12-14-2016

School Based Mental Health Provider Study

Amanda Dellea

Follow this and additional works at: http://vc.bridgew.edu/honors_proj

Part of the Social Work Commons

Recommended Citation

School Based Mental Health Provider Study

Amanda Dellea

Submitted in Partial Completion of the
Requirements for Departmental Honors in Social Work

Bridgewater State University

December 14, 2016

Dr. Mark Brenner, Thesis Director
Dr. Kathleen Bailey, Committee Member
Dr. Anaa Alcon, Committee Member

Abstract

School Based Mental Health Providers (SBMHPs) provide mental health treatment in school

settings for grade school students between Kindergarten through twelfth grade. They are tasked

with helping to remove barriers in students' lives that might otherwise prevent them from

achieving academic success. Depending on state and licensure requirements different SBMHP

are used. This study was conducted to gain a better understanding of the differences among

SBMHP participants in regards to their licensure, years of experience, and number of schools

they work in simultaneously. An online survey of SBMHPs was employed in order to compare

differences in engagement with students, teachers, administrators, parents, and job satisfaction.

The researcher analyzed quantitative data and responses to open response questions, and

recommendations will be made based on findings from this analysis.

Introduction

According to The National Research Council and Institute of Medicine between 13%-

20% of children and adolescents in the United States are diagnosed with mental health disorders

(National Research Council and Institute of Medicine, 2009). Mental health disorders affect

marginalized populations disproportionately due to lack of resources, causing minor issues to

become exacerbated and cause more serious disorders. For example, Oppositional Defiant

Disorder can cause a much more severe disorder called Conduct Disorder (Drabick, Bubier,

Chen, Price, & Lanza, 2011). These disorders are addressed in a variety of different ways

including private therapy, hospitalization, pharmacological management, and school-based

mental health services. Since children spend 33 hours of their time at school each week (Dept. of

Ed, 2007), this is a natural setting for children to receive mental health services and support.

School based mental health services can provide early detection before symptoms increase in

severity and ultimately become costly to the child's development and future. Studies show that a strong positive correlation exists between school-based mental health interventions and academic performance (Hoagwood et al., 2007).

School-based mental health providers (SBMHP) are tasked with treating mental health issues among children in school settings. SBMHPs include school psychologists, school social workers, school adjustment counselors, and school counselors, depending on state licensure guidelines. Although often expected to do the same job their training and view of their jobs vary. Poverty, substance abuse, and domestic violence are issues that many children face (NASW, 2015). SBMHPs are tasked with supporting these children so that they do not fall through the cracks of our educational system. This is achieved through counseling, prevention programs, crisis intervention, advocacy, and working with parents and teachers to coordinate services within and outside of schools (Franklin, Kim & Tripodi, 2009). SBMHPs must develop and maintain relationships with administrators, teachers, students and parents to advise them and implement interventions as needed (Teasley, Canifield, Archuleta, Crutchfield, & Chavis, 2012).

Background of School Mental Health Providers

As schools face a decrease in funding mental health support is one of the first services cut or decreased (Abramovitz, & Zelnick, 2015). During the 1960's this trend increased at a concerning rate nationwide. In response, the National Association of Social Workers (NASW, 2015) released a newsletter showing the benefits of school social workers on academic performance. Additionally the Education for All Handicapped Children Act of 1975 passed. These combined were successful in saving the school social work profession as well as other school based mental health professions according to Allen-Meares (as cited in Peckover, Vasquez, Van Housen, Saunders, & Allen, 2013). This also forced school psychologists to shift

their focus predominantly to testing, allowing room for other SMBHP to enter the schools more permanently than even before (Peckover et al., 2013).

When examining the history of the school psychologist profession one must look back to the international adoption of the Geneva Declaration of the Rights of the Child by the League of Nations in 1924 (United Nations, 2012). This began the evolution of societal views of children from being the property of parents to having rights as humans. Societies around the developing world began to recognize the mental health needs of the population, and then in turn acknowledged these rights in children (Hart & Hart, 2014). They were underutilized until the Individuals with Disabilities Education Act of 1990 (IDEA) mandated that all schools have a mental health provider employed at all public schools in the United States (Allen-Meares, 2007). The first specializations offered for school based mental health professionals started in New York City in 1906.

Literature Review

School based mental health providers (SBMHP) are at the front lines of providing mental health services to students in the United States (Hart &Hart, 2014). The profession is designed to aid students with issues in school that may get in the way of their academic success and to support students with challenges faced outside of the classroom. This is achieved by providing primary, secondary, and tertiary services. Primary services for a SBMHP consist of school wide interventions for all students. These would include anti-bullying campaigns or D.A.R.E programs. Designed as preventative measures, they help between 70%-90% of students. Secondary interventions are slightly more targeted and are designed to service at least 50% of students that may need additional help on top of the primary services. These students do not need

individual targeted services. Examples of this include before or after school programing. Lastly, tertiary services are highly specialized and targeted interventions typically administered at a small group or individual level. Less than 20% of students in a school receive this level of service (Franklin et al., 2009). Many SBMHP report spending more of their time than they would like providing tertiary services. This limits their ability to tackle the root of the issues such as chronic poverty, school wide bullying, parental substance abuse, domestic violence, and other issues that cause barriers for students preventing them from achieving their academic potential (Allen-Meares, 1994). These issues are faced by much more of the student population than those receiving tertiary services. When a school prioritizes mental health on a school wide basis the whole population will benefit. Prevention has the potential to help all students, not just the ones whose academics are hurting most severely (Sherman, 2016).

As previously stated SBMHP include school psychologists, school counselors, school adjustment counselors, school social workers and counselors. School psychologists are the primary experts of child development and learning in all areas of the school (Hart et al., 2014). But, they are tasked with conducting most of the academic testing in schools and spend very little time on mental health counseling, individual and group therapy, and ongoing mental health assessments (Hart & Hart, 2014).

The primary job of other SBMHPs such as school counselors, school adjustment counselors, school social workers, and counselors is individual and group counseling, due to school psychologists not proving these services. In addition, a large percentage of their time is spent on paperwork and other non-therapeutic, but necessary tasks (Teasley et al., 2012). Although many schools use school social workers and school adjustment counselors interchangeably, they have a different set of values as a profession. Social workers tend to

address social issues that may impact a student's ability to be successful in school. They also

work heavily with outside agencies to find the best services available for their clients. A SSW is

also trained to look at three levels of service: micro, mezzo, and macro levels. Micro social work

in a school setting is what most teachers and administrators think of when they are asked what a

SSW does. However, they are also trained to work in the mezzo level, by including other

professionals in their work to best address the needs of students. Additionally at the mezzo level,

SSWs look at the school itself as their "client" and are trained to implement interventions. Macro

level of social work in a school setting addresses district, state, and federal school policy, as well

as other system level interventions (Sherman, 2016). Like most mental health providers in a host

setting there is job ambiguity and role confusion between teachers and administrators on what

SBMHPs should do, and what they actually do on a daily basis (Dane & Simon, 1991).

School adjustment counselors (SAC), as compared to SSWs, are more focused on ways

to assist for students with academic success with individual or group interventions. Some states,

however, use these professions interchangeably. This includes Massachusetts, which requires

near identical standards for each profession, with the titles holding the same meaning. In other

states this is not always the case, contributing to the SBMHP role confusion among school staff

as reported by many SBMHP. SAC and SSW are often misused as a catchall position when

coverage is needed for lunchroom, substitute teacher, or other temporary coverage (Maag et al.,

2010).

Another SBMHP included in this study is the school counselor (SC). Unlike SSW and

SAC they are seen by teachers and administrators as a more appropriate profession for the school

setting since they combine the role of a school adjustment counselor with the guidance counselor

in many cases. They look at the social problems that may influence a student's academic success

while also aiding the student academically. This is also done by SSW and SAC when they hold interdisciplinary meetings with guidance counselors. These meetings prove to be vital in gaining a holistic understanding of the students' needs and this collaboration encourages critical thinking and often results in better outcomes for students (Kelly et al, 2015). School counselors report being spread very thin. With the pressure on schools to meet academic standards, mental health support is often not given the level of attention the counselor believes it should.

Administrators and teachers believe that addressing mental health issues in a school setting is inappropriate outside of crisis management, explaining why SSWs and SACs must constantly fight to sustain this important profession (Franklin et al., 2009). SSWs and SACs are faced with an additional layer of challenge going into a setting with rules, expectations, and an overall culture that is very different from the one they are familiar and work well in. SSWs and SACs need to balance implementation of programs and supports while also documenting and advocating for their profession. They need to fight to make sure their position is valued (Dane, 1991).

According to a study conducted by Sherman (2016) there are many reasons why SBMHP are not utilized to their fullest potential. Role confusion is one. Schools may feel forced to have mental health services due to the IDEA Act and other similar acts which required public schools to implement mental health services nationwide (Sherman, 2016). Although administrators and teachers may not always value mental health in schools, studies show that a strong positive correlation exists between school-based mental health interventions and academic performance (Hoagwood et al., 2007). According to a new study, 28% of SSW respondents reported working in four or more schools (Kelly et al., 2015). A small number of the study participants (n=32) were from Massachusetts. The highest reported barrier in their jobs was working at multiple

schools, cited by 78% of the sample (Kelly et al., 2015). Still, with fewer positions available in the field many SBMHP tend to stay at the same job for many years (Kelly et al., 2015). SBMHP are also increasingly working in multiple schools at the same time. Although these trends are increasing there is little research done examining them (Maag & Katsiyannis, 2010).

Why is there so much confusion about the various mental health roles? There are a few causes. First, school personnel misunderstand what mental health in school means. Second, school administrators and teachers report that they do not view schools as an appropriate location for mental health services, thinking students should obtain treatment outside of schools. This causes strain, since the IDEA requires schools to provide these services nationwide in all public schools. Administrators become frustrated with the pressure of standardized tests and misunderstanding the role of metal health services in schools (Callahan, 2016). Administrators end up using SBMHPS for inappropriate tasks since they are required to employ them, often without the budget for coverage positions such as lunchroom duty or substitute teacher.

Another sign that many schools send the message that mental health is not valued comes from a study finding that 12% of SBMHPs report not having an office to conduct individual and group counseling (Teasley et al., 2012). They report seeing students in nurse's offices, extra rooms in front offices, hallways, music rooms, and closets. This alarming finding may cause undue harm to the students in need of extra support. What is the message being sent to a child needing to see a therapist if they need to go to the nurse, or even worse the principal's office to do so? Another troubling reality about this finding is that students' confidentiality may become compromised when they meet with their counselor in the hallways during school hours (Teasley et al., 2012).

Description of Disciplinary Differences

To become a SSW and obtain an initial license in Massachusetts one must obtain a master's degree in social work or counseling, participate in 900 practicum hours in a school setting, and pass the communications portion of the MTEL test. Once possessing that license the SSW needs to complete three years employment as a school social worker to obtain the professional license. Although many states separate SSW and adjustment counselor as professional licensure Massachusetts combines them. A disadvantage to this is the lack of a standardized curriculum between a professional with a MSW with school social work concentration and a master's degree in adjustment counselling. On the other hand, school counselors and school psychologist have similar licensure requirements: masters in developmental psychology or school counseling. Although requiring the minimum of a master's degree the vast majority of school psychologists hold doctorate degrees.

This researcher was interested in exploring differences between SBMHPs with differing professional experiences such as years of experience, professional background, and work setting. The researcher also preformed quantitative analysis on qualitative data provided by open response questions. In order to address questions raised, the following overarching research question was developed. Does the professional background and work context of school mental health providers have an impact on their job satisfaction and engagement with the school community? This question was broken down into three sub-questions: Is there a difference in engagement in school community between social workers and other mental health professionals? Is there a difference in school community engagement between school based mental health providers in one school compared to multiple schools? Is there a relationship between school community engagement and years of professional experience?

Methods

Sixty-one participants were recruited for this nationwide study (see Appendix A for organizations contacted). The online survey (see Appendix D for survey instrument) was comprised of 65 items/questions and contained six sections: questions ask about job satisfaction, job activities, demographics, and building relationships with students, parents, teachers, and administrators. For developing this survey, I consulted previous research done on the privatization of social services. This study was originally designed to examine privatization of the school based mental health profession. However only six participants from agencies took the survey, and new research questions were developed to analyze the data collected from the study.

Materials and Procedures

To conduct this study, I recruited SBMHPs across the nation to participate in an online survey powered by Qualtrics. A two week pilot period was employed from May 23rd, 2016 through June 3rd, 2016. During this period five school social workers took the survey checking for clarity and wording. There were no changes suggested. The survey was developed from existing measures (Meyers, Hasazi, Massell & Baege, 2005) and a review of the literature. The survey was launched after obtaining Bridgewater State University's Institutional Review Board approval and measures were taken to uphold ethical standard for conducting research. A total of 61 SBMHP participated in the survey. Demographics were provided for 51 participants and highest response to questions was 55. Using the Statistical Package for the Social Sciences (SPSS) basic descriptive quantitative statistical analyses, as well as t-tests were used to analyze the results. The researcher also conducted a content analysis on the qualitative data collected from the two open response questions.

Results

   Given the exploratory nature of this study, the goal of this survey was to better understand the experiences of SBMHP and learn their opinions of their job. This could then inform future improvements, in turn providing better support to students. Special attention has been paid to the areas of practice SBMHP would like to change or improve on. Participants in this study were professionals who provided school based mental health services. These included school counselors, social workers, adjustment counselors, and psychologists. Those whom identify solely as guidance counselors were excluded from the study since they are tasked with aiding students academically, not addressing their mental health needs. This nationwide study had participants from 22 states (Appendix B); half of the participants were from the Midwest region of the country. There was a broad range of ages from 20 to 60+ with the most common age range of 40 – 49. The majority of participants were white (92%) females (86%), with four non-white and six male participants.

Demographics

Age	N	%
20-29	5	10
30-39	14	28
40-49	16	32
50-59	9	18
60+	6	12
Total	50	100

Gender	N	%
Male	6	14
Female	38	86
Total	44	100

Race	N	%
Black/African American	2	4
Caucasian	46	92
Latino/Hispanic	1	2
Multi-Racial	1	2
Total	50	100

Salary	N	%
20,000-40,000	6	12
40,000-60,000	20	41
60,000-80,000	11	22
80,000+	12	24
Total	49	100

Degree	N	%
Masters	48	94
Doctorate	3	6
Total	51	100

Education	N	%
Social Work	22	47
Adjustment Counselor	1	2
Counseling	4	9
Psychology	5	11
Multiple degrees	15	32
Total	47	100

Region	N	%
Northeast	15	29
South	7	14

Midwest	21	41
West	8	16
Total	51	100

Experience	N	%
1 to 9	28	55
10 to 19	13	25
20 to 29	8	16
30 to 39	2	4
Total	51	100

Number of Schools	N	%
1	37	73
2	6	12
3+	8	16
Total	51	100

(See Appendix B for lists of states per region)

As outlined in the research questions, the aim of this exploratory study was to look at differences in engagement in the school community among SBMHPs. I first compared school social workers to non-social workers. Next, I compared those employed in one school to those employed in multiple schools. Lastly, I looked at the difference between those with less than ten years of experience to those with ten or more years of experience.

Social workers versus non-social workers

Is there a difference in engagement in school community between social workers and other mental health professionals? A different number of participants answered the two statistically significant questions displayed in table A. 51 participants answered the question regarding individual counseling. 56 participants answered the question about the social service agencies.

Is there a difference in engagement in school community between social workers and other mental health professionals? (n=51-56)
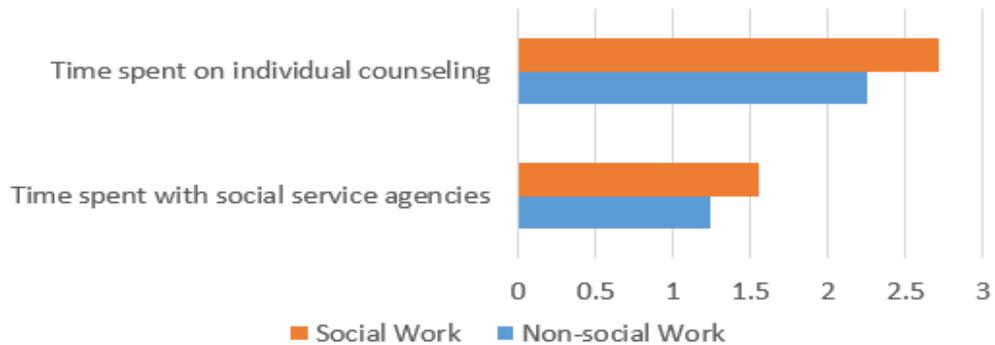
1=A little time; 2=Some time; 3= Most of the time

School social workers (SSW) reported spending more time performing individual counseling than non-social workers, M=2.72 versus M=2.25 (t=2.929, p=.005). SSW spend more time with social service agencies than non-social workers, M=1.55 versus M=1.24 (t=-2.172, p=.034).

One school compared to multiple schools

Is there a difference in school community engagement between school based mental health providers in one school compared to multiple schools? (n=23-51)

	One School M (SD)	Mutiple Schools M (SD)	t	p
Time spent on Travel	1.08 (.289)	1.73 (.647)	-3.037	.009
Student respect my opinions	3.43 (.502)	3.14 (.363)	2.273	.030
Teachers value my opinions	2.95 (.524)	3.29 (.469)	-2.123	.039
Want to spend time with Social Service agencies	1.54 (.558)	1.93 (.730)	-2.034	.047

Is there a difference in school community engagement between school based mental health providers in one school compared to multiple schools? 23 participants answered the questions on the amount of time spent traveling and the rest of the questions had 51 responses.

SBMHP working in multiple schools travel more for work than SBMHP who work in one school, [M=1.73 versus 1.06 (t=-3.037, p=.009)]. This study found that SBMHP who work in multiple schools are more likely to report that they wish to spend more time corresponding with social service agencies than those who work at one school, [M=1.93 versus M=1.54 (t=2034, p=047)]. SBMHP who work in one school are more likely to report that students respect their opinions than those who work in multiple schools, [M= 3.43 versus M=3.14 (t=2.273, p=.030)]. SBMHP who work in multiple schools reported that they feel their opinions are valued by teachers more than the respondents who work in one school, [M=3.29 versus M=2.95 (t-2123, p=.039)]

Years of Experience

Is there a relationship between school community engagement and years of professional experience? (n-48-51)

	Less than 10 yrs. experience M (SD)	10 or more yrs. experience M (SD)	t	p
Feel apart of students' school community	2.93 (.716)	3.48 (.665)	-2.815	.007
Wish to spend more time on case management	1.35 (.485)	1.77 (.612)	-2.694	.010
Work makes a difference in peoples lives	3.11 (.916)	3.61 (.499)	-2.351	.023
Time Spend on-site is adequate for responsibilities	3.00 (.720)	2.48 (.898)	2.254	.029
Correspond with social service agencies	1.30 (.465)	1.65 (.647)	-2.197	.034
Salary is fair considering job responsibilities	2.26 (.712)	2.74 (.964)	-2.021	.049

Is there a relationship between school community engagement and years of professional experience? SBMHP with ten or more years of experience correspond more with social service agencies than those with less than ten years of experience, [M=1.65 versus M=1.30 (t=-2.197, p=.034)]. SBMHP with ten or more years of experience expressed an interest in spending more time on case management than they currently do, at a higher rate than respondents with ten or less years of experience, [M=1.77 versus M=1.35 (t=-2.694, p=.010)]. SBMHP with ten or more years of experience on average believe their salary considering their job responsibilities is fair more than those with less than ten years of experience, [M=2.74 versus M=2.26 (t=-2.021, p=.049)]. SBMHP with ten or more years of experience tend to think their work makes a difference in people's lives at a higher rate than those with less than ten years of experience, [M=3.61 versus M=3.11 (t=-2.351, p=.023)]. SBMHP with less than ten years of experience more often think the time spend on site is adequate for the responsibilities of their job than those with ten or more years' experience, [M=3.00 versus M=2.48 (t=2.254, p=.029)]. SBMHP with ten or more years of experience feel that they are a part of the school community at a higher rate than those with less than ten years of experience, [M= 3.48 versus M=2.93 (t=-2.815, p=.007)].

Qualitative Analysis

In one portion of the online survey, the respondents were given two open response questions. The first question, in which there were 52 responses, asked what they really enjoyed about their job. The overwhelming majority reported *direct work with students* at 45 of the 52 responses. The labels given to the categories of miscellaneous responses include *collaboration with other school staff, working with families, macro system work, and autonomy.*

Collaborating with staff includes Individual Education Plan (IEP) meetings, emailing to give and receive updates on students' progress and or troubles, and faculty meetings. *Working*

with students in this profession consists of individual and group counseling for a variety of different issues the kids may be facing. They also hold targeted group sessions in which kids with similar diagnoses gain specific strategies to deal with issues that have an adverse effect on their academic success. When SBMHP *work with families,* they hold IEP meetings and explain what types of services are available for students inside and outside of school. *Macro systems work* in this setting includes school wide initiatives for issues that many students face. They would include anti bullying campaigns or workshops for teachers on early signs of depression or suicide. This system level work was a major role of early SSWs. There has been a shift in the past 15 years that moving them from this macro work to conducting individual counseling for the majority of their time (Maag et al, 2010). *Autonomy* in this case is the flexibility to plan individual and group sessions without much oversight of administration. Autonomy also includes the advantages of working at a host setting in which the SBMHP is the mental health expert for the school.

Responses to the second question, with 55 responses, were not as uniformed. This question asked if there was anything they could change about their job, what it would be. The highest reported category was paperwork at 26%. Following paperwork in frequency at 15% including responses stating they would like more social work staff, more time with students and the desire for school staff to understand the role of mental health in a school setting. The final frequently occurring response was administrative issues, as one of the biggest issues they wish would change at 13%. Responses from five or fewer study participants included salary increase, desire to do macro interventions, desire to work in one school, office politics, access to resources, and large caseloads.

Discussion

As the first study that attempted to conduct a comparison and analysis of school based mental health there is lot more that needs to be learned in this area. This was an exploratory study, a multi profession comparison in the school based mental health sector that has not been done in the past. Therefor more research needs to be done to achieve generalizable findings and make recommendations for practice. Many of the results were consistent with nationwide studies on school social workers. This is an important place to start since the majority of participants were social workers, 54% (33 SSW of 61 total participants).

As with Teasley et al. (2012) and Lee (2012) this study found that SBMHP spend the majority of their time on paperwork. Teasley (2012) found a similar result where many respondents said a major barrier to providing mental health services was the documentation required for the job. Lee (2012) also found that the most common discrepancy between desired time and actual time spent on various tasks was paperwork.

A common response in this study was that schools misunderstand the role of mental health professionals in a school setting. SBMHP also stated in a study that they wish administrators would change their views of mental health in schools, and wished they had more time to work with students. There were similar responses in a study conducted by Lee (2012) in which he stated that schools focused heavily on individual counseling and often underutilized the broad scope of skills social workers are equipped with. The schools use SBMHPs when issues are not addressed at primary or secondary levels, once they become so severe the problems begin to negatively affect the student's academic performance (Kelly et al, 2015). Two interesting finding in this study were that those who work in one school report feeling their opinions are respected by students more often than those working in multiple schools. This may be due to

these providers' ability to develop stronger bonds with students because they are a constant figure in the school, rather than being seen as a visitor or outsider. Additionally, SBMHP that work in multiple schools report that they feel their opinions are valued by teachers more often than those whom work in one school. The researcher's theory about this finding is that teacher may need to handle more mental health related issues themselves and are happy to get input from a mental health professional when they can. During the researcher's literature review she has not found any questions asking about being valued or respected.

The strengths of this study are that it was conducted on a national scale. It examined social workers compared to other school based mental health providers. Given the paucity of studies that examine this area any findings have a high likelihood of adding to the overall knowledge of the field. The study included participants from many organizations unlike Kelly (2012) which relied solely on recruitment through the School Social Work Association of America. The limitations of this study were its short recruitment period, hurting the number of potential respondents. The timing of the survey was also not ideal. Emails were sent to work-email addresses during the summer break when many school workers are on vacation and do not check their work email. The recruitment period was only three weeks, and the entire study was conducted in a ten-week period. The study was originally designed to answer a different research question. Therefore, the questions were not as targeted or thorough as they could have been.

 Conclusion

Administrators, teachers, and other school personnel often overlook the importance of school based mental health. This study aimed to better understand the challenges SBMHP face in serving their clients and demonstrate the need for school personnel to become educated on the provision of mental health services in schools. In order to help students we must help the

providers by better understanding the barriers to providing mental health services in a school setting. School personnel need additional education on the role of SSW and other school based mental health providers to understand the differences between the roles and how to best address the needs of their school. This study also demonstrates the need for school personnel to understand what school mental health support is and is not, as well as how to effectively utilize school mental health professionals.

There is a paucity of studies looking at SBMHPs across disciplines. Studies in the past have studied one discipline at a time. Future research is required to examine the similarities and differences between disciplines. It is important to further examine this underexplored area and compare the different professionals that offer school based mental health services. This can in turn help support this vital and under supported profession. Another area that should be explored is whether SBMHPs feel their opinions are respected and valued by school personnel and students. This will help us gain a better understanding why some schools do or do not utilize mental health services. Once the differences among professional disciplines is better understood a strong case can be made to increase mental health services in school as well as incorporate educating school personnel about the importance of mental health in a school setting.

References

Abramovitz, M., & Zelnick, J. (2015). Privatization in the Human Services: Implications for Direct Practice. *Clinical Social Work Journal, 43*(3), 283-293.

Allen-Meares, P. (2007). School social work: Historical development, influences, and practices. In P. Allen-Meares (Ed.), *Social work services in schools* (5th ed., pp. 26-59). New York: Pearson.

Callahan, S. (2016). The School Social Worker: A Marginalized Commodity within the School Ecosystem. *Children & Schools, 38*(3), 147-151. doi:10.1093/cs/cdw016

Dane, B. O., & Simon, B. L. (1991). Resident guests: social workers in host settings. *Social Work, 36*(3), 208-213.

Drabick, D., Bubier, J., Chen, D. Price, J. & Lanza, H. (2011). Source-Specific Oppositional Defiant Disorder Among Inner-City Children: Prospective Prediction and Moderation. *Journal Of Clinical Child & Adolescent Psychology, 40*(1), 23-35. doi: 10.1080/15374416.2011.533401

Franklin, C., Kim, S., & Tripodi, S. (2009). A Meta-Analysis of Published School Social Work Practice Studies 1980-2007. *Research On Social Work Practice, 19*(6), 667-677. doi:10.1177/1049731508330224

Hart, S., & Hart, B. (2014). Children's rights and school psychology: Historical perspective and implications for the profession. *School Psychology International, 35*(1), 6-28. doi:10.1177/0143034313508875

Hoagwood, K., Olin, S., Kerker, B., Kratochwill, T., Crowe, M., & Saka, N. (2007). Empirically based school interventions targeted at academic and mental health functioning. *Journal of Emotional and Behavioral Disorders, 15*, 66-92. doi:10.1177/106342660701500203

Kelly, M., Frey, A., Thompson, A., Klemp, H., Alvarez, M., & Berzin, S. (2015). Assessing the

   National School Social Work Practice Model: Findings from the Second National School

   Social Work Survey. *Oxford Journal of Social Work*. Retrieved from

   http://sw.oxfordjournals.org/content/early/2015/10/28/sw.swv044.abstract

   doi: 10.1093/sw/swv044

Lee, J. (2012). School Social Work in Australia. *Australian Social Work, 65*(4), 552-570.

   doi:10.1080/0312407X.2012.675343

Maag, J. & Katsiyannis, A., (2010). School-Based Mental Health Services: Funding Options and

   Issues. *Journal Of Disability Policy Studies*, *21*(3), 173-180.

   doi:10.1177/1044207310385551

Meyers, B., Hasazi, S., Massell, L., Baege, M. (2005) Vermont Agency of Human Services Staff

   Survey Evaluation Report. Vermont Research Partnership. University of Vermont Pg.75.

   Retrieved by:

   www.uvm.edu/~jeffords/reports/pdfs/Study%20Staff%20Satisfaction%20AHS.pdfNation

   al Association of Social Workers. (2015). *School Social Work* [Press Release].

   Washington, D.C: NASW Press. Retrieved from

   http://www.naswdc.org/pressroom/features/issue/school.asp

Peckover, C., Vasquez, M., Van Housen, S., Saunders, J., & Allen, L. (2013). Preparing School

   Social Work for the Future: An Update of School Social Workers' Tasks in

   Iowa. *Children & Schools*, *35*(1), 9-17. doi: 10.1093/cs/cds015

Teasley, M., Canifield, J., Archuleta, A., Crutchfield, J., & Chavis, A. (2012). Perceived Barriers

   and Facilitators to School Social Work Practice: A Mixed-Methods Study. *Children &*

   Schools, 34(3), 145-153. doi: 10.1093/cs/cds014

UN Documents: Gathering a Body of Global Agreements (1924) *Geneva Declaration of the*

   Rights of the Child. Retrieved from http://www.un-documents.net/gdrc1924.htm

U.S. Department of Education, National Center for Education Statistics, Schools and Staffing

   Survey (SASS), "Public School Data File," 2007-08.

Appendix A
Organizations Contacted

National Association of Social Workers

American Council for School Social Work

School Social Work Association of America

19 State Chapters of the School Social Work Association

Six professional associations for School Psychologists

School Counselor's professional organizations

BSU School of Social Work Alumni

Facebook Advertisements

Facebook pages for Bridgewater State University's School of Social Work

Appendix B

Region List

<u>Northeast</u>	<u>South</u>	<u>Midwest</u>	<u>West</u>
Maine	Georgia	Illinois	California
Massachusetts	North Carolina	Michigan	Colorado
New Jersey	Tennessee	Ohio	Utah
New York	Texas	Wisconsin	Washington
Pennsylvania		Kansas	Wyoming
Rhode Island		Minnesota	
		Missouri	

Appendix C

Recruitment Statements

A student researcher at Bridgewater State University is conducting a study on school-based mental health providers' job satisfaction and experience with building and maintaining relationships in the school community. For this study, the researcher is seeking anyone who provides mental health services in a school setting. This includes but is not limited to full time and part time school social workers, adjustment counselors, licensed mental health clinicians, and psychologists. If you are interested in participating in this survey please click here

https://bridgew.az1.qualtrics.com/SE/?SID=SV_9GOl51epJBVKqbz

SHARING ON FACEBOOK

Hello, I am a student researcher at Bridgewater State University. I am currently conducting a study on school-based mental health providers' job satisfaction and experience with building and maintaining relationships in the school community. If you would like to help me reach more participants, please share the post found on my page at https://www.facebook.com/School-Based-Mental-Health-Study-263564244008574/ .

Thank you, Amanda

EMAIL

Social Work Student Researcher Seeking Study Participants

Hello, I am a student researcher at Bridgewater State University. I am currently conducting a study on school-based mental health providers' job satisfaction and experience with building and maintaining relationships in the school community. For this study, I am seeking anyone who

provides mental health services in a school setting. This includes but is not limited to full time and part time school social workers, adjustment counselors, school counselors, licensed mental health clinicians, and psychologists. If you are interested in participating in this survey, please click here. Please help me reach as many participants as possible by forwarding this on to any interested parties you know.

Thank you so much, Amanda Dellea

Facebook wall

Hello, I am a student researcher at Bridgewater State University. I am currently conducting a study on school-based mental health providers' job satisfaction and experience with building and maintaining relationships in the school community. For this study, I am seeking anyone who provides mental health services in a school setting. This includes but is not limited to full time and part time school social workers, adjustment counselors, licensed mental health clinicians, and psychologists. If you are interested in participating in this survey, please follow this llink.https://bridgew.az1.qualtrics.com/SE/?SID=SV_9GOl51epJBVKqbz Please help me reach as many participants as possible by forwarding this on to any interested parties you know. Thank you so much, Amanda

Appendix D

Survey for School Based Mental Health Study

Screener Questions:

1. Do you speak English?

   ❑ Yes
   ❑ No (exit screen)

2. Do you live in the United States?

   ❑ Yes
   ❑ No (exit screen)

3. Do you work in a school providing social work, mental health, or counseling services?

   ❑ Yes
   ❑ No (exit screen)

4. In terms of educational specializations, which of the following best describes you?

   ❑ Counseling
   ❑ Social work
   ❑ Psychology
   ❑ Guidance (exit screen)
   ❑ Other_____

Job Satisfaction Questions

This first set of questions ask you about how satisfied you are with your job. Please indicate the extent to which you agree or disagree with each of the following statements.

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. The physical environment of my main worksite is satisfactory	❑	❑	❑	❑
2. My salary is fair considering my duties and responsibilities	❑	❑	❑	❑
3. I often think about leaving my job	❑	❑	❑	❑

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
4. My work makes a difference in people's lives	❏	❏	❏	❏
5. I feel positive about the possibilities for change in my job	❏	❏	❏	❏
6. My workload and responsibilities are reasonable	❏	❏	❏	❏

Job Activities

*Please indicate where or how you **currently spend** the majority of your time performing these professional activities.*

	How much time do you **actually spend** on these activities?		
Activity	A Little Time	Some	Most
1. Paperwork	❏	❏	❏
2. Case management	❏	❏	❏
3. Meetings w/ Teachers	❏	❏	❏
4. Meetings w/ Admin.	❏	❏	❏
5. Meetings w/ Parents	❏	❏	❏
6. Policy advocacy (school, state, or federal)	❏	❏	❏
7. Research on evidence-based practice	❏	❏	❏
8. Counseling: Individual	❏	❏	❏
9. Counseling: Family	❏	❏	❏
10. Counseling: Group	❏	❏	❏
11. Travel	❏	❏	❏

Please indicate how you __would like to spend__ the majority of your time performing these professional activities.

	How much time **would you like to spend** on these activities?		
Activity	A Little Time	Some	Most
1. Paperwork	❒	❒	❒
2. Case management	❒	❒	❒
3. Meetings w/ Teachers	❒	❒	❒
4. Meetings w/ Admin.	❒	❒	❒
5. Meetings w/ Parents	❒	❒	❒
6. Policy advocacy (school, state, or federal)	❒	❒	❒
7. Research on evidence-based practice	❒	❒	❒
8. Counseling: Individual	❒	❒	❒
9. Counseling: Family	❒	❒	❒
10. Counseling: Group	❒	❒	❒
11. Travel	❒	❒	❒

Working with Students

This next set of questions ask you about what it is like to work with the students in your school setting(s Please indicate the extent to which you agree or disagree with each of the following statements.

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Students are receive enough mental health help and support from the school	❒	❒	❒	❒
2. I have adequate time to foster relationships	❒	❒	❒	❒

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
with students				
3. The amount of time I spend onsite is adequate for my job responsibilities	❐	❐	❐	❐
4. The students I work with are making timely and adequate progress	❐	❐	❐	❐
5. I believe students respect my opinions	❐	❐	❐	❐
6. I feel like I am part of the students' school community	❐	❐	❐	❐
7. I have adequate time to complete tasks I deem valuable	❐	❐	❐	❐

Administrators, Teachers, and Parents

This next set of questions ask you about what it is like to work with administrators, teachers, and parents in your school setting(s Please indicate the extent to which you agree or disagree with each of the following statements.

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Working with Administrators				
1. A feeling of teamwork, mutual respect, and cooperation exists during meetings with *administrators*	❐	❐	❐	❐
1. The *administrators* value my opinions	❐	❐	❐	❐
2. I feel respected by my *direct supervisor*	❐	❐	❐	❐
3. I believe *administrators* understand what a social worker does in a school setting.	❐	❐	❐	❐
4. I feel that the *administration* value social workers in the school setting	❐	❐	❐	❐

	Extent to Which You Agree			
Statement	Strongly Disagree	Disagree	Agree	Strongly Agree
Working with Teachers				
1. A feeling of teamwork, mutual respect, and cooperation exists during meetings with *teachers*	❒	❒	❒	❒
2. The *teachers* value my opinions	❒	❒	❒	❒
3. I feel respected by *the teachers*	❒	❒	❒	❒
4. I feel that the *teachers* value social workers in the school setting	❒	❒	❒	❒
5. I believe *teachers* understand what a social worker does in a school setting.	❒	❒	❒	❒
Working with Parents	❒	❒	❒	❒
1. A feeling of teamwork, mutual respect, and cooperation exists during meetings with *parents*	❒	❒	❒	❒
2. The *parents* value my opinions	❒	❒	❒	❒
3. I feel respected by the *parents*	❒	❒	❒	❒
4. I feel that the *parents* value social workers in the school setting	❒	❒	❒	❒
5. I believe *parents* understand what a social worker does in a school setting.	❒	❒	❒	❒

Open-Ended Questions About Your Job

What I really enjoy about my job is:

If I could change anything about my job it would be:

Demographic Questions

Finally, we'd like to gather a bit of information about you. It helps us to understand who is in our sample.

1. What is your gender
   - ❒ Male
   - ❒ Female
   - ❒ Transgender
2. How old are you today? _____
3. Which of the following best describes you? (Select all that apply)

   - ❒ American Indian/Alaska Native
   - ❒ Asian
   - ❒ Black/African American
   - ❒ Latino/Hispanic
   - ❒ Native Hawaiian/Pacific Islander
   - ❒ White

4. In what state do you work? [Dropdown list will appear]

5. What is your highest level of education?

   - ❒ Associate's degree
   - ❒ Bachelor's degree
   - ❒ Master's degree
   - ❒ Doctorate degree

6. How do you describe yourself (select all that apply)

   - ❒ Adjustment counselor
   - ❒ School social worker
   - ❒ Mental health clinician
   - ❒ Psychologist

7. Which of the following best describes your annual individual income?

        ❐ 0-20,000
        ❐ 20,000-40,000
        ❐ 40,000-60,000
        ❐ 60,000-80,000
        ❐ 80,000+

9. Which best describes you?

        ❐ District employee (work at multiple schools in same district simultaneously)
        ❐ School/School district employee
        ❐ Agency employee if chosen please answer 9a,b

9a. How many schools do you work at in your job right now? _____ [Drop down menu]

9b. In your current position do you provide mental health services outside the school system?

10.   How many years have you been a school social worker/adjustment counselor? _____ [Drop down menu}

Would you be willing to participate in an in-depth interview?. If so please e-mail me at adellea@bridgew.edu.