible enough to stop what I'm doing up here, to go down there and sit with those kids too, and go through something with them is really beneficial. I know that it means something to them when they see us being able to put everything

kind of on the back burner and move forward with what their needs are at the time. I can see that they place value in that.

**Willingness to invest non-work time to the program.** Flexibility was described by 6 of 9 participants in 2 of 3 districts as interdisciplinary collaborative team members being willing to invest non-work time to the counseling-enriched program and students. The frequency count for this theme was 22. This is the only theme studied in which no one from District 3 produced an applied response.

Heard from two special education teachers repeatedly was that there simply was not enough time in the day for them to be doing the quality work that they felt their students and programs really deserved. To some degree, all of them were choosing to invest their free time during the day or personal time after work, on weekends, or during school breaks. A teacher summarized her professional flexibility as investing her own time into the program “Because I want to dedicate time to enhancing and improving”.

The school psychologist from Site 1 and the social worker from Site 2 described investing their personal time to this work as important in getting tasks accomplished for the students. As explained by one, “So, it kind of depends on who is willing to stay and have it be off their clock time, which is some of our staff, but understandably not everybody, and I also get that”. Flexibility in how team members spent their time was also said to include texts and phone calls in the evening. For both of the districts that responded to this theme, each team member had at least one other team member with whom there was a comfort and kinship to debrief at night or on weekends some of the intense circumstances with students and families was mentioned. Further supporting this



time investment, team members mentioned work being discussed as natural conversation in their personal friendships with one another.

**Accept unpredictability and adapt quickly to the unexpected.** Finally, team members described flexibility in their roles on the interdisciplinary collaborative team as accepting unpredictability and adapting quickly to the unexpected. This theme yielded a source count of 6 of 9 and a frequency count of 22, with all 3 districts represented.

This theme represented team member's flexibility in not only expecting that plans may change, but in accepting unpredictability as part of the work. As put by a teacher, "I never know what my students are going to come in with when they're challenged with depression, and anxiety, or just, you know, waking up because they're in a household that's maybe not very safe". Being ready to pivot and respond to how they are entering the room and their emotional state was a common theme in how flexibility presents itself in these exemplary programs. Reiterated by a different participant, "It's 100% day-to-day basis because one day they're going to have a great day and the next day it's going to be bad and just you're not going to get any work out of them". When asked what flexibility looks like, one special education teacher responded, "That's the theme of the day, on the daily! I can have my whole agenda for the week on what I'm teaching, and it never turns out that way. Again, because there's a crisis at any moment, or there's an emergency meeting at any moment".

Participants described the need to find a balance between providing a structured and predictable environment for students, and being flexible and responsive to individual needs and changing circumstances. Mental health providers spoke of their students' feeling safe when structures are clear and consistent, yet within that structure, needing

teachers to adapt quickly. In speaking of one a teammate, a school psychologist shared, “She knows that part of the job is sometimes you can't get the thing that you want done, done. And you have to focus on the kids because those are the kids that we get, are the ones that need that.” She added, “it’s one of the most important aspects of working on this team and with these students”.

**Interdependence**

The element of interdependence was indicated as being the second highest of the essential elements. The nine respondents yielded a mean score of 4.44, with a standard deviation of 0.60. The reliance on other professionals to accomplish goals and activities and understanding that one’s work cannot be done without relying on one’s teammates was rated as being often to always important to interdisciplinary collaboration.

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Table 14

*Interdependence Scale of the IITC-ESMH, Mean and Standard Deviation*

	Mean	Standard Deviation
Interdependence	4.44	0.60

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Consistent with quantitative findings, qualitative interviews revealed interdependence as the second most frequently mentioned of the essential elements. The total frequency count for this element was 96. Interdependency themes that surfaced during interviews and the frequency count for each theme are presented in Table 15. Interdependency was defined for participants on the interview reference sheet as, “reliance on other professionals to accomplish goals and activities, and understanding that one’s work cannot be done without relying on others. Being interdependently reliant

means recognizing that students’ learning and related mental health needs could not be met without one another.”

Table 15

*Interdependence Themes, Sources, and Frequency Counts*

Theme	Interview Sources	Frequency Counts
15. Frequent real-time communication among team members	7	39
16. Mutual respect and trust within the team	6	33
17. Being a reliable job coach to one another	8	24
Total RQ3 <i>Interdependence</i>		96

**Frequent, real-time communication among team members.** On teams studied, flexibility was supported by frequent real-time communication among members. Most, 7 of 9, participants identified this theme as supporting their interdependence. The frequent, real-time nature of the communication was stressed as important as things changed quickly. The need to be “in the loop” was expressed by several participants and was said to occur as a continuous flow of information in-person, or by phone, text, or email.

Those in-the-moment communication patterns were described as partly being dictated by who students chose to share information with, or by who happened to be present when a situation unfolded. It was said that students might disclose to a team member, even if that adult is not the one with responsibility to support the student with that particular issue. A participant spoke about how she handled it when this occurred: “I will take that information and give it to the person who needs to have it to collaborate”.

A special education teacher shared a mutual giving and taking of information among team members throughout the day. “Well, our therapist we see every period of every day, and so that's the big one right there just keeping confidentiality in mind...And

then we definitely have her ear all the time”. From a different district, the general education teacher expressed, “It's like we are in constant communication”. This continuous communication occurred within the core team and at certain times, with the expanded team members involved with that particular student.

**Mutual respect and trust within the team.** Interdependence on collaborative teams is exhibited by mutual respect and trust within the team. This theme was found in 6 of 9 interviews, and had a total frequency count of 33. Trusting relationships between individuals who hold one another in high regard was important to interdependency.

Mutual respect and trust were captured by team members across all sites saying how “lucky” they were, or the program was, in having the team in place that it had. In the words of one interviewee, “It’s very clear to me that we’re a strong program because we have committed people, and that's it. I feel very blessed and lucky about this location, and the people I work with, because it's all about relationship”.

Valuing teammates, and feeling valued by one’s teammates, was said to provide efficiency, instill confidence, and increase effectiveness. In the words of a social worker, “I feel really lucky to be somewhere where people value me and my role on the team”. A school psychologist pointed out that the trust she has in her teammates and their expertise gave her the freedom to be flexible and to respond to crises, as she knew that things would be handled by others when she was pulled in another direction. A special education teacher from another site explained, “Whatever it is, it's not a decision that I ever have to make alone”.

**Being a reliable job coach to one another.** Interdependence in exemplary counseling-enriched programs included being a reliable job coach to one another. This theme was expressed by 8 of 9 participants. A total frequency count of 24 was identified.

Interviewees explained that in order to do their jobs effectively, they relied upon one another for coaching. It was shared that insights one team member may have about a student-staff interaction was welcomed by the team. A general education teacher explained, “I rely heavily on them in terms of sort of like they're my coaches in working with their students.” She continued, “I sort of lean on them when necessary, which is often with the CEC students, just so that I'm making sure that I'm doing my job”.

Job coaching happened across job roles and was multidirectional. Examples were given by participants from the three different job roles as to how they were providing, and were provided with, job coaching from one another. This coaching took different forms, from giving direct advice to one another such as, “Hey, when he comes in tomorrow, and you see him putting his head down, try this, or try that,” to modeling or providing feedback after observing a student-staff interaction. In this way, team members were interdependent upon one another’s knowledge in order to successfully accomplish their specific task fulfill their job responsibilities.

### **Reflection on Process**

Team reflection, including how team members evaluate their working relationships, and how they incorporate feedback on their processes in supporting their ongoing work was rated as third in importance amongst the essential elements. As indicated in Table 16, a mean score of 3.69 was found, and a standard deviation was 0.60.

Table 16

*Reflection on Process Scale of the IITC-ESMH, Mean and Standard Deviation Scale of the IITC-ESMH, Mean and Standard Deviation*

	Mean	Standard Deviation
Reflection on Process	3.69	0.60

During qualitative interviews, reflection on process yielded a frequency count of 77 codable responses. The most prominent themes with regards to reflection on process are represented in Table 17. Interviewees were provided with the following definition for this phrase: “team reflection, how they evaluate their working relationships, and how they incorporate feedback on their processes in supporting their ongoing work. Reflection on process serves as a formative assessment guiding collaborative team efforts.”

Table 17

*Reflection on Process Themes, Sources, and Frequency Counts*

Themes	Interview Frequency		Artifact Sources	Total Count
	Sources	Count		
18. Valuing and striving for ongoing improvements	8	26	2	28
19. Adjustments made based upon individual student response	8	27		27
20. Observational feedback is openly shared among team members	7	24		24
<i>Total RQ3 Reflection</i>				79

**Valuing and striving for ongoing improvements.** Interdisciplinary collaborative team members engaged in reflection by valuing and striving for ongoing improvements. This included valuing improvements to the overall counseling-enriched program in which they worked, and striving to improve student-specific issues. This

theme was found across 8 of 9 interviewees, with an interview frequency count of 26. An additional 2 artifacts contributed to yield a total frequency count of 28.

Team members described how they reflected individually and collaboratively on their practices. In speaking of her teammate, the Site 1 mental health provider shared, “She's always got a list of things that she wants to do differently and how to make something better and incorporating different ideas and new things on improving our program”. Weeks later, the special education teacher from Site 1 was interviewed, and this same point surfaced when she pulled out a couple of notecards on which she had written various ideas for improvements from her personal reflections. She explained that she was always writing down ideas to better the program and her practices. This supporting documentary evidence was examined by the researcher.

During regularly scheduled team meetings, reflection on program dynamics as a whole, and on student-specific needs were identified, as recurring discussion topics by all 3 of the district teams studied. As explained, “We will come together, we will have an ongoing agenda of items that we need to, that they'll be items specific to checking in on students, and then on the program and then often times they overlap”. A participant from a different district explained that her team engaged in ongoing reflective conversations such as, “How can we continue to tweak the way that we respond and an effort to be most supportive to our very unique and ever-changing clientele?”. Reflection for interdisciplinary collaborative teams was found to be a continuous iterative process. The essential element of reflection on process was defined by a participant as, “It's the idea of what tweaks can we make that would leverage and benefit this program”. This shared value was prominent in 3 of 3 exemplary programs.

**Adjustments made based upon individual student response.** Reflecting on process frequently involved team members adjusting based upon individual student response. Reference to this theme was made by 8 of 9 respondents, a total of 27 times. Team members reflected upon how students were responding in order to make prompt adjustments was the most common way in which reflection on process occurred.

Participants across sites shared that these ongoing student-specific adjustments required observation, reflection, and creativity. In the words of the special education teacher from Site 2, student-specific adjustments required “going to them and actually exploring what that might be”. Soliciting feedback from students to reflect upon and adjust practices accordingly was supported by participants from 3 of 3 sites.

All teacher respondents spoke about this need to reflect on their approach for each individual student. For example, the general education teacher from Site 3 stated, “If there's ever an issue with one of those students, we are always working together to manage it and figure out the best way to make sure that the student is on their way to whatever that is, whatever their goal is in terms of being ready at the end of their high school career”. She further elaborated, “We work out whatever kinks we have in terms of making sure that we're supporting the student as best we can together”. Making time to reflect and “tweak” how team members work to best support each student was addressed by participants across 3 of 3 districts.

**Observational feedback is openly shared among team members.** Openly sharing observational feedback with one another was part of how interdisciplinary collaboration teams reflected on process. This theme was found 24 times and across 7 of



9 sources. It was discussed by participants as occurring through one-on-one conversation as well as during team meetings.

The importance of team members feeling comfortable in openly sharing their feedback with one another was explained, “Feedback is huge. And I think there's a culture here, where feedback is really just taken as feedback, because those relationships are there, the respect is there, and we can do that for each other”. Team members on these exemplary teams give and take feedback as part of their process.

A mental health provider indicated that she shared her own observational feedback with her colleagues, as well as shared feedback on behalf of students (with their permission). She explained this further by describing some staff interactions with students that did not go so well, “The teachers are amazing at times where I've had to give feedback”. By sharing different perspectives gleaned through observing interactions, team members reflected together through use of honest feedback.

**Newly Created Professional Activities**

This element included innovation that occurred through the merging of multiple perspectives. The synergy of diverse viewpoints, backgrounds, abilities, and expertise, were ingredients for creativity, innovation, and newly constructed practices. A mean of 3.60 and a standard deviation of 0.80 was calculated. This is shown in Table 18.

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Table 18

*Newly Created Professional Activities Scale of the IITC-ESMH, Mean and Standard Deviation*

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	Mean	Standard Deviation
Newly Created Professional Activities	3.60	0.80

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A total frequency count of 53, stemming from two identifiable themes, was discovered for the element of newly created professional activities. This was the least mentioned of the essential elements, and is consistent with quantitative findings. The themes contributing are presented in Table 19. The meaning of this element was provided on an interview reference sheet as, “innovation that occurs through the merging of multiple perspectives. The synergy of diverse viewpoints, backgrounds, abilities, and expertise, which contribute necessary ingredients for creativity, innovation, and newly constructed practices.”

Table 19

<i>Newly Created Professional Activities: Theme, Source and Frequency</i>		
Theme	Interview Sources	Frequency Counts
21. Open crossover in job roles and responsibilities	7	33
22. Creative problem solving within team	6	20
Total RQ3 <i>Newly Created Activities</i> coded responses		53

**Open crossover in job roles and responsibilities.** Newly created professional activities within exemplary teams occurred through open crossover in job roles and responsibilities. A frequency count of 33 was identified for this theme. It was expressed by 7 of 9 participants across 3 sites.

This crossover in roles was highlighted as often being student-driven. Working in any capacity within a counseling-enriched environment with adolescents took on a more therapeutic approach than teaching staff were used to. The need to adapt to this new type of professional role was explained by one special education teacher as, “They put you in that position, like you're the one that I want to talk to. And then if that's the case,

recognizing that I am not a therapist. And so, I will not give therapy, but I will be in here, and I will be a support person”. Having teaching staff who were open and skilled at listening and gently redirecting them to a mental health provider was part of the element of newly created professional activities in exemplary counseling-enriched programs. The social worker from Site 2 opined, “There's a way to do that that doesn't leave kids feeling dismissed and doesn't erase the issue of whatever they're experiencing, but then helps them remember there can be different spaces for different things”.

Team members taking on additional tasks, duties, and picking up for one another were all aspects described within this theme. One participant expressed, “I'd rather just take whatever the extra thing is outside my role if that means that I know something is going to fall through at the expense of the kid”. This participant also expressed: “People are open to being asked, ‘Will you just do it?’ There isn't a lot of ‘Oh no, I don't have time. Oh no, I have something else.’ It's like, ‘Oh, I'll figure it out.’”. This quickness to jump in and help was articulated as essential to these interdisciplinary collaboration teams. The lack of “turf issues” and the willingness to reach beyond traditional job roles was found across all three exemplary programs.

**Creative problem solving within team.** Newly created professional activities were supported by creative problem solving within the team. The majority of participants, 6 of 9, contributed to this theme, and included responses from 1 general education teacher, 2 special education teachers, and all 3 mental health providers. A frequency count of 20 was discovered. Creative problem solving was described by a participant as, “We all bounce ideas off each other and try to figure out what we can do to try to help these kids”.

The benefits of working as a member of a collaborative team in supporting adolescents with emotional disturbance was captured by a teacher, “There's so much support; Different people to bounce ideas off; Different people to share in a lot of aspects”. Further articulated, “Whatever it is, it's not a decision that I ever have to make alone”. A school psychologist from a different district expressed how this looks for her, “I've gone through all my bag of tricks and so has the teacher and we're sort of like, now what? Having that team is really, really helpful”. Participants from all 3 of the different job roles reflected positively on being able to problem solve as a team.

The process of creatively addressing student needs through ongoing team collaboration was another aspect of how this theme was described. This was most prominent when speaking about improvements made on behalf of individual students. A special education teacher described this, “So how can we continue to tweak the way that we respond? In fact, this goes back to flexibility, back to being most supportive to our very unique and ever-changing clientele”. It was indicated by several participants that hearing from one another about how a student is presenting within their respective environments and compiling different perspectives comprised an essential element of their collaboration. As summarized, “A lot of it is putting together, ‘Oh, so you're seeing the same thing’. Or it could be that, ‘Oh, that only happens here, huh? Wonder why, right?’ And it helps you get to the root of how to best support that kid”. Making time for this group problem solving and being accessible to one another was part of this element. A school psychologist summarized, “When something comes up, it's a lot easier to get ourselves wrapped around it and settle it a lot quicker”.

## Data Analysis for Research Question 4

The final research question asked what recommendations interdisciplinary collaborative team members have in regard to improved practices in supporting adolescents with emotional disturbance. This was answered by responses to the last interview question. Data compiled a total frequency count of 63. All but one respondent provided recommendations. These findings are represented in Table 20.

Table 20

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*Recommendations Themes, Source and Frequency- Highest to Lowest*

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Themes	Sources	Frequency
23. School culture of connection and wellness for all	7	22
24. More time to be proactive and to intervene earlier	8	17
25. Increased awareness and engagement from administrators	5	14
26. Sharing best practices with similar programs	5	12
Total RQ4 coded responses		63

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### School Culture of Connection and Wellness for All

A key recommendation for improvement in supporting adolescents with emotional disturbance was creating a school culture of connection and wellness for all. This recommendation was made by 7 of 9 respondents. It had a frequency count of 22.

Having mental health providers on campus who were integrated into the school community was recommended by respondents from all 3 districts. This resource was said to open up access to a wider population and to provide an integrated, holistic approach. Study participants recommended a visible and effective mental health wellness presence on campus where all students would receive support, whenever and however they were most comfortable.

Expressing gratitude that mental health is more recognized in the school community led into an interviewee's recommendation of "Educating people on mental health, and the needs of a lot of these kids. I think, understanding where they come from, of seeing life through their lens". Several recommended committing to a school-wide environment in which a trauma-informed care approach is utilized by all staff. This was said to create a school culture that was safe and accepting of all.

### **More Time to be Proactive and to Intervene Earlier**

Team members requested increased time to be proactive and to intervene earlier as a way to improve practices. A theme frequency count of 17 was found in 8 of 9 interviews. Team members cited a desire to be preventative, rather than reactive.

Teachers recommended that there be additional time built-in to the school schedule to get to know students on a more holistic level, and to interact informally or work one-on-one with students. In the words of a general education teacher, "If I could design the perfect schedule or something it would include some time that we could all just talk and hang out". Additional time for staff to connect with students was expressed as providing opportunities to get to know students better, allowing for earlier recognition and intervention. This was explained as increasing the likelihood of prevention and possibly diverting student crises, "as opposed to always catching it" afterwards.

Providing more time for systems to be put in place and consistently implemented, such as wellness activities and mental health screeners and assessments was suggested by a teacher. This was explained as a way, "to help identify students who are really struggling with emotional and mental health issues way earlier so that we're not like catching it when they're like 15" and there are only a couple of years left for intervention.

Another respondent explained that current time demands and limitations on schedules created a challenge, as “there's not as much of that forward planning, forward thinking, as would be helpful”.

This theme also captured recommendations for more curriculum prep and lesson planning time to support students' integration into mainstream classes at earlier stages. Concern over limited time to explore improvement ideas was expressed. As one teacher explained, “It's just having the time to execute it, having the time to really be critical about the information I want to bring into the classroom”. She continued: “it's finding the time to do that, and it's so hard when I'm so focused on their daily academics”.

### **Increased Awareness and Engagement from Administrators**

Increased awareness and engagement from administration was recommended as a way to improve support for students with emotional disturbance. The 5 of 9 participants who spoke to this theme were from 2 of the 3 districts. There were 14 responses coded.

Interdisciplinary collaborative team members had several suggestions for school administrators. This included a deeper understanding of the impact of mental health issues on students' functioning at school, and consideration of these emotional issues around disciplinary approaches and flexibility in how students were approached. Additionally, having administrators who championed efforts to address staff [mis]perceptions of students with emotional disturbance was recommended by respondents from both of the source sites. As articulated by an interviewee, “I think that on a large scale, there should be more opportunities for the school community to have a better understanding of what's happening inside of these programs”.

There was a recommendation for administrators to have a familiarity with the students and a good understanding of the counseling-enriched programs themselves. A mental health provider suggested, “Helping administration understand the importance of it, and why programs like this are so essential. I think is really helpful because they’d be looking out for us more”. The need for a consistent administrative team that has greater awareness and depth of understanding about this student population was shared: “At least for this school, our administration doesn't totally get CEC, and I think it's important that they do. And why it exists and why it's important, because I think that informs tier one and tier two interventions for all of our students”. Support from administration in equitable resource allocation, access to courses, and integration as valued members of the school community was also recommended.

### **Sharing Best Practices with Similar Programs**

Sharing best practices with similar programs was a recommendation for improving support of adolescents with emotional disturbance. This recommendation was shared a total of 12 times, with a source count of 5. Participants from all three districts included two mental health providers, two general education teachers, and one special education teacher.

Consulting with staff from similar programs and visiting programs operating in other districts was recommended. A respondent explained, “I would love to see more collaboration across CEC programs outside of our district”. This was described to include case consultation, common practices, areas for improvement, and coordination and sharing of resources.



Recommendations for improving supports to students were based in the sharing of information and learning from like counseling-enriched programs. One mental health provider captured this as, “My dream is that we sit in a group and we talk about ED eligibility. That would be awesome. We talk about CEC programs and really like what's the purpose and how are we supporting students, and what's working?” Benefiting from all of the information in circulation and learning from others was desired.

### **Summary**

In Chapter IV of this mixed methods multiple-case study, quantitative survey data, qualitative interviews, and documentary and archival evidence was analyzed and presented. Triangulation of data was articulated throughout the narrative discussion of study findings. Three exemplary counseling-enriched high school programs from different regions in California served as study sites. There were 9 participants, from 3 interdisciplinary collaboration teams. Participants were 3 special education teachers, 3 general education teachers, and 3 mental health providers. Each participant first completed an online survey, and then participated in an individual qualitative interview. A total of 797 codes were identified in answering the 4 research questions of this study. Data was gathered in the field. The researcher visited the counseling-enriched classrooms and the therapeutic spaces during on-site interviews.

The primary purpose of this study was to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. The first research question looked specifically at college and career readiness. Interviews with 9 team members produced 136 coded responses and triangulation occurred with documentary and archival evidence.

Findings revealed that the college and career readiness of adolescents with emotional disturbance was supported in 4 main ways: first, by providing differentiated support systems for college prep and career tech curriculum; second, by collaborating with stakeholders in a student's life around their postsecondary goals; third, including student voice and facilitating their engagement in future planning; and fourth, by teaching the prosocial skills needed for success in work and school settings.

The second research question addressed mental health wellness. Data analysis of this question revealed 247 responses spanning 9 interview sources and documentary evidence. Inquiry into this area produced the richest study results. Mental health wellness was most frequently supported by engaging in regular collaboration with stakeholders about students' social-emotional functioning. Additionally, mental health wellness was supported by fostering trusting relationships between students and staff, engaging in frequent real-time communications, and by instructional staff coaching or counseling students' general wellness. Creating an inclusive classroom community that served as a safe space for students, and provided counseling or therapy on a regular and as-needed basis by mental health providers who were on-site and accessible, further supported mental health wellness for this population.

A secondary purpose of this study was to explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements of reflection, flexibility, newly created roles, and interdependence. The third research question was aligned with this purpose and was answered through quantitative analysis of ratings on the IITC-ESMH survey, and through consideration of interview data and documentary evidence. Ratings from the 9 sample participants indicated the four

essential elements of interdisciplinary collaboration and their mean scores. Listed in order of highest mean ratings using a 1 - 5 Likert scale, they are: Flexibility (4.55); Interdependence (4.44); Reflection on Process (3.69); and Newly Created Professional Responsibilities (3.60).

Qualitative findings concurred with this order of importance of the essential elements. Of the four essential elements of interdisciplinary collaboration in expanded school mental health, the team members in this study provided 106 responses coded to professional flexibility. This flexibility was exhibited as team members utilizing multiple avenues of communication, being available and responsive when called upon, being willing to invest non-work time, accepting unpredictability and adapting quickly.

Interdependence was the second most highly cited during interviews, with 96 responses compiled into 3 themes. Interdependency within collaborative teams was comprised of frequent real-time communication among team members, mutual respect and trust within the team, and team members being reliable job coaches to one another. The third most cited element was reflection on process as captured by 77 coded responses. Reflection manifested as adjusting based upon individual student responses, valuing and striving for ongoing improvements, and team members openly sharing observational feedback with one another. Finally, newly created professional responsibilities yielded a frequency count of 53, sorted into two themes of crossover in job roles and responsibilities, and creative problem solving within the team.

The final purpose of this study was to determine recommendations team members had regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance. The fourth research question was designed to meet this

purpose. Recommended practices to improve support to adolescents with emotional disturbance were creating a culture of connection and wellness for all, increased time to be proactive and intervene earlier, sharing best practices with similar programs, and increased awareness and engagement from administrators.

The aforementioned findings were the outcome of 12 hours of on-site research on 3 comprehensive public high school campuses from different regions of California, and over 96 hours of data analysis. Surveys of, and interviews with, 9 collaborative team members working in exemplary counseling-enriched programs, observations of educational and therapeutic spaces on campuses, and consideration of documents and artifacts gathered online and, in the field, were compiled, triangulated, and summarized in this chapter. Table 20 presents a summary of all themes, source counts, and frequency counts organized by research question. Upcoming in Chapter V, key findings will be highlighted, conclusions drawn, implications considered, and recommendations made.

Table 21

*Summary of all Themes, Source Counts, and Frequency Counts*

Themes	Interview Sources	Frequency Count	Artifact Sources	Total Count
<b>RQ 1: College &amp; Career Readiness</b>				
1. Collaborating with stakeholders to meet students' postsecondary goals	9	42	2	44
2. Providing differentiated support systems for college prep and career tech curriculum	8	44		44
3. Including student voice and engagement in postsecondary planning	8	26		26
4. Teaching prosocial skills for success in school and work settings	9	24		24
<b>RQ2: Mental Health Wellness</b>				
5. Regularly collaborating with stakeholders about students' social-emotional wellbeing	8	66		66
6. Fostering trusting relationships between students and staff	9	40		40
7. Creating an inclusive classroom community that serves as a safe space for students	9	37	3	40
8. Coaching or counseling students' general wellness by instructional staff	9	38		38
9. Providing psychoeducation on mental health issues	9	34		34
10. Counseling or therapy from mental health providers accessible on a regular and as-needed basis	6	32		32
<b>RQ3: Essential Elements</b>				
11. Frequent real-time communication among team members	7	39		39
12. Multiple avenues of communication are utilized	8	38		38
13. Available and responsive when called upon	7	34		34
14. Open crossover in job roles and responsibilities	7	33		33
15. Mutual respect and trust within the team	6	33		33
16. Valuing and striving for ongoing improvements	8	26	2	28

Table 21

*Summary of all Themes, Source Counts, and Frequency Counts*

Themes	Interview Frequency		Artifact Sources	Total Count
	Sources	Count		
17. Adjustments made based upon individual student response	8	27		27
18. Being a reliable job coach to one another	8	24		24
19. Observational feedback is openly shared among team members	7	24		24
20. Willingness to invest non-work time to the program	6	22		22
21. Accept unpredictability and adapt quickly to the unexpected	6	22		22
22. Creative problem solving within team	6	20		20
<b>RQ 4: Recommendations</b>				
23. School culture of connection and wellness for all	7	22		22
24. More time to be proactive and to intervene earlier	8	17		17
25. Increased awareness and engagement from administrators	5	14		14
26. Sharing best practices with similar programs	5	12		12
Total All Themes				797

## CHAPTER V: FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

In this final chapter, the study's purpose, research questions, and methodology will be briefly revisited. Key findings will be considered in depth, and will be followed by conclusions drawn from study results. Integration with existing literature and research featured in Chapter II of this study will provide a robust discussion on this topic. Implications for action will be explored, and followed by suggestions for future research. Chapter V will conclude with the researcher's insights and reflections.

### **Review of Methodology**

#### **Purpose and Research Questions**

The purpose of this mixed methods multiple-case study was to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. A secondary purpose of this study was to explore how team members described and rated the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Mellin (Mellin et al., 2010). Lastly, this study determined the recommendations team members had regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance. Four research questions drove this study:

1. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?

2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?
3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) from the model established by Mellin?
4. What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?

### **Research Design**

The research design used to meet the study's purpose was an explanatory sequential mixed methods multiple-case study. Quantitative data was gathered using the *Index of Interdisciplinary Team Collaboration- Expanded School Mental Health*, (IITC-ESMH), a publicly available survey tool for research (Mellin et al., 2010). This survey was completed electronically by all participants in advance of case study site visits and qualitative interviews. Documentary and archival data were also utilized as study sources and were sourced beforehand through online or via email, or were gathered by the researcher contemporaneously with interviews during the site visit. The majority of data was gathered in the field, with the researcher visiting all campuses, including the counseling-enriched program classrooms and corresponding therapy offices.

### **Population, Target Population, and Sample**

The population studied comprised interdisciplinary collaborative team members working in counseling-enriched high school programs that serve students with emotional



disturbance. This population was narrowed to target those working in programs in the state of California. Targeting California was significant due to it being 20% higher than the national average for separation of students with emotional disturbance from the general student population. In California, nearly 50% of students with emotional disturbance are restricted from most of the educational opportunities afforded their peers (USDOE, 2017, p. 152). The interdisciplinary collaborative team members studied are working to address the needs of this underserved student population that has limited access to tools for a self-sufficient and healthy adulthood.

The study's sample was drawn using purposeful reputational sampling procedures. A panel of experts from the fields of special education, college and career readiness, and mental health wellness recommended programs which met the criteria for exemplary. The three cases included in the sample were district-run programs that met all five of the following criteria (1) Safe, comfortable, and positive learning environment; (2) District and site leadership support of program and of students; (3) General education opportunities available and access to college preparatory courses; (4) Staffing includes credentialed special education teacher, credentialed school psychologist or mental health provider and access to general education teachers with single subject authorizations; (5) Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist or mental health provider, and general education teacher.

Three exemplary counseling-enriched high school programs from across California served as the study's sample. They were located within public school districts in Marin County, Nevada County, and Riverside County. Reputational purposeful sampling was also utilized for identification of within-case participants. Selection of

participants was based on recommendation from each district's special education director or designee. Sample participants were 3 special education teachers, 3 general education teachers, and 3 mental health providers, from the same interdisciplinary collaboration team within each district's exemplary counseling-enriched programs.

### **Key Findings**

Approximately 96 hours of data collection and analysis gathered in the field or online across the state produced a rich data pool of 797 data points for analysis. This data was compiled into study findings of 26 themes. Survey results, interview responses, observations of educational and therapeutic spaces on campuses, and documentary and archival data were analyzed, triangulated, and funneled into this study's major findings. From the original 26 findings, synthesis led to a final list of 12 major or key findings.

The 12 key findings were considered alongside existing research to paint a comprehensive picture of the work of interdisciplinary collaborative teams in supporting college and career readiness and mental health wellness of adolescents with emotional disturbance. Key findings are discussed in response to each research question. The associated source finding for each of the key findings is referenced by theme number, as first identified in Chapter IV. This information is represented in Table 22 found further on in this chapter.

#### **Research Question 1 Key Findings**

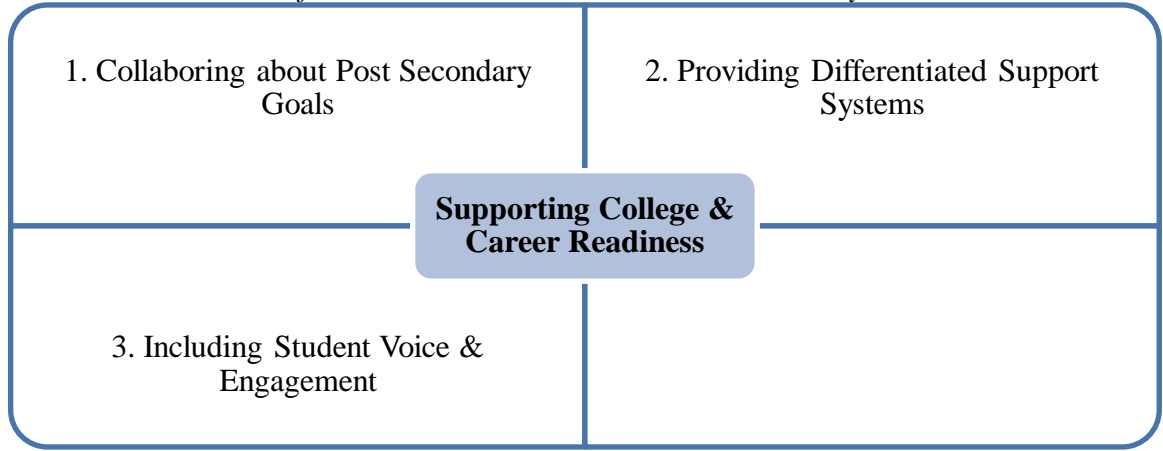
The first research question asked, "How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?" With consideration to the 138 coded responses from interviews, review of documentary evidence, and application of existing literature

and research, 3 key findings were discovered. All of the key findings had the support of at least 8 of 9 participants, and a minimum frequency count of 25. Figure 3 displays the 3 key findings answering Research Question 1.

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Figure 3

*Key Findings 1 – 3; Interdisciplinary collaborative team members support the college and career readiness of adolescents with emotional disturbance by*



**1. Collaborating about postsecondary goals.** An expanded team of stakeholders collaborating in support of a student’s postsecondary goals was identified by 9 of 9 participants. This key finding is supported by a frequency count of 44 to Theme 1. Archival sources included student pages on school websites with postsecondary resources, and class postings of college and career opportunities.

Interviewees indicated that team members frequently collaborate with other stakeholders in the student’s life to address the student’s postsecondary goals. The Individual Transition Plan (ITP) of the student’s IEP was named by 6 participants as a natural way in which this collaboration occurs. Interviewees repeatedly referenced collaborating with a variety of other individuals, both within, and outside of, the school system in implementing a students’ ITP. An expanded team model, in which the core

interdisciplinary collaborative team members are collaborating and connecting students with others, such as teachers, administrators, academic counselors, college and career specialists, internship or workability coordinators. Expanded collaboration team members also include family and community members, such as private therapists, social services staff, probation officers, and wraparound service providers.

This key finding was consistent with research on preparing students with disabilities for college and career. According to Wagner & Cameto (2006, p.87), “Transition planning should be goal-driven and involve drawing on and coordinating community resources. Transition goals are to reflect a student’s strengths, preferences, and interests; and identify a course of study and postschool service needs that support those goals”. Collaboration is at the heart of the ITP process, and is a dominant component of the IEP for students 16 years of age and older.

**2. Providing differentiated support systems.** It is by providing differentiated support systems for accessing and succeeding in college prep and career tech curriculum that adolescents with emotional disturbance are supported. This key finding is primarily based on data from Theme 2, which had a frequency count of 44, from 8 of 9 participants.

Interviews revealed that differentiated supports are provided to students in all 3 of the exemplary programs studied. This differentiation is represented by flexibility in how, when, and where students’ access the curriculum needed to prepare them for a self-sufficient adulthood. Most commonly, this was accomplished through differentiation, backwards design in lesson planning, use of accommodations, push-in aide support in general education classes, and consultation on how a student’s emotional struggles affects

their academic performance. Hand scheduling each individual student with particular teachers, at particular times of day, and with particular peers was important.

Providing differentiated support systems includes being strategic, responsive, and student-centered in planning where students receive instruction. According to participants, course alignment through collaboration between general and special education teachers paved the way for successful and fluid movement between different settings. Within the counseling-enriched programs studied, there was a wide range of courses taught, including 9th- 12th grade English, Science, Social Studies, and Math. A special education teacher explained that she plans her lessons through, “Collaborating with Gen Ed teachers to figure out what their scope and sequence looks like, so that I can replicate that to the best of my ability in here.” The goal is to keep students in alignment with the mainstream so they can integrate back with their typically developing peers when they are ready.

This key finding was supported by the California Department of Education Local Control Funding Formula (LCFF) Priority 4 targeting student achievement, Priority 8 focusing on student outcomes, and Priority 7 emphasizing course actions. The CDE has explicitly stated and attached funding to public schools to improve practices and outcomes for college and career readiness of students who have traditionally been left behind (CDE, 2018). On point, LCFF Priority 7 requires that individuals with exceptional needs must have access to a broad course of study and further be provided with supports needed to achieve educational benefit equal to that of non-disabled peers.

Recent research indicated that progress towards college and career for this student group required, among other things, specialized academic instruction, general education

core content instruction, and college and career counseling (Weist et al., 2018; Kutcher, Wei, & Hashish, 2018). Co-taught classrooms, where students with disabilities access a college preparatory curriculum and a highly qualified core content teacher, while also receiving differentiation, flexibility, scaffolding, and responsiveness from a special educator is one way this is occurring (Conderman & Hedin, 2015). Another evidence-based approach is found in the Professional Learning Community (PLC) instructional improvement movement, which is encapsulated by three big ideas: 1) ensuring that students learn; 2) a culture of collaboration; and 3) a focus on results in improving practices (DuFour, Eaker, & Baker, 1998).

**3. Including student voice and engagement.** Supporting the college and career readiness of adolescents with emotional disturbance involved inclusion of student voice and engagement in their postsecondary planning. Study participants shared being proactive in inviting and including student voice, facilitating student engagement in future-thinking, and helping plan steps towards accomplishment of their long-term future goals. This key finding is based in Theme 3, which was expressed by 89% of participants, and occurred 26 times.

Practices for facilitating student involvement in postsecondary planning included using interest inventories and strength-based assessments, discussing potential barriers and how to overcome them with students, and having students draft their own postsecondary goals. Team members advocated for their students in accessing opportunities aligned with their postsecondary goals, as well as assisted students with self-advocacy and persistence. Student facilitation of the ITP portion of the IEP team meeting was indicated as raising student voice and solidifying their engagement.

Supporting adolescents with emotional disturbance to overcome challenges that may arise from low self-esteem, lack of confidence, or limited self-efficacy is an important aspect of this work. Students ruling themselves out of future opportunities due to depression, anxiety, or fear of failure, was expressed during interviews. A mental health provider shared that she often hears things like, "People like me don't go to college" from her students. Team members from the exemplary programs studied are addressing this with students and families through psychoeducation, reality-based conversations, and exposure to options.

This finding is also found in published research on best ITP practices for youth with emotional disturbance. In her research on collaboration, Bronstein (2003; Bronstein & Mason, 2016) found that quality collaborative practices in schools involve full partnerships with students. Wagner & Cameto (2006) identified involving students and families in goal-driven transition planning as one of five principles of exemplary postsecondary transition practices specific to this student population. Additionally, maximizing student engagement as collaborative partners has been found to include reflective practice, power-sharing, planning, transparency, and training, and extends to decision-making and leadership development (Youth Development Institute, 2009; Cummings, Dyson, & Todd, 2011; Ruglis & Freudenberg, 2012). Consistent with this, the current study points to staff encouraging and providing needed supports to students in exploring *all* future possibilities, pursuing their future dreams and interests, and pushing themselves beyond their self-perceived limits.

## Research Question 2 Key Findings

The second research question asked, “How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?” With 250 coded data segments compiled into 6 themes, and high frequency counts ranging from 32 to 66 occurrences, research inquiry into support of mental health wellness resulted in a rich pool of data. Triangulation included supporting artifact evidence and literature review of existing research. Key findings were those reported by at least 8 of 9 participants, and with at least 32 interview occurrences. Figure 4 provides graphic representation of the four key findings.

Figure 4

*Key Findings 4 –7; Interdisciplinary collaborative team members support the mental health wellness of adolescents with emotional disturbance by*



**4. Collaborating about social-emotional wellbeing.** The mental health wellness of adolescents with emotional disturbance was supported by regularly collaborating with stakeholders. Occurring 66 times during interviews, Theme 5 had the highest frequency count in the full study and provided the basis for Key Finding 4. It is through the expansion of each student’s support team to include additional stakeholders



focused on social-emotional well-being that interdisciplinary collaborative team members supported their students.

Including stakeholders, such as other teachers, instructional assistants, counselors, psychologists, campus supervisors, safety officers, health specialists, coaches, assistant principals and principals, and district-level administrators, in collaboration around social-emotional functioning is an important way these programs are supporting students. This collaboration is happening regularly and in-person, by phone, via email or text, or through electronic student information systems. As a general education teacher described, “I just call them and I say, ‘Hey, what's up with his kid? Help me out here. What is going on? What can I do to get through?’”. As a school staff, they work together to figure and ask themselves, “How can we make it better?” for each student.

This study found that 100% of counseling-enriched programs are engaging to some degree with wraparound (wrap) support teams. This was found to be an integral part of participants’ collaboration with stakeholders on mental health wellness. School team members also serve as engaged members of their students’ wrap teams. At least one staff member from each interdisciplinary team attends the wrap family team meetings. Wrap family team meetings include the student, family members, involved providers, agency personnel, and school team members, and often occur outside of school hours and in other locations. Study participants reported positive responses from students, as the student feels they “Have a full team of people that are there for them”.

This key finding connects well to the California LCFF Priorities Whole Child Resource Map (CDE, 2018). The Whole Child Resource Map illustrates the need for one system of connected resources and supports to ensure that all students are healthy, safe,

engaged, challenged, and supported from “Cradle to Career” (CDE, 2018, center star graphic). Further, LCFF emphasizes that “schools should collaborate with families, caretakers, and community agencies to deliver integrated services that promote improved access to health and learning supports, high expectations, and a positive school climate—all of which are necessary for students to thrive in the twenty-first century” (CDE Whole Child Resources, 2018, para. 1).

**5. Fostering trusting relationships.** The mental health wellness of adolescents with emotional disturbance was supported by fostering trusting relationships between students and staff. The importance of a relationship-based approach in working with this population was repeatedly mentioned. Theme 6 in this study yielded a total of 40 responses and was heard from 9 of 9 participants. A core belief expressed by the interdisciplinary team members is that their students respond best to adults at school that they felt a meaningful connection to. A genuine sentiment of feeling like “we’re all in this together” was expressed by one or more participants from all sites.

Study participants noted that building trusting relationships with this population of students can take extra time and effort. Existing research found in the literature on working with students with learning, emotional, and behavioral challenges is consistent with this finding. As a study by Murray & Pianta (2007) found, repairing the damage caused by the loss of trust in the educational system—and the loss of self-confidence that ensues—is an added need for effective work with this population of adolescents. Further, the importance of creating a trusting relationship between teacher and student is emphasized in working with adolescents with emotional disturbance (Mills & Cunningham, 2013).

In the current study, many participants spoke about how they build trusting relationships with their students, such as making time to connect with them individually, getting to know their patterns, their likes and dislikes, and connecting with them in an authentic manner. Adults being fallible, owning their mistakes, taking responsibility, and apologizing when appropriate was noted as building trust and modeling what it is that they expect from their students. Also articulated: “Just meeting the students where they are, and recognizing that when they're in an upset place, that might not be the best time to have the conversation that you want to have with them”.

Behavioral improvements, increased productivity, improved emotional stability, and academic persistence were reported when adolescents enjoyed a trusting and respectful relationship with at least one team member. This finding is well-established in the literature. Studies show that learning occurs within a social context and that students learn when they feel safe and connected (Hattie, 2009, 2018; Kutsyuruba, Clinger, & Hussain, 2015; Shanker, 2013).

**6. Creating an inclusive and safe community.** In support of mental health wellness of adolescents with emotional disturbance, an inclusive classroom community that serves as a safe space for them is critical. All participants provided multiple coded responses that supported this theme. Photographs of these comfortable, safe spaces at all three study sites contributed artifactual evidence. A total frequency count of 30 supported this theme.

During interviews, 9 of 9 participants expressed that they met students’ mental health needs by establishing a trusting and safe environment. Building community was the primary way that safety was created in these exemplary programs. Staff were

intentional in planning community-building activities and in facilitating inclusivity. This theme is summarized in the words of a teacher: “My big thing that I try to do in the classroom is build community. If they feel like they belong, I know they're going to be more successful. They're going to be more comfortable. They're going to feel safe”.

Creating an environment of inclusivity for their students, the vast majority of whom have suffered bullying, peer rejection, loneliness, and just feeling like they don't “fit in” was stressed. Team members from 3 of 3 districts studied commented on their classrooms having family-like atmosphere and dynamics. Providing students with a family experience where they feel supported, loved, and forgiven was expressed. As communicated by a teacher to her students, “You affect every single person in this room, positively and negatively depending on how you want to live your life”.

Interviewees reflected appreciating the time that their students are at school, and attributed improved attendance to the inclusive and safe community of the counseling-enriched programs. It was explained that navigating unstructured times and the complexities of the social milieu of a comprehensive high school can be very anxiety-provoking for their students. A safe haven on campus was identified as helping students come to school and stay at school. In support of this, team members welcome students back into the counseling-enriched setting throughout the school day.

**7. Coaching or counseling by instructional staff.** Supporting mental health wellness in this student population occurred when the instructional staff engaged in coaching or counseling students' general wellness. This is distinct from psychological counseling or therapy that students are receiving from the mental health providers on the team. Instructional staff refers to the special education teachers and instructional

assistants in the counseling-enriched programs, and to general education teachers that are frequently serving the students in these exemplary programs. Theme 7 had a frequency count of 40, and was reported by 8 of 9 participants.

In practice, this looked like teachers and aides reinforcing students' use of their coping mechanisms, guiding students towards healthier and adaptive choices, listening, and not shying away from intense conversations. Classroom staff that could be seen as helpful, calm, emotionally regulated, and fun, and who could be authentic or "real" with the students, were identified as part of this theme. Intuition and the ability to recognize when students need additional support, along with putting work aside to listen and counsel as needed, was prioritized. A mental health practitioner explained that students need to know that, "Any given person here is also going to support or talk with you about what's going on for you emotionally just as quickly as they are with academics". She also expressed that staff need to have the ability to redirect students to a mental health provider for in-depth counseling without being dismissive of the student or overwhelmed by shared content.

As found in several previous studies, teachers have a unique opportunity to recognize and be first responders to the mental health needs of youth in their classrooms (Johnson, Eva, Johnson, & Walker, 2011; Rothi, Leavey, & Best, 2008). Per Weston, Ott & Rodger (2018), today's teachers are de facto social workers, counselors, and advisors. The role of educators in facilitating psychological wellbeing of students is found in the increase in social-emotional learning curriculum, mindfulness in the classroom, social skills training, and bullying prevention. As stated by Bronstein & Mason (2013, p. 23):

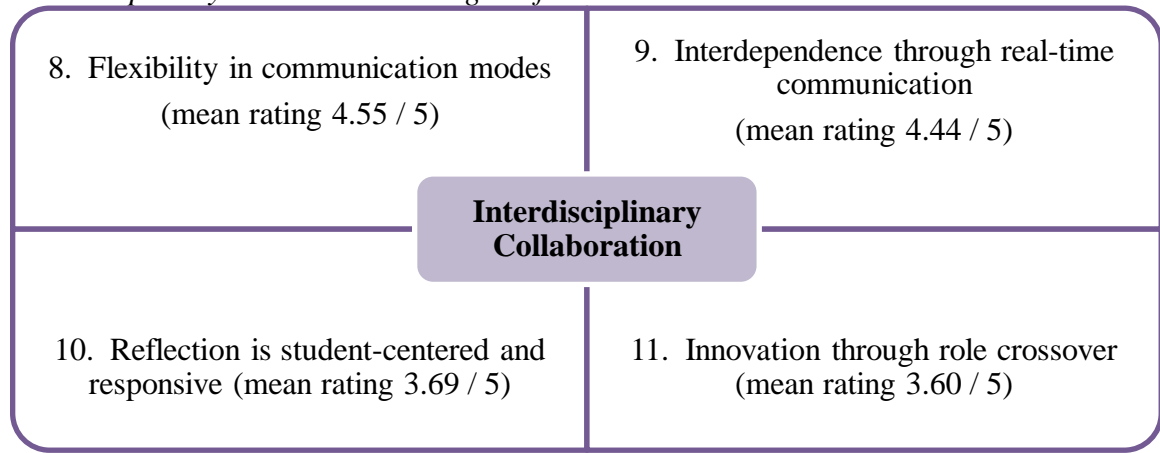
We are beyond the debate about whether teachers should have support to attend to the circumstances and conditions that interfere with children’s learning; the question instead is how to structure and provide these supports to maximize impact, and in so doing, provide an environment where teachers can do what they do best: teach.

### **Research Question 3 Essential Elements**

The third research question asked, *“How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) based on the model established by Mellin?”*. This question was answered with quantitative and qualitative data. Quantitative findings were produced through completion of the IITC-ESMH by all participants. Qualitative findings were aligned with the numerical survey results of the IITC-ESMH, with mean scores for each of the essential elements falling in the same sequence as the theme occurrences per element from interviews. Thus, each key finding will be explained from a mixed methods perspective, with consideration given to data gleaned from surveys, interviews, documents, and existing research. Key findings for each essential element are listed in sequence of importance according to study results. Figure 5 documents the top themes and survey ratings in answer to this question.

Figure 5

*Key Findings 8–11; Team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements as*



**8. Flexibility in communication modes.** Professional flexibility was rated as the most important element of interdisciplinary collaboration. A mean rating of 4.55 and a standard deviation of 0.52 was calculated on the professional flexibility scale of the IITC-ESMH. On this survey tool, this factor purports to assess the flexibility of teams with respect to the expansion and blurring of roles and responsibilities (Mellin et al., 2010).

In the current study, communication was found to be critical to this flexible expansion and blurring of roles and responsibilities. Team members in this study provided 106 responses coded to professional flexibility, which is the most frequently occurring of the essential elements. On the interdisciplinary collaborative teams, flexibility is demonstrated through utilization of multiple avenues of communication as captured in Theme 12. Described by 8 of 9 participants, by all job roles and at all study sites, a total of 38 times, this finding had a broad basis of support.

Flexibility in communication was a hallmark characteristic of the exemplary counseling-enriched programs in this study. Communication was multimodal and

frequent and represented by an openness to engage with one another, however and whenever opportunity strikes. A special education teacher articulated, “In terms of flexibility, I think that that's sort of the only way this works”. Dropping by a classroom, catching one another during a passing period, having lunch together, holding team meetings, emailing, texting, and calling were some examples shared by study participants as to how they dialogue with one another. Additionally, team members in all districts continued communicating about the students and program beyond work hours. These conversations happen with various formations of the team, from 1:1 conversation to a group debrief or brainstorming session. The importance of flexibility in communication was underscored as part of team members working on behalf of adolescents with emotional disturbance due to the depth of content and complexity of issues encountered.

This key finding was supported by a plethora of literature on teams. As established in the research on team functioning and effectiveness there are several factors that are necessary. This includes the interplay of communication, mutual respect, and compromise are what supports flexibility in teams (Aguilar, 2016; Garmston & Wellman, 2013; Harvey & Drolet, 2005; Lencioni, 2002; Reich & Reich, 2016; Weist et al., 2001).

**9. Interdependence through real-time communication.** Interdependence was found to be the second most important of the essential elements. On the IITC-ESMH, the mean score on the interdependency scale was 4.44, with a 0.60 standard deviation. This scale measured the extent to which team members rely on other professionals to accomplish goals and activities (Mellin et al., 2010).

Qualitative findings on interdependence within the teams in the current study included 96 occurrences, and were derived from 9 of 9 interviewees. Of this total, 40%



of occurrences identified reliance on frequent real-time communication amongst team members as being essential to interdependence. Interdisciplinary collaboration teams working with this population must engage in a constant and multidirectional flow of information and dialogue to adapt to the often-changing needs of their students. This key finding is abundant in existing research on interdependence, a central tenant of an effective high-functioning team (Aguilar, 2016; Bronstein, 2003; Garmston & Wellman, 2015; Weiss, Anderson, & Lasker, 2002).

The importance of being “in the loop” was expressed by several participants as necessary to their work. Being aware of student interactions with others and current information about students provides consistency and stability in how team members interact and engage with their students. This frequency was described by participants using phrases such as, “we are in constant communication”, “every period of every day”, “communication all the time”, “everyone knows what's going on”, and “it's open communication”. Students in counseling-enriched environments dictate the need for this ongoing dialogue amongst team members supporting them as they may choose to disclose to a team member who is not the best suited to support them in a particular area. This was handled by a teacher as, “I will take that information and give it to the person who needs to have it to collaborate”. Redirecting the student in a caring manner that does not shut them down or leave them feeling dismissed was stressed. The sooner the appropriate team member has the information, the sooner they can engage with the student.

**10. Reflection is student-centered and responsive.** Reflection is the third most highly rated of the essential elements. On the IITC-ESMH, this scale measures frequency of team reflection, including how they evaluate their working relationships, and how they

incorporate feedback on their processes in supporting their ongoing work. Reflection on process yielded a mean rating of 3.69, with a 0.60 standard deviation.

During interviews, reflection on process had a total frequency count of 77, with 27 of those occurrences found in Theme 16 of this study. Team members reflected together on how their students responded in order to make prompt adjustments. This was the most common way in which reflection on process occurred in exemplary counseling-enriched programs and was expressed by 8 of 9 participants. In the current study, all teachers spoke about reflecting on their approaches and adapting accordingly for what was in the best interests of the students. As reported by a participant, as a team they “Work out whatever kinks we have in terms of making sure that we're supporting the student as best we can together”.

Making time to reflect and “tweak” how they are best supporting each student was expressed by participants from 100% of the study sites. These ongoing student-specific adjustments are based upon reflections from observation, interactions, and direct feedback from students. In essence, for these interdisciplinary collaborative team members reflection serves as a formative assessment guiding their ongoing work.

This key finding is consistent with the work of seminal researcher in learning, John Hattie (2018) through his ongoing mega-study compiling over 1,500 meta-analysis of 90,000 + studies of what works in education. Teachers’ collective efficacy has been found to have more than a threefold effect on positive student achievement, and is the single most important in-school predictor of such achievement (Hattie, 2009; 2018). Team members learning from mistakes, seeking feedback, taking risks of “not knowing” together, and challenging one another to achieve excellence is at the heart of

collaborative reflective practices in schools. By doing these things and building upon one another's expertise, collective efficacy is achieved.

This is also supported by Bronstein (2002; 2003), who found that it is through collaborators thinking and talking about their working relationships and process, and by then incorporating this feedback into their future work, that collaborative relationships and effectiveness are maximized. Further research has found that time spent reflecting on process through examining results of team efforts improves accountability, is linked to positive outcomes, and informs practice (Hilton et al., 2006).

**11. Innovation through role crossover.** This was the fourth most essential element. On the IITC-ESMH, this scale measures the extent to which innovation occurs through the merging of multiple perspectives. For this study, a mean of 3.60, with a standard deviation of 0.80, was calculated. Interdisciplinary collaborative team members reported that, *sometimes to often*, newly created professional activities are fostered through their teamwork.

During interviews, Theme 14 indicating the open crossover in job roles and responsibilities yielded a total frequency count of 53. Newly created professional activities occurred through crossover in roles and responsibilities, with this theme accounting for 62% of responses. Taking on new tasks, additional duties, supporting one another, and completing activities that team members were unable to finish are aspects of this theme. Quickly jumping in to help solve problems encountered on behalf of students was prevalent.

This study's findings demonstrated that teaching in a counseling-enriched environment required a more therapeutic approach than instructional staff are used to. As

described by the majority of participants, openness to connecting with students on an emotional level, and prioritizing a relationship-based perspective on educating youth was highly important. It was expressed that instructional staff who listen, remain present, and then gently redirect students to a mental health provider when needed was an example of newly created professional activities. A social worker painted a picture of this gentle redirection: “There's a way to do that that doesn't leave kids feeling dismissed and doesn't erase the issue of whatever they're experiencing, but then helps them remember there can be different spaces for different things”.

The term “partnership synergy” provides a succinct description of this key finding. As explained by existing research, diverse viewpoints, backgrounds, abilities, and expertise as contributing the necessary ingredients for creativity, innovation, and newly constructed practices (Borg & Pålshaugen, 2018; Bronstein 2002; Mellin, 2009; Weiss, Anderson & Lasker, 2002; Weist et al., 2010). Partnership synergy through a willingness to stretch beyond traditional job roles was found in 100% of study sites.

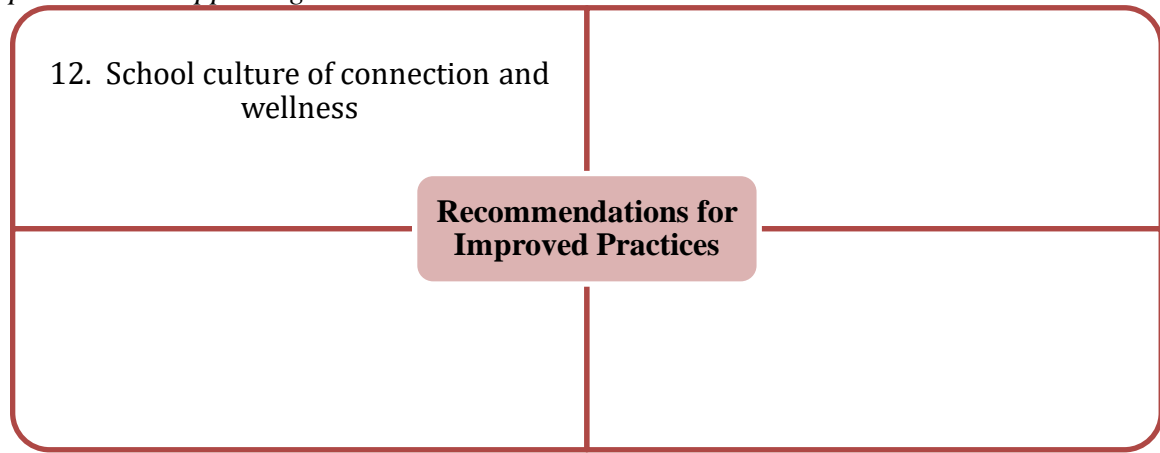
#### **Research Question 4 Recommendations for Improved Practices**

The fourth research question asked, “*What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?*” This question yielded the lowest frequency count, and was the only question in which not all interviewees responded. Still, four themes with a total frequency count of 64 were identified. Through consideration of interview responses provided by at least 78% (7 of 9) of participants, and through cross-referencing relevant literature one key finding surfaced, and is represented in Figure 6.

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Figure 6

*Key Finding 12; Interdisciplinary collaborative team members recommend improved practices in supporting adolescents with emotional disturbance with*



**12. School culture of connection and wellness.** By creating a school culture of connection and wellness for all, adolescents with emotional disturbance will benefit from improved practices. This recommendation was made 22 times, by 7 of 9 participants, as found in Theme 23. This finding was consistent across California, being represented by team members from all 3 study sites.

During interviews, participants recommended a visible and effective mental health wellness presence on campus where all students can seek support when and how they are most comfortable. Having mental health providers on campus and integrated into the school community was identified as a way to open up access to counseling and support services to a wider population. It would also serve to provide an integrated and holistic approach to supporting the entire school, to provide psychoeducation to the community, and to break through stigmas surrounding mental health and therapy.

Participants expressed that having counseling-enriched programs on their school campus has resulted in greater recognition of mental health overall.

This finding is supported by existing research, and by school-wide social-emotional wellness as featured in national and state education reform policies. This is supported by existing research identifying that school-based mental health providers have special opportunities to reduce stigma and barriers to obtaining mental health services (Maras et al., 2015; Adelman & Taylor, 2000). Further, some researchers opine that providing expanded mental health services is part of a school's obligation to their youth (Leschied, Saklofske, & Flett, 2018; Rappaport, et al., 2004; Schacter, 2000).

Further, according to researchers Leschied, Saklofske & Flett (2018), wellness promotion has become as important a part of the school day as traditional academic learning. In California, this emphasis on social-emotional wellness is most prominently featured in LCFF Priority 5 on pupil engagement, and in Priority 6 on school climate. A multi-agency state team formed by California's State Superintendent of Public Instruction affirmed that social-emotional learning is an "essential component of a well-rounded quality education in all youth-serving settings" (CDE SEL, 2018, p. 5).

### **Conclusions**

From the 12 key findings in this study, 6 conclusions were drawn as to how interdisciplinary collaboration teams in exemplary high school counseling-enriched integrate college and career readiness and mental health wellness in support of students with emotional disturbance. Each conclusion is discussed and evidence leading to the conclusion is provided. Connections with existing research and literature review from Chapter II of this study are also articulated for each conclusion.

Each of the 6 conclusions reported by this researcher is linked to one or more of the 12 key findings, as derived from the 4 research questions, and further linked to existing research. In the following section summarizing these conclusions, this researcher chose to organize conclusions thematically, rather than by research question, for the sake of clarity. As the connections made across data points are complex and may not be linear, the themes and key findings that led to each conclusion are identified numerically within the narrative. Table 22 is provided as a synthesis matrix to demonstrate the chain of evidence for conclusions drawn.

Table 22

*Chain of Evidence Synthesis Matrix: Conclusions, Key Findings by Research Question, and Existing Literature*

Conclusion	RQ #	Key Finding	Existing Research
1. Expansive Collaboration	RQ 1	1	Bronstein, 2003; Bruner, 1991; CDE, 2018; CDE SEL, 2018; DeLoach, 2012; Mellin et al., 2017; Wagner et al., 2016; Wagner & Cameto, 2006; Weist et al., 2018.
	RQ 2	4	
2. Supported Access	RQ 1	2	CDE 2018; Conderman & Hedin, 2006; DuFour, Baker & Eaker, 1996; Weist et al., 2018; Kutcher, Wei, & Hashish, 2018;
3. Students as Partners		3	Bronstein & Mason, 2016; Cummings, Dyson, & Todd, 2011; Forum for Youth Investment, 2005; Ruglis & Freudenberg, 2012; Youth Development Institute, 2009; Wagner & Cameto, 2006.
4. Meaningful Relationships	RQ 2	5	Bronstein & Mason, 2016; Eva, Johnson, & Walker, 2011; Hattie, 2009, 2018; Kutsyuruba, Clinger, & Hussain, 2015; Murray & Pianta, 2007; Rothi, Leavey, & Best, 2008; Shanker, 2013; Weston, Ott & Rodger, 2018.
		6	
		7	
5. Flexible, Interdependent, Reflective and Innovative Teams	RQ 3	8	Aguilar, 2016; Borg & Pålshaugen, 2018, 2002, 2003; Garmston & Wellman, 2015; Harvey & Drolet, 2005; Hattie, 2009, 2018; Lencioni, 2002; Mellin, 2009; Mellin et al., 2010; Reich & Reich, 2016; Weiss, Anderson, & Lasker, 2002; Weist et al., 2010.
		9	
		10	
		11	
6. Schoolwide Wellness	RQ 4	12	CDE SEL, 2018; Leschied, Saklofske & Flett (2018); Maras et al., 2015; Adelman & Taylor, 2000; Rappaport, et al., 2004; Schacter, 2000



## **Conclusion 1: Expansive Collaboration**

It is concluded that collaboration among many stakeholders with varying perspectives is critical to supporting both the college and career readiness, and the mental health wellness, of adolescents with emotional disturbance. Collaboration was a top theme in answering two of the research questions. Based on the finding that not only do the core interdisciplinary collaborative teams work together to meet their student's needs, but that they frequently collaborated expanded interdisciplinary team, it is evident that collaboration is imperative to supporting high school students with emotional disturbance. Further, if there was not frequent interdisciplinary collaboration within the core team and within an expanded team, these student's needs would not be met and the dismal long-term outcomes for this group would continue.

Expansive collaboration involves widening the circle of the core interdisciplinary collaborative team to welcome in relevant stakeholders onto the team to address specific needs of the student. Thoughtful alignment between student need being addressed and the expanded team member role is necessary. This expanded team should include students, families, instructional assistants, counselors, psychologists, campus supervisors, safety officers, health specialists, coaches, and administrators. Collaboration among these stakeholders was frequent and ongoing, and occurred in-person, by phone, text, email, or through electronic student information systems. These individuals worked together to understand current concerns and problem solved in support of the adolescent, by asking themselves, "How can we make it better?"

### **Evidence for Conclusion 1.**

*Collaborating with stakeholders to meet students' postsecondary goals.* As explained in Key Finding 1, every participant in this study stated that collaboration with an expanded team of stakeholders to support students' college and career readiness was how these student needs were supported. Interviewees indicated that they frequently collaborated with other stakeholders in the students' life to address postsecondary goals. This is supported by research on preparing students with disabilities for college and career. According to Wagner & Cameto (2006, p.87), an expanded team model in which the core interdisciplinary collaborative team members are collaborating and connecting students with other school staff or outside providers and agencies is necessary.

*Collaborating with stakeholders on social-emotional wellbeing.* Theme 4 and Key Finding 4 indicated that the mental health wellness of adolescents with emotional disturbance was supported by regularly collaborating with stakeholders about students' social-emotional functioning. This was the most frequently given reason by interdisciplinary collaborative team members in how they support their students. This study found that all of the exemplary counseling-enriched high school programs had collaborative team members who were also actively engaged as wraparound support team members. This was an integral part of participants' collaboration with stakeholders, particularly on issues of mental health or social-emotional and behavioral functioning across settings. Students reportedly benefited by seeing that they had "a full team of people that are there for them".

*Collaboration and delivery of integrated services.* According to researchers in the field, use of a collaborative approach to meeting children's needs in schools is

growing. The interdependent nature of a collaborative relationship construction or creation that can only occur through positive working together has been well defined in the research (Bronstein, 2003; Bruner, 1991). This fusion of expertise and shared productivity sets collaboration apart from other forms of engagement amongst professions, such as conferencing or consultation.

The California LCFF Priorities Whole Child Resource Map provides additional evidence to support this conclusion by illustrating the need for one system of connected resources and supports to ensure that all students are healthy, safe, engaged, challenged, and supported (CDE, 2018). According to CDE's Social-Emotional Learning Team, "When social, emotional, and academic development are deliberately and thoughtfully interconnected, students benefit from learning experiences that enrich their understanding of academic content and strengthen their critical thinking skills. Such experiences enable students to be more effective contributors in their classrooms today and in their workplaces and communities tomorrow" (CDE SEL, 2018, p. 5).

Specific to educating youth with mental health needs, research has found that collaboration between teacher and mental health provider is effective and valued (DeLoach, 2012; Mellin et al., 2017; Weist et al., 2018). Considering long-term outcome data on adolescents with emotional disturbance as gleaned from the National Longitudinal Transition Study (NLST-2), among other things, researchers recommended community linkages, including mental health providers, in working with transition-age youth (Wagner et al., 2016). For adolescents with emotional disturbance, research on simultaneously supporting their college and career readiness and their mental health

wellness through an interdisciplinary collaboration team model is emerging, with current study results providing contributory evidence.

### **Conclusion 2: Supported Access**

It is concluded that the college and career readiness of adolescents with emotional disturbance requires differentiation in support systems for them to acquire the skills needed for a self-sufficient and contributory adulthood. Based on research evidence, it is vital that interdisciplinary collaborative team members be highly proficient in differentiation strategies, structures and strategies. These students have a right to the same educational opportunities as their general education peers, and must be supported for success through individualization and differentiation based on their unique learning and mental health needs. This conclusion requires both entry into, and successful completion of, curriculum that adequately prepares them for independence. Adolescents with emotional disturbance can succeed in mastering high level curriculum with the right support systems in place. Without this differentiated support system, standards will continue to be inappropriately lowered, abilities underestimated, and potential contributions of hundreds of thousands of our nation's youth unrealized.

#### **Evidence for Conclusion 2.**

*Providing differentiated support systems.* Key Finding 1 indicated that through the provision of differentiated support systems for college prep and career tech curriculum, adolescents with emotional disturbance were being prepared for college and career. This key finding was nestled in Theme 1, and was described by 89% of study participants. Exemplary counseling-enriched programs had interdisciplinary collaborative teams that were strategic, responsive, and student-centered in planning

when and where students received instruction. Collaboration across departments paved the way for successful and fluid movement between different classroom settings, and kept students on a similar course trajectory to their peers. Scaffolding, backwards design in lesson planning, accommodations, and use of push-in aide support in classes are good options for providing differentiated support to access a rich and rigorous curriculum. Additionally, thoughtful course scheduling, including teacher selection, time of day, and placing students with, or for that matter, away from particular classmates should be done.

Based on this key finding, it was further concluded that by doing the following schools will meet their obligation to prepare *all* youth for their futures. As part of this support system, mental health providers and special educators provided psychoeducation to general education teachers about expected struggles in class for youth with emotional disturbance. They collaborated about each student, and provided specific information on how each one of their student's emotional struggles may manifest in relation to academic performance, work production, social interactions, and classroom behaviors.

*Supported access to a broad and rigorous course of study.* Review of literature provided extensive evidence for Conclusion 2. The CDE has explicitly directed California schools to improve practices and outcomes for college and career readiness for all students, with particular emphasis on students who have traditionally been left behind (CDE, 2018). Several California LCFF Priorities speak to this: Priority 4, student achievement; Priority 7, course actions; and Priority 8, student outcomes. California's schools are directed to have high expectations for all students, offer multiple pathways and a broad range of courses, and address barriers to learning for identified groups and interrupt inequitable opportunities within their systems. LCFF Priority 4 mandates

schools to get all students college and career ready, which includes completing courses that satisfy UC/CSU entrance requirements and courses that align with the state Career Technical Educational framework standards. Further, LCFF Priority 7 requires that individuals with exceptional needs must have access to a broad range of courses and be provided with support needed to achieve educational benefit that is in alignment with their non-disabled peers.

### **Conclusion 3: Students as Partners**

It is concluded that engaging adolescents with emotional disturbance as partners in their own postsecondary planning is integral to their college and career readiness. Adult stakeholders, including staff, parents or guardians, and others intimately involved in the student's life must invite, encourage, and facilitate student engagement in discussing their futures. It is through respect for student voice and interests that team members are best positioned to support a self-sufficient and healthy future for youth.

#### **Evidence for Conclusion 3.**

*Including student voice through engagement in postsecondary planning.* As elucidated in Key Finding 3, supporting the college and career readiness of adolescents with emotional disturbance required student voice and engagement. This was shown to be accomplished by team members proactively and persistently inviting students to be part of the team. As concluded, advocating alongside students for advancing their educational and career plans, and assisting them to overcome challenges that may arise from low self-esteem, lack of confidence, or limited self-efficacy is important to this work. Sadly, many of these students ruled themselves out of future opportunities from depression, anxiety, or fear that they would never become successful adults. This self-

imposed barrier was an impediment. Encouragement of adolescents with emotional disturbance to explore all options, pursue their dreams, and push themselves beyond their self-perceived limits was highlighted as essential. Given the evidence that many adolescents with emotional disturbance are impacted by low self-efficacy, engaging them as active partners is critical to increased self-efficacy and ownership of their futures.

***Full partnerships with students.*** Research on collaborative practices in expanded school mental health indicates that quality collaborative practices involve full partnerships with students (Bronstein & Mason, 2016). Research has shown that nurturing student engagement in the partnership process included reflective practices, power-sharing, planning, transparency, and training, and extends to decision-making and leadership development (Youth Development Institute, 2009; Cummings, Dyson, & Todd, 2011; Ruglis & Freudenberg, 2012). This was also found in published research on best practices in ITP development for this population. Involving students and families in goal-driven transition planning is one of five principles of exemplary work with adolescents with emotional disturbance (Wagner & Cameto, 2006).

#### **Conclusion 4: Meaningful Relationships**

This researcher concluded that building and sustaining meaningful relationships is critical to effectively supporting adolescents with emotional disturbance. When students had a trusting relationship with at least one collaborative team member, they demonstrated behavioral improvements, increased productivity, improved emotional stability, academic persistence, and respectful social interactions. All of these factors contributed to student's improved mental health wellness as observed by school staff.

From findings to Research Question 2, it was concluded that adults authentically engaged with adolescents by showing genuine concern for their well-being. This was demonstrated through acts of empathy and investment of one's time and effort into helping student's problem solve. Staff who connected well with students were fallible, owned their mistakes, took responsibility, and apologized when appropriate. This models what is expected of all in a community and builds trust and connection.

#### **Evidence for Conclusion 4.**

*Fostering trusting relationships between students and staff.* Key Finding 5 of this study established that mental health wellness of adolescents with emotional disturbance was supported by fostering trusting relationships between students and staff. The importance of a relationship-based approach in working with this population was expressed repeatedly by every study participant. Team members shared the core belief that their students responded best when they felt meaningful connection. Building trusting relationships was discussed as being based in observing and respecting students' needs at all times. In the current study, many participants spoke about the extra time needed to build trusting relationships with their students. The building of trusting relationships included making time to work with them individually, getting to know their patterns, their likes and dislikes, and connecting with them in an authentic manner.

*Coaching or counseling by instructional staff.* Based on themes from interviews and Key Finding 6, it was concluded that when instructional staff engaged in a coaching relationship with students, providing counsel on their general wellness, then mental health was supported. In practice, this looked like teachers and aides reinforcing students' use of their coping mechanisms, guiding them towards healthier and adaptive



choices, listening, and not shying away from intense conversations. Staff who recognized when students needed additional social-emotional support, and put their work aside to listen and counsel as needed, is concluded to be a priority for this population. Further, being able to compassionately redirect students to their mental health provider for in-depth counseling without being dismissive of the student or overwhelmed by shared content is extremely important to this work. This conclusion is found within the words of a participant: “Any given person here is also going to support or talk with you about what's going on for you emotionally just as quickly as they are with academics”.

***Creating an inclusive classroom community.*** Based on Key Finding 7, it was concluded that adolescents with emotional disturbance thrive in classroom communities where all members are respectful, and where they can comfortably retreat. During interviews, all study participants expressed that they met adolescents’ mental health needs by providing a trusting and safe environment. Building community was the primary way that safety was created in the exemplary programs studied. Team members from different sites described their lived experiences with the inclusivity of their exemplary programs. Some examples of how this is expressed to students follows: “This is our classroom. This is our space. This is our community.”; “We’re all in this together.”; and “You affect every single person in this room, positively and negatively depending on how you want to live your life.”. Staff were intentional in planning community-building activities and in facilitating inclusivity. In designing a counseling-enriched program, attention must be given to creating and sustaining an environment where each person feels accepted, cared for, supported, and forgiven. A safe haven on campus is absolutely essential for these students to attend and stay in school.

*Safety and connection.* Existing literature provided further evidence for Conclusion 4. As found by Weston, Ott & Rodger (2018), today's teachers are de facto social workers, counselors, and advisors. This conclusion is corroborated by existing research on education and achievement. Studies show that learning occurs within a social context, and that students learn when they feel safe and connected (Hattie, 2009, 2018; Kutsyruba, Clinger, & Hussain, 2015; Shanker, 2013). As outlined in the research of Bronstein & Mason (2013), "we are beyond the debate about whether teachers should have support to attend to the circumstances and conditions that interfere with children's learning; the question instead is how to structure and provide these supports to maximize impact, and in so doing, provide an environment where teachers can do what they do best: teach" (Bronstein & Mason, 2013, p. 23). As found in several previous studies, teachers have a unique opportunity to recognize and be first responders to the mental health needs of youth in their classrooms (Johnson, Eva, Johnson, & Walker, 2011; Rothi, Leavey, & Best, 2008). Repairing the damage created by the loss of trust in the educational system, and by the loss of self-confidence that ensues, is an added responsibility in working with students with social, emotional and behavioral challenges (Murray & Pianta, 2007).

#### **Conclusion 5: Flexible, Interdependent, Reflective and Innovative Teams**

It is concluded that for interdisciplinary collaborative teams to operate in an exemplary mode, they must be flexible, interdependent, reflective, and innovative. Evidence from quantitative survey data, qualitative interviews, and review of literature on teams, was consistent in identifying these unique and necessary ingredients to a high-functioning team that demonstrates strong collective efficacy. Key Findings 8 - 11 all

point to a team of varied disciplines with multiple perspectives working together on behalf of adolescents with emotional disturbance in a flexible, interdependent, reflective, and innovative manner is crucial with this population. Further, evidence existed that increased interdisciplinary collaboration occurred on teams with greater longevity, lending credence that interdependence deepens with time and experience. Conclusion 5 maintains that the four essential elements found in Mellin's model of interdisciplinary collaboration (Mellin et al., 2010) are critical to exemplary programming for this student population. Specific evidence of this is presented through focus on each essential element, in order of importance indicated within the current study's findings.

**Evidence for Conclusion 5.**

*Flexibility is the most important element of interdisciplinary collaboration and requires utilization of multiple avenues of communication.* Based on ratings on the IITC-ESMH responses, it is concluded that professional flexibility, with a mean of 4.55 on a 1-5 Likert scale, is the most important of the essential elements. Team members *often* (4) to *almost always* (5) need to be flexible, and that expansion and blurring of roles and responsibilities is paramount to their success. Key Finding 8 went deeper to reveal that it is through multiple avenues of communication that team members are demonstrating professional flexibility. The importance of flexibility in communication was underscored as part of working on behalf of adolescents with emotional disturbance, due to the depth of content and complexity of issues encountered.

*Interdependence is very important and requires frequent communication.* On the IITC-ESMH interdependency scale, a mean of 4.44 was a close second to flexibility, and encompassed similar themes on communication. Qualitative findings on the topic of

interdependence indicated 96 occurrences, and of these, 40% were attributed to Theme 11 that identified frequent real-time communication amongst team members as being the most essential contributor to their interdependence. Interdisciplinary collaboration teams working with adolescents with emotional disturbance must engage in a constant and multidirectional flow of information in order to adapt to the changing needs of their students. It was concluded that the constant flow of communication allows everyone to be at their peak in supporting these adolescents.

***Reflection is demonstrated by adjusting based upon individual student response.***

Based on a mean rating of 3.69 on the IITC-ESMH reflection on process scale in conjunction with Key Finding 10, it was concluded that interdisciplinary collaborative team members must make ongoing adjustments to their practice's actions based on individual student response. Strong interdisciplinary collaboration teams hold what is in the best interests of each student at the forefront, and then actively use reflection as a tool to inform and refine. Finding the time and space to reflect and "tweak" how they are best supporting each student was expressed by every participant in this study. These ongoing student-specific adjustments are based upon reflections from observation, interactions, and direct student feedback. In essence, team reflection serves as a formative assessment guiding their ongoing work, and is found within collective efficacy, which has been proven to be the single-most effective way of improving learning (Hattie, 2009; 2018).

***Innovation is accomplished through crossover in roles.*** Based on results of a mean of 3.60 on the IITC-ESMH newly created professional activities scale and Key Finding 11, conclusory evidence indicated that innovation occurs through crossover in roles and responsibilities in the merging of multiple perspectives. Taking on new tasks

and contributing even when unfamiliar with the role or task or when operating outside of one's comfort zone are key components. In order to be innovative in serving students with emotional disturbance, team members must have excellent partnership synergy and a willingness to stretch beyond traditional job roles.

*Team functioning and effectiveness.* Conclusion 5 was further supported by evidence in existing literature on team functioning and effectiveness. The interplay of communication, mutual respect, and compromise, has been well-established in supporting flexibility on teams. (Aguilar, 2016; Garmston & Wellman, 2013; Harvey & Drolet, 2005; Lencioni, 2002; Reich & Reich, 2016; Weist et al., 2001). Existing research also indicates that interdependence is a central tenant of the effectiveness of high-functioning teams (Aguilar, 2016; Bronstein, 2003; Garmston & Wellman, 2015; Weiss, Anderson, & Lasker, 2002). The world's most comprehensive database on what works in education has found that collective efficacy has more than a threefold effect on increasing learning (Hattie, 2009; 2015; 2018). Team reflection is critical to collective efficacy. Further, diverse viewpoints, backgrounds, abilities, and expertise contribute the necessary ingredients for creativity and innovation (Borg & Pålshaugen, 2018; Bronstein 2002; Mellin, 2009; Weiss, Anderson & Lasker, 2002; Weist et al., 2010).

### **Conclusion 6: Schoolwide Wellness**

It is concluded that students with emotional disturbance function best when the school has an overall approach to student wellness for all. A culture where students feel connected, safe, and accepted and where social-emotional, behavioral, and mental health are as valued as academic achievement provides a rich environment for these adolescents to exist within. Wellness centers are increasing in popularity in the nation's high school

in response to federal and state education reform efforts. This is due to the strong neuroscience evidence-base indicating that emotional wellbeing and feelings of safety are foundational to learning. Schoolwide wellness boosts support for adolescents with emotional disturbance.

**Evidence for Conclusion 6.**

*A school culture of connection and wellness for all.* Conclusion 6 was founded in evidence from Theme 23 and Key Finding 12. Establishing and sustaining a school culture of connection and wellness for all was the most popular recommendation for improving practices for adolescents with emotional disturbance. This recommendation was heard at all study sites. Participants expressed that by having mental health providers integrated into the school community, counseling and support services reached more of the student body. Further, psychoeducation for the school community served to disrupt stigmas surrounding mental health issues and getting therapy. A visible and effective mental health wellness presence on campuses, where all students can seek support when, and how, they are most comfortable is a recommendation that cannot be overlooked by any school community, regardless of the specific population targeted.

*Social-emotional wellness as a core value.* The focus on schoolwide wellness for all children has been featured recently on a global and national level, and is central to California education reform policies. The World Health Organization’s Mental Health Action Plan (2013), U.S. Congress’ Every Student Succeeds Act (2015), and California’s Local Control and Accountability Plan (2018) have cast a spotlight on the need for social-emotional learning and mental health provisions on school campuses. A California statewide multi-agency team affirmed that this is must be prioritized as an “Essential

component of a well-rounded quality education in all youth-serving settings” (CDE SEL, 2018, p. 5). Further, many researchers have espoused that expanded mental health services are part of a school’s obligation to their youth (Leschied, Saklofske, & Flett, 2018; Rappaport et al., 2004; Schacter, 2000), and that school-based mental health providers are in an opportune position to reduce stigma and barriers to children obtaining services (Maras et al., 2015; Adelman & Taylor, 2000). From all of this data, it is concluded that a school’s mission, values, and resources must include a culture of connection and care of wellness for all.

### **Implications for Action**

#### **Implication 1: Expansive Collaboration**

The first conclusion drawn featured collaboration as being critical to serving this population of students. As study findings indicate that collaboration is the keystone to simultaneously supporting the college and career readiness and the mental health wellness of this population, all high schools are implored to establish counseling-enriched programs to serve their students with emotional disturbance. The importance of putting exemplary counseling-enriched programs in place to adequately support the preparation of these adolescents for a self-sufficient, stable, and healthy adulthood cannot be overstated. If education continues to operate with a ‘business as usual’ approach, the poor long-term outcomes for this unique population, their families, and our community will continue unchecked, and likely even worsen as the trajectory of mental health problems around the globe continue to increase. Recommended Implications for Action in response to Conclusion 1 are:

### **1.1 Establish a model guiding collaboration specifically for this population.**

Without a model or framework guiding practice, it is challenging for school districts to introduce and sustain interdisciplinary collaboration teams to work with this complex population. Given the unique opportunities and challenges in working with students with emotional disturbance, a standard model that guides interdisciplinary collaboration teams serving this group is long-overdue. Such a model would build upon the solid research foundation in education, mental health, and teams, as well as incorporate conclusions drawn from this current study. Such a model would incorporate the following tenants:

- a. Core interdisciplinary collaboration teams that include special educators, general education content specialists, and mental health providers.
- b. Teams expand in response to current needs of each individual student. They invite members with diverse perspectives, varied expertise, and different types of relationship with the student, at opportune times.
- c. Team members are flexible, interdependent, reflective, and innovative.
- d. Communication, information-sharing, and dialogue among team members is constant, multimodal, and honest, and values diverse perspectives.

**1.2 Formalize college opportunities.** Based on key findings incorporated into Conclusion 1, the formalization of processes in support of college opportunities for adolescents with emotional disturbance is necessary. Recommendations are:

- a. Partner with on-campus college and career specialists and counselors for students to be guided throughout their high school years. This includes exploring all educational opportunities, establishing strong working relationships with staff, and attending college fairs and talks from visiting



college representatives. Individual guidance and direct support of students, with plenty of time devoted to the college application and financial aid process is recommended as part of this partnership.

- b. Establish a systematic approach for students to access and be successful in college coursework during their high school years. This can be done through local community colleges or through online extended education university programs. Provide students with support for their college coursework by including study time, scaffolding assignments, and use of accommodations. Self-advocacy, such as appropriately conversing with professors about their individual needs requires coaching from the team.
- c. Acquire funding and the permissions necessary for fieldtrips to college campuses and to explore the learning support and counseling services available on campuses. Staff should attend registration and orientation events with students in order to assist them with enrollment in student accessibility programs, tutoring centers, and counseling centers.
- d. Provide direct instruction on expected classroom behaviors, and the skills needed for success in college-level courses, such as organizational strategies, planning, sustained attention and effort, self-advocacy, increasing motivation, goal-directed learning activities, test-taking strategies, and written and oral expression.
- e. Guide students in use of college exploration software and curriculum built-in to such programs as Naviance™ during class to ensure that every student has an active account, is regularly uploading documents into their online portfolio,

and are using all of the exploration, organizational, and direct export and application properties available.

- f. Invite talks from alumni of the counseling-enriched programs who are currently in college to share their stories with current students. This may include a mentoring or tutoring component where there is a long-term mentoring-type relationship established.

**1.3 Formalize career opportunities.** The formalization of processes to support career opportunities for adolescents with emotional disturbance compliments the aforementioned college opportunities. Strategies for career preparation include:

- a. Fully develop partnerships with agencies that focus on college and career, such as Department of Rehabilitation or Project Workability.
- b. Establish connections and formalize agreements with community businesses for volunteer, job shadow, internship, and employment opportunities. Many schools, nonprofits, and locally-owned businesses are agreeable to such opportunities, particularly if high school staff provide job-site support.
- c. Acquire funding to transport, supervise, and provide stipends for unpaid positions. This provides access for all students and accommodates for interests in fields where paid positions may not be available.
- d. Give direct instruction on expected workplace behaviors and “soft skills” and help students learn to code-switch and adjust their behavior to the work setting. Assist students in identifying potential triggers and appropriate coping mechanisms, specific to the identified workplace.

- e. Utilize standardized assessments and college and career exploration software and curriculum built-in to such programs as Naviance™, California Career Zone, or CareerLocker.

### **Implication 2: Supported Access**

The second conclusion drawn articulated that adolescents with emotional disturbance require differentiated support systems for college prep and career tech curriculum. Implications for action include reforming preservice training in universities, providing on-point professional development once in the field, and changing teacher credentialing, and school structural changes. Action steps with specific strategies follow:

**2.1 Redesign preservice training.** University and graduate-level educator training programs should redesign coursework to adequately prepare teaching professionals for work on interdisciplinary teams and for service to a diverse student population. This action step addresses the lack of cross-disciplinary training in graduate programs (Bronstein & Abramson, 2003; Rodger et al., 2018; Mellin et al., 2013, Welch et al., 1992; Weston, Ott & Rodger, 2018).

- a. Train aspiring general education teachers to competently individualizing instruction, differentiation, scaffolding, accommodating for unique needs, designing alternative assignments and assessments, and facilitating safety in the classroom.
- b. Train aspiring special education teachers to understand core content standards college prep courses, including knowledge of common instructional delivery practices, such as work production demands, pacing, and assessment expectations.

**2.2 Professional development.** Ongoing professional development for individuals working in schools is necessary in both mental health and college prep and career tech fields. While providing quality professional development (PD) to staff may be costly for schools, targeted investment in improving staff practices in working with these students will pay off in the future. Provide PD for teachers on the impact of social-emotional functioning on student learning, cognitive processing, and performance behaviors. Teachers must understand how mental health manifests academically, socially, and behaviorally, in order to provide a rich and rigorous curriculum that is responsive to student need.

**2.3 School structural changes.** Structural changes include adjustments to the master schedule, increasing collaboration time, and creating flexibility in procedures. By making these changes, teams that support adolescents with emotional disturbance are provided with the tools needed to be strategic, responsive, and student-centered in planning when, how and where students are educated. Schools are implored to:

- a. Revise school master scheduling procedures. Building a master schedule that is flexible and accommodating enough to handle frequent changes in student schedules and a smooth flow between general and special education classrooms is an absolute necessity. Keeping students in parallel course sequence with their grade-level peers facilitates integration back into mainstream and equity of access.
- b. Provide sufficient cross-departmental collaboration time. Through scheduling time to work together in building collective efficacy, schools are investing in the number one way to increase achievement in their student

body. Planning adequate common prep time for teams of teachers to engage in honest dialogue and reflection is necessary to successfully support these students. This aligns with California's Special Education Task Force's (CDE, 2015) recommendation that a coherent system of collaboration and coordination across disciplines is needed to improve achievement of students with disabilities.

- c. Require flexible and individualized procedures and practices for instruction delivery, course prerequisites, grading and assessment, and disciplinary practices. There are many legitimate reasons why adolescents with emotional disturbance may perform differently academically and behaviorally and all should be considered in accurately evaluating each student. By being flexible, school administrators design procedures that are adaptable to individual needs.

### **Implication 3: Students as Partners**

The third conclusion drawn was that engaging adolescents with emotional disturbance as partners in their own postsecondary planning is integral to college and career readiness. Based on this conclusion, district and school governance policies and procedures must prioritize student voice and engagement in postsecondary planning.

Recommendations for raising student voice and involvement are:

**3.1 Head of the table.** Students must have a seat at the head of the table. This is supported by legislation requiring student involvement in the ITP process for those 16 years of age and older. Expanding this requirement to those in 9<sup>th</sup> grade and above, regardless of age, is strongly recommended. Our laws, policies, and procedures must demand that adult stakeholders proactively and openly engage, invite, encourage, and

facilitate student voice in any and all discussions that impact their preparation for adulthood. It is through respect for student voice and interests that team members are best positioned to support a self-sufficient and healthy future for youth.

**3.2 Student-led ITP.** Students must be provided with, and supported in, taking the lead in the ITP portion of their IEP meetings. This is a new role for the adolescent and will require modeling and guidance from team members. With care, concern, and deference to their hopes, dreams, and wishes, the team can assist the student in building a bridge to their future. Strategies for accomplishing this include:

- a. Prioritize the ITP as the central component of all high school IEPs.
- b. Emphasize the ITP is a student-directed process that needs to center around what the student wants for their adulthood, and not what guardians or other stakeholders want for the student. Remind others that the law requires the ITP to represent the student's interests, plans, and desires.
- c. Operationalize the role of adult stakeholders to craft an environment and circumstances upon which student's future goals can be realized. Although student voice is central to the ITP, this should not discount the role of adults in this process. To the contrary, this actually establishes a deeper and more connected role for adult stakeholders as they must collaboratively work together in order to appropriately prepare students based upon those students expressed wishes.
- d. Create context and meaning for students to see the connection between present and future. Intentionally tie all current courses, school and classroom

expectations and community agreements, to each student's individual long-term goals and postsecondary plans.

- e. Incorporate all recommended strategies from Implication 1.2 (College) and 1.3 (Career), into the written ITP. This creates a clearly articulated roadmap with timelines and responsible parties for built-in accountability measures.

#### **Implication 4: Meaningful Relationships**

The fourth conclusion drawn was that building and sustaining meaningful relationships with students is critical to effectively supporting adolescents with emotional disturbance. A relationship-based approach to education is essential to effectively working with adolescents with emotional disturbance. Implications for action in creating meaningful relationships should include all of the following:

**4.1 Invest in building community.** Provide opportunities for adults to authentically engage with adolescents by showing genuine concern for their well-being through empathy and investing of one's time and effort into helping them problem solve is time-intensive. This necessitates conference periods or "non-instructional" times built into teacher's schedules. There is a cost associated with every high school course period when instruction is not taking place, however, the benefits to student learning when class is in session are well worth it.

**4.2 Be real.** Be real with students and establish shared interests and connections. Staff who connect well with this population of students are fallible, own their mistakes, take responsibility, and apologize when appropriate. This amounts to adult modeling of what they expect of their students. Participate alongside students in activities that support mental health wellness, such as mindfulness, relaxation, exercise, and creative pursuits.

**4.3 Create safe havens.** By creating physical spaces that are designed to be comfortable and welcoming environments that serve as a “safe haven” for students to retreat to when feeling emotionally overwhelmed is a must for this population. Schools are compelled to design and furnish such comfortable spaces on campus that are conducive to individual self-reflection and meaningful relationship-building among peers and staff. Sufficient funds for purchase and replenishment of readily available supplies used commonly in healthy coping and forming connections, such as art supplies, musical instruments, games, books, and comfort drinks, such as tea, is to be budgeted.

**4.4 Hire relationship-orientated staff.** Hiring committees should prioritize personality attributes such as the ability to connect with others, approachability, and staying calm under pressure when considering candidates for work in high schools. This includes seating one’s work in a relationship-based value system. Hiring staff with good intuition, who can compassionately redirect students to their mental health providers for in-depth counseling in a manner that is not dismissive or shaming, is imperative.

**4.5 Focus PD on student relationships.** Gear professional development towards training staff on building and maintaining meaningful relationships with students, establishing healthy boundaries, facilitating healthy peer relationships, and having a trauma-informed lens. There are many evidence-based training programs that are of particular relevance, such as Adverse Childhood Experiences (ACES), Trauma-Informed Schools, Psychological First-Aid, and Kognito.

#### **Implication 5: Flexible, Interdependent, Reflective and Innovative Teams**

Implication 5 dictates the presence of an interdisciplinary collaboration team in all counseling-enriched programs. Conclusion 5 found that interdisciplinary collaborative



teams function best when they are flexible, interdependent, reflective, and innovative. Based upon the extensive research base and key findings from the current study, it is impossible to adequately address the complexities of adolescents with emotional disturbance without such a team in place. This implication for action is described and supported by strategies for each essential element below:

**5.1 Legally mandate interdisciplinary collaboration teams.** Just as there are certain legal requirements for composition of the IEP team, or credential requirements for specialists serving particular disability categories, so should there be legal requirements for having interdisciplinary collaboration teams in place for serving students with emotional disturbance. The very poor long-term outcomes for these students cannot continue, particularly in light of prolific research advising on improved practices. In order to get such a team in place at all schools, it must be a federal or state mandate, and should be considered in the next revision of IDEA, or codified earlier in state Education Code revisions. Further recommendations for team structure and functioning follow:

- a. Establish clear parameters as to how the expertise of a special educator, mental health provider, and general educator integrate in service to this population. Please reference Implication 1.1 for further details.
- b. Develop norms and systems that are conducive to flexible and timely communication. Set a vision that invites diverse perspectives, reflection and feedback, and the timely sharing of information. Expect that team members dialogue on how, when, and what information is shared. This requires communication tools and time devoted to open discourse.

- c. Reflect together on what is in the best interests of each student and then promptly adapt accordingly. Team reflection includes observation, interaction, and direct student feedback, and is an iterative process of ongoing formative assessment that governs their combined efforts on behalf of each student. Administration must provide trust and freedom to the team to make timely adjustments in programming for each individual student.
- d. Promote innovation through a culture of crossover in roles and responsibilities. Encourage staff to merge perspectives, complete others' unfinished tasks, and solve problems that are outside their wheelhouse. School administrators support this collaborative culture by encouraging out-of-the-box thinking and supporting implementation of creative ideas.

### **Implication 6: Schoolwide Wellness**

Based on the conclusion that deliberate and sustained efforts to incorporate wellness for all students is essential in high schools, federal and state funding for Wellness Centers on every high school campus is imperative. Wellness Centers are based on an integrated service delivery model, and provide health, mental health, substance use/abuse and sexual health services in schools through direct services, education, and prevention. Wellness initiatives are growing in popularity in response to federal and state education reform efforts, as well as the strong neuroscience research base indicating that emotional wellbeing and feelings of safety are foundational to learning. Thus, the time has come for funding to follow recommendations. Implication for Action 6 is:

**6.1 Development of wellness centers in all high schools.** This will require increased funding to the nation's schools that is specifically allocated for this purpose,

and frameworks upon which these centers should be modeled. A culture where students feel connected, safe, and accepted and where there is a mindset that social-emotional, behavioral, and mental health are as valued as academic achievement, is the drive behind inclusion of wellness centers on all campuses. These centers facilitate students being able to seek support when and how they are most comfortable. This implication for action promotes equity of access to mental health care in reducing barriers to treatment common to private services.

### **Recommendations for Further Research**

This study contributed to research in the fields of education, psychology, and sociology. Research findings are particularly relevant to special education, emotional disturbance, mental health, high school, college and career preparation, team functioning, and interdisciplinary collaboration. Based on the key findings and conclusions from this study, there are several recommendations for future research.

- 1) A qualitative or mixed method study exploring the interplay of additional job roles on the interdisciplinary collaborative team is recommended. This study was delimited to 3 particular job roles. During interviews, there were repeated references to an expanded team of individuals who play important roles in supporting this population. A new study should have an expanded scope to study other job roles.
- 2) A future phenomenological study should explore students' perspectives through interviews or focus groups. The lived experiences of adolescents with emotional disturbance will provide greater depth and breadth of understanding how to support them best. For the current study, students were not part of the sample, yet are the

- population for whom this work is being done. Hearing from this student group directly as to what supports they need is missing from the current research base.
- 3) What has yet to be adequately explored in the research is the relationship between collaborative teams and student outcomes, including access to services, school attendance, and resource maximization. As put by seminal researchers in expanded school mental health, more research is needed to solidify this expected connection with causal data (Mellin et al., 2010; Mellin, Taylor, & Weist, 2014). There are several ways this can be approached in future studies:
- a) A quantitative or mixed methods study that compares student data pre-and-post enrollment in an exemplary counseling-enriched program. Current juniors or seniors who were or have been supported by an interdisciplinary collaborative team during their freshman or sophomore years could be the target population. Quantitative data such as attendance, discipline incidents, grades earned, and IEP goal progress should be compared across academic years in which the student did and did not participate in such a program. Casual effects should be considered and best practices established for within high-school programming for this student population.
  - b) A quantitative or mixed methods comparative study between two groups of adolescents, those who are being served in exemplary counseling-enriched programs and those who are not. Data sources would be similar to the above.
  - c) A longitudinal study following a group of adolescents served in exemplary counseling-enriched programs from high school to young adulthood. Such a study would consider high school diploma graduation rates, college entrance and

retention rates, conferring of college degrees, employment status, salaries, involvement in the legal system, dependence upon social services, mental health treatment plans compliance, substance use, and death rates.

- 4) Replication studies in other states or on other types of campuses are recommended.

A broader knowledge-base of the relevant issues and best practices in serving this population could be gained from such replication studies.

- 5) A qualitative or mixed-method study describing how interdisciplinary collaborative teams serve other student groupings by disability or grade level is suggested. While this study focused on adolescents eligible for special education under criteria for emotional disturbance, there are interdisciplinary collaborative teams serving other student groups and focused on other goals. Greater understanding of interdisciplinary collaboration teams in school would be gained by such a study.

- 6) A comparative study analyzing themes, descriptors and ratings of essential elements by job role, and/or by team longevity, would add helpful information to the research base. A study that overlays a comparative analysis design to the current study's purpose could implore a new data set, or provide further analysis of this student's existing data set. Such a study would further elucidate the unique perspectives and contributions of the various roles of these collaborative team members.

- 7) A mixed methods multiple-case study with a younger student group would expand the relevance and applicability of findings to a broader population. Such a study would switch the variable of college and career readiness to another achievement metric relevant to younger students. The study would maintain the two variables of collective efficacy and mental health wellness.

## **Concluding Remarks and Reflections**

This dissertation concludes with personal remarks and reflections on the process, outcomes, and future hopes for integration of education and adolescent mental health. It is only now, when writing the final words of this document, that I realize how much of my life has been in relation to mental health wellness. My dissertation journey did not begin a couple of years ago upon enrollment in the Brandman University doctoral program in Organizational Leadership. Upon reflection, I see that I actually took my first steps on this journey 30 years ago, as a teenager myself.

Every day, in every high school, there are many students suffering. Current statistics indicate mental health problems are interfering with the daily functioning of at least 20% of teens. Many indicate that this is actually an underestimate, and we see the percentage of youth impacted continuing to grow. I know their struggles intimately, as I was one of them. As a teen, I was depressed. I self-harmed. I risked my safety. I underachieved and underestimated my abilities and self-worth.

The seed for this dissertation was unknowingly planted at age 15, when I sat crying in a psychologist's office as he told my mother his truth about me. According to him, I was a child who was haphazardly treading water in a violent ocean, without a life raft in sight, and that if rescuers with a safety net didn't arrive soon, I would drown. What a frightening and overwhelming omen for a family already in pain to hear. That was the last time we ever stepped foot in his office.

Needless to say, I did not drown. I am here, strong and successful, and for the most part an incredibly happy, positive, and optimistic person. I owe this in large part to my life raft of rescuers that did eventually arrive. It happened in college, when I

stumbled upon a team of diversely talented professionals who collaborated to support me. Fortunately for me, it was not too late. However, statistics tell us that 50% of those whose high school years were similar to mine are not nearly as fortunate.

*Interdisciplinary Collaboration in Exemplary Counseling-Enriched High School Programs* is my contribution back. It is written in hope of less suffering and more opportunity for our youth. While progress has been made, it is slow-going, and mental illness remains in the shadows. This is particularly true for our children, who are shrouded in shame, embarrassment, and in fear of their own futures. Given the bleak long-term outcomes for this group, their fears are not unfounded.

As educators, mental health professionals, and community members, it is our obligation to put our collective knowledge and expertise to work in ramping up the speed of change. Improving educational experiences of the hundreds of thousands of children in this country with emotional disturbance is within reach. The research base is strong and is growing every day. We know what works. We just need to do it already!

My journey culminates in completion of this dissertation, a project of which I am incredibly proud. This research contributes much to special education, mental health, secondary school education, postsecondary planning, team functioning, and interdisciplinary collaboration. As I close this chapter, it is with hope that I look forward to my next adventure in service to these amazing adolescents. They have so very much to offer us. All we need to do is team up and support them.

As a teen, I desperately needed a collaborative team of diversely skilled, compassionate, and hard-working professionals to steady me. As an adult, I contribute to the research on interdisciplinary collaborative teams to steady others. My career has been

devoted to improving the experiences of children with disabilities. As a school psychologist and special education director, the best part of my journey has been witnessing betterment in the lives of youth with emotional disturbance. For all that the students have given me, it is through this work that I give back.

May the findings, conclusions, and implications for action be fruitful in improving the futures of each and every one of you.



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## APPENDICES

### APPENDIX A

#### Alignment Chart

Research Questions (RQ#)	Data Sources	Interview Questions (#)- not in script sequence (#)
RQ1. How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?	Interviews & Artifacts (policies; course offerings; participants' notes; photographs; school websites)	3. Please describe how you support the college and career readiness of your students.  4. Tell me about any collaboration that occurs as your team addresses college and career readiness of students in your program.
RQ2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?	Interviews & Artifacts (participants' notes; photographs; school websites)	5. Please describe how you support the mental health wellness of students.  6. How does collaboration occur with regards to students' mental health?
RQ3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created activities, interdependence) based on the model established by Mellin (Mellin et al., 2010)?	IITC-ESMH Survey <ul style="list-style-type: none"> <li>• Reflection: Q19 - Q26</li> <li>• Flexibility: Q5 - Q13</li> <li>• Newly Created: Q14 – Q18</li> <li>• Interdependence: Q1-Q4</li> </ul> Interviews &	1. Will you please tell me a little about your job role as part of an interdisciplinary collaboration team?  2. If you've worked in settings that did not involve an IC team, can you describe any differences in your role in those settings?  7. What does interdependence mean to you with regard to your

	Artifacts	<p>work on the IC team?</p> <p>8. Please describe what flexibility looks like in your daily work as part of an IC team.</p> <p>9. As a member of an IC team, please describe what reflection looks like.</p>
RQ4. What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?	Interviews	<p>10. Please share any ideas you have about improving practices in working with adolescents with emotional disturbance.</p>

## APPENDIX B

### Interview Protocol & Script

My name is Amira Mostafa and I am a doctoral candidate in Organizational Leadership at Brandman University. I am conducting research on interdisciplinary collaboration in exemplary counseling-enriched programs for students with emotional disturbance (ED). During the interview, I will be reading most of what I say. Although this may seem a bit awkward, it is a research practice that will help all of my interviews be conducted similarly. This provides for consistency in my practice.

Students with ED have complex profiles with needs that cross academic and therapeutic domains. Post- high school outcome data tells us that the adult outcomes for students with ED are the poorest of any student group. While there is much research on college and career readiness, and separately on expanded school mental health, research on simultaneously serving the unique academic and mental health needs of this population through a collaborative team approach is lacking. As a participant in this study, you are helping to change that.

This study explores how some counseling-enriched programs, like yours, utilize interdisciplinary collaboration teams to simultaneously address college and career readiness and mental health wellness for their students. I am conducting case studies of three such exemplary programs. Within each case, I am collecting documentary and archival evidence, and am surveying and interviewing one special education teacher, one general education teacher, and one school psychologist. Thus, there will be a total of nine participants across the three cases studied. You have been asked to participate because of your contributions to your interdisciplinary collaborative team. Thank you

very much for being willing to share your knowledge and insights with me as part of this important study.

Before we begin with the questions, I would like to remind you that the information obtained as part of this study is confidential. All data will be reported without reference to identifying individual participants. As indicated on the Informed Consent form, I will be recording our conversation for accuracy and ease of discussion. I may also take a few notes along the way. Thereafter, I will transcribe the interview and will send it to you, so that you can check to verify that your thoughts are properly captured.

We have set aside 45 minutes for the interview. As we proceed, please let me know if you want to skip a particular question or even if you'd like to end the interview early. Do you have questions before we begin? Okay, let's go ahead and get started.

*[Place reference card in front of participant]*

Prior to this interview, you responded to a survey on interdisciplinary collaboration. The survey addressed four elements of interdisciplinary collaboration, which I have listed here *[point out each element on card: reflection on process; interdependence; role; flexibility]*. I have also included operational definitions of college and career readiness, and mental health wellness, for your reference during the interview.

1. Can you please tell me a little about your job role as part of an interdisciplinary collaboration team? *[RQ3]*

- a. Probe: Who are the members of your team?
- b. Probe: Of those, who do you consider to be part of the core team?

2. If you've worked in settings that did not involve an IC team, can you describe any differences in your role in those settings? *[RQ3]*
3. Please describe how you support the college and career readiness of your students. *[RQ1]*
4. Tell me about any collaboration that occurs as your team addresses college and career readiness of students in your program. *[RQ1]*
5. Please describe how you support the mental health wellness of students *[RQ2]*
  - a. Probe: Can you give me an example of how you've worked with mental health issues?
6. How does collaboration occur with regard to students' mental health? *[RQ2]*
7. What does interdependence mean to you with regard to your work on the IC team? *[RQ3]*
8. Please describe what flexibility looks like in your daily work as part of an IC team. *[RQ3]*
9. As a member of an IC team, please describe what reflection looks like. *[RQ3]*
  - Probe: When, how, and with whom do you reflect on process?
10. Please share any ideas you have about improving practices in working with adolescents with emotional disturbance. *[RQ4]*

We have come to the end of the interview. Thank you again for sharing your thoughts and experiences with me. Your contribution to this field is much appreciated.



## APPENDIX C

### Interview Protocol Participant Reference Sheet

**College and Career Readiness:** To be equipped with the skills needed to enter and succeed in one's desired collage and career program after high school.

**Mental Health:** An individual's state of well-being, and includes emotional regulation, flexibility and ability to cope with adversity, effective social and interpersonal functioning, and self-care needed for internal equilibrium. In school settings, this term may be referred to as social-emotional functioning.

#### ELEMENTS OF IC:

**Roles—newly created professional activities:** Innovation that occurs through the merging of multiple perspectives. The synergy of diverse viewpoints, backgrounds, abilities, and expertise, which contribute necessary ingredients for creativity, innovation, and newly constructed practices.

**Reflection on process:** Team reflection, how they evaluate their working relationships, and how they incorporate feedback on their processes in supporting their ongoing work. Reflection on process serves as a formative assessment guiding collaborative team efforts.

**Flexibility:** The flexibility of teams with respect to the expansion and blurring of roles and responsibilities. Characteristics supporting professional flexibility include communication, mutual respect, and compromise.

**Interdependence.** Reliance on other professionals to accomplish goals and activities, and understanding that one's work cannot be done without relying on others. Being interdependently reliant means recognizing that students' learning and related mental health needs could not be met without one another.

APPENDIX D

INTRODUCTION LETTER TO EXPERT PANEL

May 24, 2019

Dear \_\_\_\_\_,

I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. You have been identified as an expert in the field of special education, counseling-enriched programs, college and career readiness, and mental health. As such, I am asking for your assistance in helping me identify exemplary counseling-enriched high school programs in California that I may be able to include in my multiple-case study.

Through a comprehensive literature review on evidence-based practices for students with emotional disturbance, and the California LCFF Whole Child Resource Map, the following criteria define an exemplary program for purposes of this study. All five criteria must be met to be included in this study.

Based on your experience in this area, please review the following five criteria, and respond to the researcher with recommendations of exemplary programs:

Five Criteria for “Exemplary”	Verification Source
1. Safe, comfortable, and positive learning environment.	Discipline and safe schools data from CDE Dashboard.
2. District and site leadership support of program and of students.	Program literature; Superintendent Interview.
3. General education opportunities available and access to college preparatory courses.	Instructional guide; Course offerings and enrollment data.
4. Staffing includes credentialed special education teacher, credentialed school psychologist, and access to general education teachers with single subject authorizations.	Human Resources list; staffing assignments.
5. Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist, and general education teacher	Program literature; Superintendent interview.

**PURPOSE OF STUDY:** The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary

collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**ACTIVITIES OF EXPERT PANELIST:** To make recommendations of exemplary counseling-enriched high school programs for possible inclusion in this study.

**POTENTIAL BENEFITS:** Your participation in this study may bring the potential benefits of contributing to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care.

**RISKS, INCONVENIENCES, AND DISCOMFORTS:** There are no known major risks to your participation in this research study.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study or the informed consent process, you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim Mcarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu). Additionally, you may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641.

Please provide your recommendations of exemplary programs through your preferred method of communication: phone or text 415-519-4620 or email [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

Your contribution to this important area of study is greatly appreciated.

Sincerely,

Amira S. Mostafa, M.A.  
Doctoral Candidate, Ed.D.  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

APPENDIX E

INVITATION TO PARTICIPATE TO DISTRICT SUPERINTENDENT

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED.

First, I want to thank you for providing such important service to these students. Creating and running programs for this unique population can be challenging, and there is value to be had in the field in learning from those that have an excellent reputation, such as your district. With that in mind, please consider agreeing to participate in this important research. A district participation agreement form, which details this study further, is attached for your signature.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

Please review the attached district consent form and contact me through your preferred method of communication: phone or text 415-519-4620 or email [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu).

Your contribution to this important area of study is greatly appreciated.

Sincerely,

Amira S. Mostafa, M.A.  
Doctoral Candidate  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)  
[amirasmostafa@yahoo.com](mailto:amirasmostafa@yahoo.com)

APPENDIX F

DISTRICT PARTICIPATION AGREEMENT FORM

**INFORMATION ABOUT: Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance**

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

**PURPOSE OF STUDY:** The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**POTENTIAL BENEFITS:** Your district’s participation in this study may bring the potential benefits of contributing to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care.

**POTENTIAL RISKS:** There are no more than minimal risks associated with participating in this research. It is possible that some minimal discomfort will be experienced by participants in the sharing of information about their work with students and their interactions with colleagues.

**AGREEMENT:** By signing below, I am agreeing for interdisciplinary collaboration team members in my district to be invited to participate in this study, and for my district’s program to serve as a case study of an exemplary counseling-enriched high school program for students with emotional disturbance.

I understand that if I have any questions, comments, or concerns about the study, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. If I have any questions, comments, or concerns about the study, I am encouraged to contact Amira Mostafa at 415-519-4620 or [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu); or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

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Superintendent or Designee

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Date

## APPENDIX G

### LETTER TO DIRECTOR REQUESTING RECOMMENDATION OF PARTICIPANTS

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED. First, I want to thank you for providing such important service to these students. Creating and running programs for this unique population can be challenging, and there is value to be had in the field in learning from those that have an excellent reputation, such as your district’s program.

I would like your assistance in providing recommendations of your interdisciplinary collaborative team members who are likely to provide the best information to address the purpose of the research. For this study, I will survey and interview three team members from your exemplary counseling-enriched high school program who fill the following job roles. Please provide me with contact information for the Special Ed Teacher; General Ed Teacher, and School Psychologist.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu). Additionally, you may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641.

Please contact me through your preferred method of communication with your recommendations for study participants. I can be reached by phone or text at 415-519-4620 or by email at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu). Your contribution to this important area of study is greatly appreciated.

Sincerely,  
Amira S. Mostafa, M.A.  
Doctoral Candidate  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

## APPENDIX H

### INVITATION LETTER FOR PARTICIPANTS

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED. Further, you have been nominated as an interdisciplinary collaborative team member in the program who may be able and willing to contribute to this important research as a study participant. For this study, participants sought are interdisciplinary collaborative team members in the role of special education teacher, general education teacher, and school psychologist.

First, I want to thank you for providing such important service to this population of students. Supporting students in counseling-enriched programs can be challenging, and there is value to be had in the field in learning from those who are engaging in exemplary work, such as yourself. Should you agree, participation in this study will take approximately 1 hour of your time. You will be sent a Survey Monkey link to a brief survey, which will take less than 15 minutes to complete. Next, I will arrange an on-site 45-minute individual audio recorded interview with you at a time and location of your choosing. Your participation in this study will be a confidential process. You will not be personally identified in the study and your anonymity will be protected. Further details on the purpose of the study, confidentiality, informed consent, benefits and risks, and participant rights are attached to this letter.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

Please contact me through your preferred method of communication with your agreement to participate so I can send you the Survey Monkey link and arrange a convenient interview time. I can be reached by call or text at 415-519-4620, or by email at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu).

Your contribution to this important area of study is greatly appreciated.

Sincerely,  
Amira S. Mostafa, M.A.

Doctoral Candidate  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)



## APPENDIX I

### PARTICIPANT INFORMED CONSENT

**INFORMATION ABOUT:** Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental health Wellness for Students with Emotional Disturbance

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

**PURPOSE OF STUDY:** You are being asked to participate in a research study conducted by Amira Mostafa, a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**POTENTIAL BENEFITS:** This study will contribute to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population, which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care. Additionally, participants in the study may experience positive regard and complementary benefits from being identified as being an interdisciplinary team member in a program recognized as exemplary with the field. Through the process of reflecting upon their work, including the potential impact on the students they work with, individuals may experience feelings of pride and happiness and connection with teammates.

**POTENTIAL RISKS:** There are no more than minimal risks associated with participation in this study. Participants will be asked to reflect and share information about their support of students with emotional disturbance in their counseling-enriched programs. They will also be asked to discuss and rate their interdisciplinary collaboration with team members, and to make future recommendations. It is possible that some minimal discomfort will be experienced in the sharing of information about their work and interactions with colleagues.

**ACTIVITIES:** By participating in this study, occurring in June 2019, I agree to the following:

- 1.) Complete an electronic survey: Index of Interdisciplinary Team Collaboration-Expanded School Mental Health Form. This will take 10-15 minutes to complete via Survey Monkey.

and

- 2.) Participate in an individual interview lasting approximately 45 minutes in a private on-site meeting location of my choosing.

optional:

- 3.) Although not required of me as a participant in this study, the sharing of notes, texts, or email correspondence that document interdisciplinary collaboration between team members with this researcher may provide greater depth. The researcher will also be gathering publicly available documents, such as program descriptions, course offerings, sample daily schedules, maps, and caseload numbers. Please let the researcher know if you would like to voluntarily share any such correspondence or documents with her.

I understand that:

- a) There are minimal risks associated with participating in this research.
- b) The researcher will protect my confidentiality by keeping the identifying codes and research materials in a locked file drawer that is available only to the researcher.
- c) The interview will be audio-recorded. The recordings will be available only to the researcher and the professional transcriptionist. The audio recordings will be used to capture the interview dialogue and to ensure the accuracy of the information collected during the interview. All information will be identifier-redacted and my confidentiality will be maintained. Upon completion of the study all audio recordings will be destroyed.
- d) All other data and consents will be securely stored for three years after completion of data collection and confidentially shredded or fully deleted.
- e) The possible benefits of this study to me is that my input may help add to research on improving educational and related therapeutic programming for high school students with ED. Through my participation in this study, I may experience positive regard and complementary benefits from being identified as being a team member working in a program that has been identified as exemplary. Through the process of reflecting upon my work, including the potential impact on the students I serve, I may experience feelings of pride

and happiness and enjoy increased connections with my teammates, who may also be participating in this study.

- f) The findings will be available to me at the conclusion of the study and will provide new insights about the interdisciplinary collaboration process in exemplary counseling-enriched high school programs.
- g) I will not be compensated for my participation.
- h) I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights.

If you have any questions, comments, or concerns about the study or the informed consent process, you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

**ACKNOWLEDGEMENT:** I acknowledge that I have received a copy of this form and the "Research Participant's Bill of Rights." I have read the above and understand it and hereby consent to the procedure(s) set forth.

---

Signature of Participant

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Date

---

Signature of Principal Investigator

---

Date

## APPENDIX J

### ELECTRONIC SURVEY INFORMED CONSENT

**INFORMATION ABOUT:** Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

#### **THE FOLLOWING WILL BE INCLUDED IN THE ELECTRONIC SURVEY:**

**PURPOSE OF STUDY:** You are being asked to participate in a research study conducted by Amira Mostafa, M.A., a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin, which is the primary focus of this electronic survey tool. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**ELECTRONIC SURVEY:** You are being asked to complete the Index of Interdisciplinary Team Collaboration- Expanded School Mental Health (IITC-ESMH) by Elizabeth Mellin and colleagues (Mellin et al., 2010). Your participation in this survey is voluntary. You may choose not to participate. If you decide to participate in this electronic survey, you can withdraw at any time. The survey will take approximately 5 – 10 minutes to complete. Your responses will be confidential. The survey questions will pertain to your perceptions of the interdisciplinary collaboration team process.

Each participant will use a three-digit code for identification purposes. The researcher will keep the identifying codes safeguarded in a locked file drawer to which the researcher will have sole access. The results of this study will be used for scholarly purposes only.

If you have any questions about completing this survey or any aspects of this research, please contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits

allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights

**Please select your choice below:**

Clicking on the "agree" button indicates that you have read the informed consent form and the information in this document and that you voluntarily agree to participate. If you do not wish to participate in this electronic survey, you may decline participation by clicking on the "disagree" button. The survey will not open for responses unless you agree to participate.

\_\_\_\_\_ AGREE: I acknowledge receipt of the complete Informed Consent packet and "Bill of Rights." I have read the materials and give my consent to participate in the study.

\_\_\_\_\_ DISAGREE: I do not wish to participate in this electronic survey.

APPENDIX K

AUDIO RECORDING RELEASE & CONSENT FORM

**INFORMATION ABOUT:** Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

**RELEASE:** I understand that as part of this study, I am participating in an interview which will be audio-recorded as a digital file, per the granting of my permission.

I do not have to agree to have the interview audio-recorded.

In the event that I do agree to have myself audio-recorded, the sole purpose will be to support data collection as part of this study.

The digital audio recording will only be used for this research. Only the researcher and the professional transcriptionist will have access to the audio file. The digital audio file will be destroyed at the end of the study. The written transcription of the audio file will be stored in a locked file drawer and destroyed three years following completion of this study.

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights.

**CONSENT:** I hereby give my permission to Amira Mostafa to use audio recorded material taken of me during the interview. As with all research consent, I may at any time withdraw permission for audio recording of me to be used in this research study.

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

Date: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX L

APPENDIX A

Alignment Chart

Research Questions (RQ#)	Data Sources	Interview Questions (#)- not in script sequence (#)
RQ1. How do interdisciplinary collaborative team members describe their experiences as they support the college and career readiness of adolescents with emotional disturbance?	Documentation (policies; course offerings; participants' notes; photographs, school websites) & Interview	5. Please describe how you support the college and career readiness of your students.  6. Tell me about any collaboration that occurs as your team addresses college and career readiness of students in your program.
RQ2. How do interdisciplinary collaborative team members describe their experiences as they support the mental health wellness of adolescents with emotional disturbance?	Documentation (participants' notes, photographs; school websites) & Interview	5. Please describe how you support the mental health wellness of students.  6. How does collaboration occur with regards to students' mental health?
RQ3. How do team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, interdependence) based on the model established by Mellin (Mellin et al., 2010)?	Documentation (program descriptions; participants' notes)  Survey- IITC-ESMH	3. Will you please tell me a little about your job role as part of an interdisciplinary collaboration team?  4. If you've worked in settings that did not involve an IC team, can you describe any differences in your role in those settings?  7. What does interdependence mean to you with regard to your work on the IC team?  8. Please describe what flexibility looks like in your daily work as part of an IC team.  9. As a member of an IC team,



		please describe what reflection looks like.
RQ4. What recommendations do interdisciplinary collaborative team members have in regards to improved practices in supporting adolescents with emotional disturbance?	Documentation & Interview	10. Please share any ideas you have about improving practices in working with adolescents with emotional disturbance.

## APPENDIX B

### Interview Protocol & Script

My name is Amira Mostafa and I am a doctoral candidate in Organizational Leadership at Brandman University. I am conducting research on interdisciplinary collaboration in exemplary counseling-enriched programs for students with emotional disturbance (ED). During the interview, I will be reading most of what I say. Although this may seem a bit awkward, it is a research practice that will help all of my interviews be conducted similarly. This provides for consistency in my practice.

Students with ED have complex profiles with needs that cross academic and therapeutic domains. Post- high school outcome data tells us that the adult outcomes for students with ED are the poorest of any student group. While there is much research on college and career readiness, and separately on expanded school mental health, research on simultaneously serving the unique academic and mental health needs of this population through a collaborative team approach is lacking. As a participant in this study, you are helping to change that.

This study explores how some counseling-enriched programs, like yours, utilize interdisciplinary collaboration teams to simultaneously address college and career readiness and mental health wellness for their students. I am conducting case studies of three such exemplary programs. Within each case, I am collecting documentary and archival evidence, and am surveying and interviewing one special education teacher, one general education teacher, and one school psychologist. Thus, there will be a total of nine participants across the three cases studied. You have been asked to participate because of your contributions to your interdisciplinary collaborative team. Thank you

very much for being willing to share your knowledge and insights with me as part of this important study.

Before we begin with the questions, I would like to remind you that the information obtained as part of this study is confidential. All data will be reported without reference to identifying individual participants. As indicated on the Informed Consent form, I will be recording our conversation for accuracy and ease of discussion. I may also take a few notes along the way. Thereafter, I will transcribe the interview and will send it to you, so that you can check to verify that your thoughts are properly captured.

We have set aside 45 minutes for the interview. As we proceed, please let me know if you want to skip a particular question or even if you'd like to end the interview early. Do you have questions before we begin? Okay, let's go ahead and get started.

*[Place reference card in front of participant]*

Prior to this interview, you responded to a survey on interdisciplinary collaboration. The survey addressed four elements of interdisciplinary collaboration, which I have listed here *[point out each element on card: reflection on process; interdependence; role; flexibility]*. I have also included operational definitions of college and career readiness, and mental health wellness, for your reference during the interview.

9. Can you please tell me a little about your job role as part of an interdisciplinary collaboration team? *[RQ3]*

- a. Probe: Who are the members of your team?
- b. Probe: Of those, who do you consider to be part of the core team?

10. If you've worked in settings that did not involve an IC team, can you describe any differences in your role in those settings? *[RQ3]*
11. Please describe how you support the college and career readiness of your students. *[RQ1]*
12. Tell me about any collaboration that occurs as your team addresses college and career readiness of students in your program. *[RQ1]*
13. Please describe how you support the mental health wellness of students *[RQ2]*
- a. Probe: Can you give me an example of how you've worked with mental health issues?
14. How does collaboration occur with regard to students' mental health? *[RQ2]*
15. What does interdependence mean to you with regard to your work on the IC team? *[RQ3]*
16. Please describe what flexibility looks like in your daily work as part of an IC team. *[RQ3]*
9. As a member of an IC team, please describe what reflection looks like. *[RQ3]*
- Probe: When, how, and with whom do you reflect on process?
10. Please share any ideas you have about improving practices in working with adolescents with emotional disturbance. *[RQ4]*

We have come to the end of the interview. Thank you again for sharing your thoughts and experiences with me. Your contribution to this field is much appreciated.

## APPENDIX C

### Interview Protocol Participant Reference Sheet

**College and Career Readiness:** To be equipped with the skills needed to enter and succeed in one's desired collage and career program after high school.

**Mental Health:** An individual's state of well-being, and includes emotional regulation, flexibility and ability to cope with adversity, effective social and interpersonal functioning, and self-care needed for internal equilibrium. In school settings, this term may be referred to as social-emotional functioning.

#### ELEMENTS OF IC:

**Roles—newly created professional activities:** Innovation that occurs through the merging of multiple perspectives. The synergy of diverse viewpoints, backgrounds, abilities, and expertise, which contribute necessary ingredients for creativity, innovation, and newly constructed practices.

**Reflection on process:** Team reflection, how they evaluate their working relationships, and how they incorporate feedback on their processes in supporting their ongoing work. Reflection on process serves as a formative assessment guiding collaborative team efforts.

**Flexibility:** The flexibility of teams with respect to the expansion and blurring of roles and responsibilities. Characteristics supporting professional flexibility include communication, mutual respect, and compromise.

**Interdependence.** Reliance on other professionals to accomplish goals and activities, and understanding that one's work cannot be done without relying on others. Being interdependently reliant means recognizing that students' learning and related mental health needs could not be met without one another.

APPENDIX D

INTRODUCTION LETTER TO EXPERT PANEL

May 24, 2019

Dear \_\_\_\_\_,

I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. You have been identified as an expert in the field of special education, counseling-enriched programs, college and career readiness, and mental health. As such, I am asking for your assistance in helping me identify exemplary counseling-enriched high school programs in California that I may be able to include in my multiple-case study.

Through a comprehensive literature review on evidence-based practices for students with emotional disturbance, and the California LCFF Whole Child Resource Map, the following criteria define an exemplary program for purposes of this study. All five criteria must be met to be included in this study.

Based on your experience in this area, please review the following five criteria, and respond to the researcher with recommendations of exemplary programs:

Five Criteria for “Exemplary”	Verification Source
1. Safe, comfortable, and positive learning environment.	Discipline and safe schools data from CDE Dashboard.
2. District and site leadership support of program and of students.	Program literature; Superintendent Interview.
3. General education opportunities available and access to college preparatory courses.	Instructional guide; Course offerings and enrollment data.
4. Staffing includes credentialed special education teacher, credentialed school psychologist, and access to general education teachers with single subject authorizations.	Human Resources list; staffing assignments.
5. Interdisciplinary collaboration team is in place that includes a special education teacher, school psychologist, and general education teacher	Program literature; Superintendent interview.

**PURPOSE OF STUDY:** The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary

collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**ACTIVITIES OF EXPERT PANELIST:** To make recommendations of exemplary counseling-enriched high school programs for possible inclusion in this study.

**POTENTIAL BENEFITS:** Your participation in this study may bring the potential benefits of contributing to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care.

**RISKS, INCONVENIENCES, AND DISCOMFORTS:** There are no known major risks to your participation in this research study.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study or the informed consent process, you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim Mcarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu). Additionally, you may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641.

Please provide your recommendations of exemplary programs through your preferred method of communication: phone or text 415-519-4620 or email [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

Your contribution to this important area of study is greatly appreciated.

Sincerely,

Amira S. Mostafa, M.A.  
Doctoral Candidate, Ed.D.  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

APPENDIX E

INVITATION TO PARTICIPATE TO DISTRICT SUPERINTENDENT

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED.

First, I want to thank you for providing such important service to these students. Creating and running programs for this unique population can be challenging, and there is value to be had in the field in learning from those that have an excellent reputation, such as your district. With that in mind, please consider agreeing to participate in this important research. A district participation agreement form, which details this study further, is attached for your signature.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

Please review the attached district consent form and contact me through your preferred method of communication: phone or text 415-519-4620 or email [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu).

Your contribution to this important area of study is greatly appreciated.

Sincerely,

Amira S. Mostafa, M.A.  
Doctoral Candidate  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)  
[amirasmostafa@yahoo.com](mailto:amirasmostafa@yahoo.com)

APPENDIX F

DISTRICT PARTICIPATION AGREEMENT FORM



**INFORMATION ABOUT: Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance**

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

**PURPOSE OF STUDY:** The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**POTENTIAL BENEFITS:** Your district's participation in this study may bring the potential benefits of contributing to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care.

**POTENTIAL RISKS:** There are no more than minimal risks associated with participating in this research. It is possible that some minimal discomfort will be experienced by participants in the sharing of information about their work with students and their interactions with colleagues.

**AGREEMENT:** By signing below, I am agreeing for interdisciplinary collaboration team members in my district to be invited to participate in this study, and for my district's program to serve as a case study of an exemplary counseling-enriched high school program for students with emotional disturbance.

I understand that if I have any questions, comments, or concerns about the study, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. If I have any questions, comments, or concerns about the study, I am encouraged to contact Amira Mostafa at 415-519-4620 or [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu); or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

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Superintendent or Designee

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Date

## APPENDIX G

### LETTER TO DIRECTOR REQUESTING RECOMMENDATION OF PARTICIPANTS

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED. First, I want to thank you for providing such important service to these students. Creating and running programs for this unique population can be challenging, and there is value to be had in the field in learning from those that have an excellent reputation, such as your district’s program.

I would like your assistance in providing recommendations of your interdisciplinary collaborative team members who are likely to provide the best information to address the purpose of the research. For this study, I will survey and interview three team members from your exemplary counseling-enriched high school program who fill the following job roles. Please provide me with contact information for the Special Ed Teacher; General Ed Teacher, and School Psychologist.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu). Additionally, you may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641.

Please contact me through your preferred method of communication with your recommendations for study participants. I can be reached by phone or text at 415-519-4620 or by email at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu). Your contribution to this important area of study is greatly appreciated.

Sincerely,  
Amira S. Mostafa, M.A.  
Doctoral Candidate  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

## APPENDIX H

### INVITATION LETTER FOR PARTICIPANTS

May 27, 2019

Dear \_\_\_\_\_,

My name is Amira Mostafa and I am a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. I am conducting a study on how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance (ED). Through a rigorous identification process, your district has been identified as one of a select few operating an “exemplary” counseling-enriched high school program for students with ED. Further, you have been nominated as an interdisciplinary collaborative team member in the program who may be able and willing to contribute to this important research as a study participant. For this study, participants sought are interdisciplinary collaborative team members in the role of special education teacher, general education teacher, and school psychologist.

First, I want to thank you for providing such important service to this population of students. Supporting students in counseling-enriched programs can be challenging, and there is value to be had in the field in learning from those who are engaging in exemplary work, such as yourself. Should you agree, participation in this study will take approximately 1 hour of your time. You will be sent a Survey Monkey link to a brief survey, which will take less than 15 minutes to complete. Next, I will arrange an on-site 45-minute individual audio recorded interview with you at a time and location of your choosing. Your participation in this study will be a confidential process. You will not be personally identified in the study and your anonymity will be protected. Further details on the purpose of the study, confidentiality, informed consent, benefits and risks, and participant rights are attached to this letter.

I would love to discuss my topic further and encourage you to ask any questions you may have that may help you understand how this study will be performed and/or how it may affect you. If you have any questions, comments, or concerns about the study you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

Please contact me through your preferred method of communication with your agreement to participate so I can send you the Survey Monkey link and arrange a convenient interview time. I can be reached by call or text at 415-519-4620, or by email at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu).

Your contribution to this important area of study is greatly appreciated.

Sincerely,  
Amira S. Mostafa, M.A.

Doctoral Candidate  
415-519-4620  
[amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu)

## APPENDIX I

### PARTICIPANT INFORMED CONSENT

**INFORMATION ABOUT:** Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental health Wellness for Students with Emotional Disturbance

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

**PURPOSE OF STUDY:** You are being asked to participate in a research study conducted by Amira Mostafa, a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**POTENTIAL BENEFITS:** This study will contribute to existing knowledge in several fields of study: college and career preparation, mental health, interdisciplinary teams, emotional disturbance, secondary education, and special education. This study provides synthesis of existing research in these separate domains into description of an integrated model specific for this population, which has the potential to change the trajectory of adult lives through improved long-term outcomes. With a more illustrative model of how interdisciplinary collaborative teams operate in exemplary counseling-enriched high school programs, educators and mental health providers around the globe may be able to better support youth with emotional disturbance in their care. Additionally, participants in the study may experience positive regard and complementary benefits from being identified as being an interdisciplinary team member in a program recognized as exemplary with the field. Through the process of reflecting upon their work, including the potential impact on the students they work with, individuals may experience feelings of pride and happiness and connection with teammates.

**POTENTIAL RISKS:** There are no more than minimal risks associated with participation in this study. Participants will be asked to reflect and share information about their support of students with emotional disturbance in their counseling-enriched programs. They will also be asked to discuss and rate their interdisciplinary collaboration with team members, and to make future recommendations. It is possible that some minimal discomfort will be experienced in the sharing of information about their work and interactions with colleagues.

**ACTIVITIES:** By participating in this study, occurring in June 2019, I agree to the following:

- 4.) Complete an electronic survey: Index of Interdisciplinary Team Collaboration-Expanded School Mental Health Form. This will take 10-15 minutes to complete via Survey Monkey.

and

- 5.) Participate in an individual interview lasting approximately 45 minutes in a private on-site meeting location of my choosing.

optional:

- 6.) Although not required of me as a participant in this study, the sharing of notes, texts, or email correspondence that document interdisciplinary collaboration between team members with this researcher may provide greater depth. The researcher will also be gathering publicly available documents, such as program descriptions, course offerings, sample daily schedules, maps, and caseload numbers. Please let the researcher know if you would like to voluntarily share any such correspondence or documents with her.

I understand that:

- i) There are minimal risks associated with participating in this research.
- j) The researcher will protect my confidentiality by keeping the identifying codes and research materials in a locked file drawer that is available only to the researcher.
- k) The interview will be audio-recorded. The recordings will be available only to the researcher and the professional transcriptionist. The audio recordings will be used to capture the interview dialogue and to ensure the accuracy of the information collected during the interview. All information will be identifier-redacted and my confidentiality will be maintained. Upon completion of the study all audio recordings will be destroyed.
- l) All other data and consents will be securely stored for three years after completion of data collection and confidentially shredded or fully deleted.
- m) The possible benefits of this study to me is that my input may help add to research on improving educational and related therapeutic programming for high school students with ED. Through my participation in this study, I may experience positive regard and complementary benefits from being identified as being a team member working in a program that has been identified as exemplary. Through the process of reflecting upon my work, including the potential impact on the students I serve, I may experience feelings of pride

and happiness and enjoy increased connections with my teammates, who may also be participating in this study.

- n) The findings will be available to me at the conclusion of the study and will provide new insights about the interdisciplinary collaboration process in exemplary counseling-enriched high school programs.
- o) I will not be compensated for my participation.
- p) I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights.

If you have any questions, comments, or concerns about the study or the informed consent process, you are encouraged to contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

**ACKNOWLEDGEMENT:** I acknowledge that I have received a copy of this form and the "Research Participant's Bill of Rights." I have read the above and understand it and hereby consent to the procedure(s) set forth.

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Signature of Participant

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Date

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Signature of Principal Investigator

---

Date

## APPENDIX J



### BRANDMAN UNIVERSITY INSTITUTIONAL REVIEW BOARD

#### Research Participant's Bill of Rights

Any person who is requested to consent to participate as a subject in an experiment, or who is requested to consent on behalf of another, has the following rights:

1. To be told what the study is attempting to discover.
2. To be told what will happen in the study and whether any of the procedures, drugs or devices are different from what would be used in standard practice.
3. To be told about the risks, side effects or discomforts of the things that may happen to him/her.
4. To be told if he/she can expect any benefit from participating and, if so, what the benefits might be.
5. To be told what other choices he/she has and how they may be better or worse than being in the study.
6. To be allowed to ask any questions concerning the study both before agreeing to be involved and during the course of the study.
7. To be told what sort of medical treatment is available if any complications arise.
8. To refuse to participate at all before or after the study is started without any adverse effects.
9. To receive a copy of the signed and dated consent form.
10. To be free of pressures when considering whether he/she wishes to agree to be in the study.

If at any time you have questions regarding a research study, you should ask the researchers to answer them. You also may contact the Brandman University Institutional Review Board, which is concerned with the protection of volunteers in research projects. The Brandman University Institutional Review Board may be contacted either by telephoning the Office of Academic Affairs at (949) 341-9937 or by writing to the Vice Chancellor of Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA, 92618.

## APPENDIX K





## Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Amira Mostafa** successfully completed the NIH Web-based training course "Protecting Human Research Participants."

**Date of Completion:** 05/20/2018

**Certification Number:** 2824397



## APPENDIX L

### ELECTRONIC SURVEY INFORMED CONSENT

**INFORMATION ABOUT:** Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance

**RESPONSIBLE INVESTIGATOR:** Amira S. Mostafa, M.A., Doctoral Candidate

#### **THE FOLLOWING WILL BE INCLUDED IN THE ELECTRONIC SURVEY:**

**PURPOSE OF STUDY:** You are being asked to participate in a research study conducted by Amira Mostafa, M.A., a doctoral candidate from the Ed.D. program in Organizational Leadership at Brandman University. The purpose of this research study is to describe how interdisciplinary collaborative teams support the college and career readiness and the mental health wellness of adolescents with emotional disturbance. Additionally, this study will explore how team members describe and rate the importance of their interdisciplinary collaboration using the four essential elements (reflection, flexibility, newly created roles, and interdependence) based on the model established by Elizabeth Mellin, which is the primary focus of this electronic survey tool. Lastly, this study seeks recommendations team members have regarding their interdisciplinary collaborative teamwork in supporting adolescents with emotional disturbance.

**ELECTRONIC SURVEY:** You are being asked to complete the Index of Interdisciplinary Team Collaboration- Expanded School Mental Health (IITC-ESMH) by Elizabeth Mellin and colleagues (Mellin et al., 2010). Your participation in this survey is voluntary. You may choose not to participate. If you decide to participate in this electronic survey, you can withdraw at any time. The survey will take approximately 5 – 10 minutes to complete. Your responses will be confidential. The survey questions will pertain to your perceptions of the interdisciplinary collaboration team process.

Each participant will use a three-digit code for identification purposes. The researcher will keep the identifying codes safeguarded in a locked file drawer to which the researcher will have sole access. The results of this study will be used for scholarly purposes only.

If you have any questions about completing this survey or any aspects of this research, please contact Amira Mostafa at [amostafa@mail.brandman.edu](mailto:amostafa@mail.brandman.edu) or by phone at 415-519-4620; or Dr. Tim McCarty, Advisor, at [tmccarty@brandman.edu](mailto:tmccarty@brandman.edu).

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so

informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights

**Please select your choice below:**

Clicking on the "agree" button indicates that you have read the informed consent form and the information in this document and that you voluntarily agree to participate. If you do not wish to participate in this electronic survey, you may decline participation by clicking on the "disagree" button. The survey will not open for responses unless you agree to participate.

\_\_\_\_\_ AGREE: I acknowledge receipt of the complete Informed Consent packet and "Bill of Rights." I have read the materials and give my consent to participate in the study.

\_\_\_\_\_ DISAGREE: I do not wish to participate in this electronic survey.

APPENDIX M

AUDIO RECORDING RELEASE & CONSENT FORM

INFORMATION ABOUT: Interdisciplinary Collaboration in Exemplary High School Counseling-Enriched Programs: Integrating College & Career Readiness and Mental Health Wellness for Students with Emotional Disturbance

RESPONSIBLE INVESTIGATOR: Amira S. Mostafa, M.A., Doctoral Candidate

RELEASE: I understand that as part of this study, I am participating in an interview which will be audio-recorded as a digital file, per the granting of my permission.

I do not have to agree to have the interview audio-recorded.

In the event that I do agree to have myself audio-recorded, the sole purpose will be to support data collection as part of this study.

The digital audio recording will only be used for this research. Only the researcher and the professional transcriptionist will have access to the audio file. The digital audio file will be destroyed at the end of the study. The written transcription of the audio file will be stored in a locked file drawer and destroyed three years following completion of this study.

I understand that I may refuse to participate in or I may withdraw from this study at any time without any negative consequences. Also, the investigator may stop the study at any time. I also understand that no information that identifies me will be released without my separate consent and that all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor Academic Affairs, Brandman University, 16355 Laguna Canyon Road, Irvine, CA 92618 Telephone (949) 341-7641. I acknowledge that I have received a copy of this form and the Research Participant's Bill of Rights.

CONSENT: I hereby give my permission to Amira Mostafa to use audio recorded material taken of me during the interview. As with all research consent, I may at any time withdraw permission for audio recording of me to be used in this research study.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

## APPENDIX N

### Index of Interprofessional Team Collaboration- Expanded School Mental Health

(Mellin et al., 2009)

**With regard to your current involvement in an interprofessional team, please indicate the frequency to which each of the following statements occurs.**

1. The team depends on members with varying roles (e.g., teacher, mental health professional, paraprofessional, special educator, family member, etc) to accomplish its goals.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

2. The team consults with members who have a variety of perspectives about how to address the needs of youth.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

3. The team makes distinctions among the roles and responsibilities of each member.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

4. The team depends on members with varying roles (e.g., teacher, mental health professional, paraprofessional, special educator, family member, etc) to implement specific activities.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

5. There are "turf" issues among members of the team.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

6. The team welcomes new ideas about how to help youth.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

7. Team members respect one another even when they have different ideas about how to help youth.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. The team has appropriate expectations of the roles of members in supporting youth.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. The team respects the opinion and input of each member.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. There is open communication among team members.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Team members focus on understanding the perspectives of others rather than defending their specific opinions.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. The team supports each member in his or her work with youth.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. There is freedom to be different and disagree within the team.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. New practices related to working with youth occur as a result of the diversity of ideas among members.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Working with team members who have multiple perspectives results in new programs available to help youth.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. The roles and/or responsibilities of team members change as a result of teamwork.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

17. As a result of working as a team, services/supports for youth are delivered in new ways.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

18. Team members take on tasks outside their roles when necessary.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

19. Team members discuss strategies to improve their working relationship.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

20. Team members talk about ways to involve additional professionals with various expertise on the team.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

21. The team works together to resolve problems among members.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

22. Members of the team address conflicts with each other directly.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

23. Team members talk about similarities and differences among their roles in working with youth.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

24. The team informally and/or formally evaluates how they work together.

Never (1)      Rarely (2)      Sometimes (3)      Often (4)      Always (5)

25. The team discusses the extent to which each professional should be involved with a particular youth.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. The team incorporates feedback about its process to strengthen its effectiveness.

Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## APPENDIX O

Synthesis Matrix		Themes	Teams	Interdisciplinary Collaboration	Schools	College & Career	Mental Health	Emotional Disturbance	Long-Term Outcomes	Definitions
<b>Author</b>	<b>Work Cited</b>									
Alliance for Excellent Education	Alliance for Excellent Education (All4Ed). (2018). Equity, excellence, and innovation: Alliance for excellent education annual report 2017. Washington, D.C.		x		x	x			x	
Anderson-Butcher	Anderson-Butcher, D., & Ashton, D. (2004). Innovative models of collaboration to serve children, youths, families, and communities. <i>Children &amp; Schools</i> , 25, 39-53.			x	x		x			x
Ball, et al.	Ball, A., Anderson-Butcher, D., Mellin, E.A., & Green, J. H. (2010). A cross-walk of professional competencies involved in expanded school mental health: An exploratory study. <i>School Mental Health</i> , 2, 114-124.		x	x	x		x			
Bradley, Doolittle & Bartolotta	Bradley, R., Doolittle, J. & Bartolotta, R. (2008). Building to the data and adding to the discussion: The experiences and outcomes of students with emotional disturbance. <i>Journal of Behavioral Education</i> , 17, 4-23.						x	x	x	
Berger, Hasking & Reupert	Berger, E., Hasking, P., & Reupert, A. (2014). "We're working in the dark here": Education needs of teachers and school staff regarding student self-injury. <i>School Mental Health</i> , 6(3), 201-212.				x		x			
Bronstein	Bronstein, L.R. (1999). Interdisciplinary collaboration between social workers and other professionals: The design and development of an assessment instrument. Unpublished doctoral dissertation, Barry University, Miami, FL.			x						x
Bronstein	Bronstein, L.R. (2002). Index of interdisciplinary collaboration. <i>Social Work Research</i> , 26 (2), 113-123.			x					x	
Bronstein	Bronstein, L.R. (2003). A model for interdisciplinary collaboration. <i>Social Work</i> , 48 (3), 297-306.			x					x	
Bronstein & Abramson	Bronstein, L.R. & Abramson, J.S. (2003). Understanding socialization of teachers and social workers: Groundwork for collaboration in the schools. <i>Families in Society</i> , Milwaukee (84), 3, 323-330.			x	x				x	x
Bronstein & Mason	Bronstein, L.R., & Mason, S.E. (2016). <i>School-linked services: Promoting equity for children, families, and communities</i> . New York, NY: Columbia University Press.		x	x	x				x	
Bullis & Cheney	Bullis, M. & Cheney, D. (1999). Vocational and transition interventions for adolescents and young adults with emotional or behavioral disorders. <i>Focus on Exceptional Children</i> , 3, 1-24.		x		x	x			x	
Bruner	Bruner, C. (1991). Ten questions and answers to help policy makers improve children's services. Washington, DC: Education and Human Services Consortium.								x	x
California Statewide Task Force	California Statewide Task Force on Special Education (2015) <i>One system: Reforming education to serve all students</i> .				x			x	x	
Climie & Altomare	Climie, E., & Altomare, A. A. (2013). Supporting Children with Mental Health Concerns in Classrooms. <i>International Journal for Leadership in Learning</i> , 1(1).									
Conley	Conley, D. T., & Educational Policy Improvement Center (2012). <i>A Complete Definition of College and Career Readiness</i> .				x	x				x
Conley	Conley, D.T. (2007). <i>Redefining college readiness</i> . Eugene, OR: Educational Policy Improvement Center.				x	x			x	x

Synthesis Matrix		Themes	Teams	Interdisciplinary Collaboration	Schools	College & Career	Mental Health	Emotional Disturbance	Long-Term Outcomes	Definitions
<b>Author</b>	<b>Work Cited</b>									
Conley	Conley, D.T. (2007). Redefining college readiness. Eugene, OR: Educational Policy Improvement Center.				x	x			x	x
Conley	Conley, D.T. (2006). College knowledge: What it really takes for students to succeed and what we can do to get them ready. San Francisco: Jossey-Bass.				x	x			x	
DeLoach, et al.	DeLoach, K.D., Dvorsky, M., George, M.R.W., Miller, E., Weist, M.D., & Kern, L. (2012). Interdisciplinary collaboration in launching a large-scale research study in schools.			x	x		x		x	
DuFour, Eaker & Baker	DuFour, R., Eaker, R., & Baker, R. (1998). Professional learning communities at work: Best practices for enhancing student achievement. Bloomington, IN: National Educational Services.		x		x				x	x
DuFour, et al.	DuFour, R., DuFour, R., Eaker, R. Many, T., & Mattos, M. (2016) Learning by doing: A handbook for professional learning communities at work (3rd Ed). Bloomington, IN: National Educational Services.		x		x				x	
Durlak, et al.	Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. Child Development, 82, 405-432.			x	x		x		x	x
Garmston & Wellman	Garmston, R. J. & Wellman, B. M. (2013). The adaptive school: A sourcebook for development collaborative groups (2nd ed.). Plymouth, U.K.: Rowman & Littlefield Publishers, Inc.		x	x	x				x	x
Gaertner, Conley & Stoltz	Gaertner, M.N., Conley, D.T., & Stoltz, P.G. (2016). On Track: Redefining readiness in education and the workforce. Pearson Education: PearsonEd.com/employability.				x	x			x	x
Hattie	Hattie, J.A. C. (2009). Visible learning: A synthesis of over 800 meta-analyses relating to achievement. London: Routledge.				x				x	
Hattie	Hattie, J.A. C. (2012). Visible learning for teachers. London: Routledge.		x		x	x			x	
Hilton, et al.	Hilton, A., Sohani, M., Fellow-Smith, E., & McNeil, T. (2006). Working for inclusion: A CAMHS/education interagency project. Progress in Neurology & Psychiatry, 10, 41-43.			x	x		x	x		
Hudson, et all	Hudson, P., Correa, V., Morsink, C., & Dykes, M. (1987). A new model for preserving training: Teacher as collaborator. Teacher Education and Special Education, 191-193.			x	x					
Johnson, Johnson & Walker	Johnson, C., Eva, A. L., Johnson, L., & Walker, B. (2011). Don't Turn Away: Empowering Teachers to Support Students' Mental Health. Clearing House, 84(1), 9-14. doi:10.1080/0098655.2010.484441				x		x			
Kagan	Kagan, S. L. (1992). Collaborating to meet the readiness agenda: Dimensions and dilemmas. In Council of Chief State School Officers (Ed.), Ensuring student success through Council of Chief State School Officers (Ed.), Ensuring student success through collaboration (pp. 57-66). Washington DC: Council of Chief State School Officers.			x	x	x			x	

Synthesis Matrix		Themes	Teams	Interdisciplinary Collaboration	Schools	College & Career	Mental Health	Emotional Disturbance	Long-Term Outcomes	Definitions
Author	Work Cited									
Kessler, Berglund & Demler	Kessler, R. C., Berglund, P., Demler, O., et al. (2005). Life-time prevalence and age-of-onset distribution of DSM-IV disorders in the national co-morbidity survey replication. <i>Archives of General Psychiatry</i> 62, 593-602.						x			
Knitzer, Steiner & Fleish	Knitzer, J., Steinberg, Z., & Fleisch, B. (1990). At the schoolhouse door: An examination of programs and policies for children with behavioral and emotional problems. New York, NY: Bank Street College of Education.				x		x	x	x	
Koller & Bertel	Koller, J. & Bertel, J. (2006). Responding to today's mental health needs of children, families and schools: Revisiting the preservice training and preparation of school-based personnel. <i>Education and Treatment of Children</i> 29(2), 197-217.				x		x			
Kutash, et al.	Kutash, K., Duchnowski, A. J., Robbins, V., Calvane, P. K., Oliveira, B., Black, M., & Vaughn, D. (2000). The school and community study: Characteristics of students who have emotional and behavioral disabilities served in restructuring public schools. <i>Journal of Child and Family Studies</i> , 9 (2), 175-190.				x		x	x		
Leschied, et al.	Leschied, A. W., Saklofske, D.H., Flett, G. L. (Eds.). (2018). <i>Handbook of school-based mental health promotion</i> . Switzerland: Springer International Publishing.		x	x	x		x	x		x
Lindo, et al.	Lindo, N. A., Dillman Taylor, D., Meany-Walen, K. K., Purswell, K., Jayne K., Gonzales, T., & Jones, L. (2014). Teachers as therapeutic agents: perceptions of a school-based mental health initiative. <i>British Journal of Guidance &amp; Counselling</i> , 42(3), 284-296.				x		x			
Maidenberg & Golick	Maidenberg, M.P., & Golick, T.T. (2001). Developing or enhancing interdisciplinary programs: A Model for teaching collaboration. <i>Professional Development</i> , 4 (2), 15-24.			x						
Mellin	Mellin, E. A. (2009). Unpacking interdisciplinary collaboration in expanded school mental health: A conceptual model for developing the evidence base. <i>Advances in School Mental Health Promotion</i> , 2, 5-15.			x			x			
Mellin, et al.	Mellin, E.A., Bronstein, L., Anderson-Butcher, D., Ambrose, A. J., Ball, A., & Green, J. (2010). Measuring Interprofessional team collaboration in expanded school mental health: Model refinement and scale development. <i>Journal of Interprofessional Care</i> , 24 (5), 514-523.		x	x	x		x			x
Mellin, et al.	Mellin, E.A., Ball, A., Iachini, A., Togni, N. & Rodriguez, A. (2017). Teachers' experiences collaborating in expanded school mental health: Implications for practice, policy and research. <i>Advances in School Mental Health Promotion</i> , (10), 1. 85-98.			x	x		x	x		x
Meyers, et al.	Meyers, A.B. & Tobin, R.M., Huber, B.J., Conway, D.W., & Shelvin, K. (2015). Interdisciplinary collaboration supporting social-emotional learning in rural school systems. <i>Journal of Educational and Psychological Consultation</i> , 25, 109-128.			x			x			

Synthesis Matrix		Themes	Teams	Interdisciplinary Collaboration	Schools	College & Career	Mental Health	Emotional Disturbance	Long-Term Outcomes	Definitions
Author	Work Cited									
Miller & Sarkees-Wirecenski	Miller, C. & Sarkees-Wirecenski, M. (2010). Transition planning for the IEP. In West, L. L. (Ed.). Integrating transition planning into the IEP process. Arlington, VA: Council for Exceptional Children.					x		x	x	x
National Education Association	National Education Association, (2012). Preparing 21st century students for a global society: An educator's guide to the 4-C's.				x	x			x	x
Office of Special Education	Office of Special, E., Rehabilitative, S., & New Editions Consulting, I. (2019). 40th Annual Report to Congress on the Implementation of the "Individuals with Disabilities Report to Congress on the Implementation of the "Individuals with Disabilities Education Act, 2018.				x		x		x	
Rappaport, et al.	Rappaport, N., Osher, D., Greenberg Garrison, E., Anderson-Ketchmark, C. & Dwyer, K. (2003). Enhancing collaboration within and across disciplines to advance mental health programs in schools. In M.D. Weist, S. Evans & N. Lever (Eds.), Handbook of school mental health: Advancing practice and research (pp. 107-118). New York: Kluwer Academic/ Plenum Publishers.			x	x		x			
President's New Freedom Commission on Mental Health	President's New Freedom Commission on Mental Health (2003). Achieving the promise: Transforming mental health care in America. Final report for the President's New Freedom Commission on Mental Health (SMA Publication No. 03-3832).						x		x	
Rees	Rees, K. (2015). Exploring the process of change : developing the use of nurturing approaches in Rees, K. (2015). Exploring the process of change : developing the use of nurturing approaches in a secondary school for young people with social, emotional and mental health needs. In: University of Essex.				x		x			
Reich & Reich	Reich, S. & Reich, J. (2006). Cultural competence in interdisciplinary collaborations: A method for respecting diversity in research partnerships. American Journal of Community Psychology, 38 (1), 51-62.			x						
Rothi, Leavey & Best	Rothi, D. M., Leavey, G., & Best, R. (2008). On the front-line: Teachers as active observers of pupils' mental health. Teaching and Teacher Education: An International Journal of Research and Studies, 24(5), 1217-1231.				x		x			
Rowling & Weist	Rowling, L., & Weist, M. (2004). Promoting the growth, improvement and sustainability of school mental health programs worldwide. The International Journal of Mental Health Promotion, 6 (2), 3-11.				x		x		x	
Schmitt	Schmitt, M.H. (2001). Collaboration improves the quality of care: Methodological challenges and evidence from U.S. health care research. Journal of Interprofessional Care, 15, 47-66.			x					x	
Sitlington	Sitlington, P. N., Debra. (2004). Preparing youths with emotional or behavioral disorders for transition to adult life: Can it be done within the standards-based reform movement? Behavioral Disorders, 29 ( 3), 279-288.				x	x	x			

Synthesis Matrix		Themes	Teams	Interdisciplinary Collaboration	Schools	College & Career	Mental Health	Emotional Disturbance	Long-Term Outcomes	Definitions
Author	Work Cited									
USDOE, Office of Civil Rights	U.S. Department of Education, Office for Civil Rights (USDOE OCR) (2011). Transition of students with disabilities to postsecondary education: A guide for high school educators. Washington, D.C., 2011.				x	x		x	x	
USDOE, Office of Special Education	U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs. (2019). 40th Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act, 2018, Washington, D.C.				x			x	x	x
Wagner & Cameto	Wagner, M., & Cameto, R. (2004, August). NLTS2 Data Brief: The characteristics, experiences, and outcomes of youth with emotional disturbances. A report from the National Longitudinal Transition Study-2.				x	x		x	x	
Wagner & Davis	Wagner, M., & Davis, M. (2006). How Are We Preparing Students With Emotional Disturbances for the Transition to Young Adulthood? Findings From the National Longitudinal Transition Study-2, 86.				x	x	x	x	x	
Wagner, et al.	Wagner, M., Friend, M., Bursuck, W., Kutash, K., Duchnowski, A., Sumi, W., & Epstein, M. (2006). Educating students with emotional disturbances: A national perspective on school programs and services. <i>Journal of Emotional &amp; Behavioral Disorders</i> , 14, 12-20.		x		x		x	x		
Waxman, Weist & Benson	Waxman, R. P., Weist, M.D., & Benson, D.M. (1999). Toward collaboration in the growing education-mental health interface. <i>Clinical Psychology Review</i> , 19, 239-253.			x	x		x			
Weist	Weist, M.D. (1997). Expanded school mental health services: A national movement in progress. <i>Advances in Clinical Child Psychology</i> , 19, 319-352.				x		x			
Weist, Ambrose & Lewis	Weist, M.D., Ambrose, M.G., & Lewis, C.P. (2006). Expanded school mental health: A collaborative community-school example. <i>Children &amp; Schools</i> , 28, 45-50.		x		x		x			
Weiss, Anderson & Lasker	Weiss, E.S., Anderson, R.M. & Lasker, R.D. (2002). Making the most of collaboration: Exploring the relationship between partnership synergy and partnership functioning. <i>Health Education &amp; Behavior</i> , 29, 683-698.		x		x				x	
Weist, et al.	Weist, M.D., Proescher, E., Prodent, C., Ambrose, M.G., & Waxman, R. P. (2001). Mental health, health, and education staff working together in schools. <i>Child and Adolescent Psychiatric Clinics of North America</i> , 10, 33-43.		x		x		x			
Weist, et al.	Weist, M.D., Mills, C., Huebner, S., Smith, B., & Wandersman, A. (2010). School, community and clinical psychologists training and working together in the interdisciplinary school mental health field. <i>The Community Psychologist</i> , 43 (4), 32-36.		x		x		x			
Weist, et al.	Weist, M., Burns, E.J., Whittaker, J., Weis, Y., Kutcher, S., Larsen, T., Holsen, I., Cooper, J. L., Geroski, A., & Short, K.H. (2017). School mental health promotion and intervention: Experiences from four nations. <i>School Psychology International</i> , 38, 343-362.		x		x		x			