HOW WORKING IN A COMMUNITY OF PRACTICE CAN SUPPORT STUDENTS WITH MENTAL HEALTH NEEDS

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Teachers and school staff need ongoing and focused professional development in order to best support their students (Shepard, et al., 1996). With that in mind, this inquiry explored what changes occurred when staff with the same passion to drive change worked together as a Community of Practice (CoP) on a large-scale, district-level initiative of identifying mental health supports for our students. The purpose of this inquiry was to construct a group of Student Services staff who were deeply imbedded in every building in the district and who have noted their interest in being a part of changing how we deliver mental health services. Utilizing a CoP model of professional development, the participants worked on goals and an action plan to implement during the next school year while at the same time, shaped the CoP format of professional development by allowing all participants to openly share ideas, examine the ideas of others critically but respectfully, and encourage equal leadership within the group so all voices could be heard (Perry, et al., 1999). The findings of this inquiry suggest that the predicted outcomes in regard to mental health supports, even when felt by most of the participants at the onset of the CoP sessions, were not the end result of the work done by the group as a whole. Thus, the process of working as a CoP lead to ideas that, without going through this process, may not have pursued for this district-wide initiative.

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This dissertation is dedicated to all of those who truly believe that we don't grow when things are easy, but rather we grow when we face difficult challenges and work to overcome them.

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1.0 INTRODUCTION

With mental health concerns on the rise among school-aged students, many schools are faced with the reality that students who are struggling with mental health issues typically do not receive treatment outside the school setting, and the nearly seventy-five percent of those students who receive mental health services inside the school setting are not receiving it consistently and with fidelity (Langley et al., 2010). This added responsibility onto school staff makes it more crucial to find ways to navigate around some of the frustrating barriers caused by mental health issues. Additionally, the type of professional development provided to teachers is often not focused enough in order to drive large-scale district change.

1.1 STATEMENT OF THE PROBLEM

The focus of this inquiry is twofold. Part of the inquiry was to identify existing barriers that district staff face that prohibit them from fully supporting their students with mental health issues and then identify mental health intervention models that could be implemented district-wide.

Throughout that process, I also explored what changes occurred within the group of Student Services staff working on this district initiative as a result of participating in a Community of Practice (CoP). The ability of this CoP to lead and implement change using this

type of interactive, practitioner-type collaboration was examined to determine its effectiveness to be utilized to drive change for current and district initiatives and professional development.

1.2 PURPOSE

My experience in working in large and diverse school districts has allowed me to witness firsthand how complex the mental health needs are for many of our students and how difficult it is at times to be able to support those students in school while they are dealing with overwhelming and life-altering issues that often create barriers to their learning. Teachers are often frustrated with how to support their students who have mental health needs, and their willingness to engage with students to address their needs is often stopped short by not knowing exactly what interventions can be implemented.

The district where this inquiry took place has not offered professional development on mental health interventions previously, but the number of students who carry a mental health diagnosis in addition to those who have mental health-related issues but remain undiagnosed is rising rapidly in the district. Even with this increase, no training has been offered that would offer staff the tools to better address the needs of these students within the school setting.

Many of the Student Services staff in this district have shown the desire to create a more comprehensive approach to providing supports to teachers so that they can, in turn, better support their students. An undertaking of this magnitude benefitted greatly from having a well-constructed team of knowledgeable staff with experience in both mental health services and also have a strong desire to change the direction the district addresses the mental health barriers that impede students working together to build a district-wide model of supports for mental health.

Through this model, a select group of Student Services staff participated in a CoP to explore effective ways to identify both the barriers and proposed interventions to support students with mental health needs. The purpose of this inquiry was also to explore if utilizing a CoP might then be implemented with other groups within the district to become a practice that can be "sustained and reproduced over time" (Duguid, 2005) as well as for future district initiatives to drive change.

1.3 INQUIRY QUESTIONS

The focus of this inquiry was to examine how providing professional development in the form of a CoP would help to better create an opportunity for staff to work toward identifying what factors hinder or enhance how educators are able to support students with mental health issues in schools. I wanted to explore how working with select stakeholders with leadership capacity within the school district in a CoP could coordinate a more research-based system of supporting our students with mental health concerns as well as change how the district could provide future professional development while participating in a CoP. The research questions that guided this inquiry were as follows:

Q1. How did participating in a district-level CoP impact how its members felt about the structure and process of other building and district-level teams in existence as well as how those that will be formed in the future will operate?

Q2. How did strengthening the use of a CoP shape how the district can utilize communities of practice for future professional development?

Q3. What barriers and practice-based changes evolved as a result of working in a Community of Practice (CoP) to coordinate mental health supports and interventions for the district?

Q4. What best practices were identified in the CoP that the participants used to strengthen the district's delivery of mental health services?

2.0 REVIEW OF LITERATURE

As there are two distinct focus areas of this inquiry, the review of literature will be reviewing research previously conducted in both the area of mental health as well as communities of practice. The review of literature and its interpretation shared in this chapter will help the reader to better understand how this research guided the practices conducted in this inquiry in both focus areas.

In order to gain a strong understanding of how mental health issues directly impede students being able to find success in school in addition to how a CoP is constructed and operates in order to drive change as well as how, a review of past research is needed to better understand both of these elements that were a combined focus for this inquiry. This body of literature not only explores the effects of mental health complexities within schools but also how groups of people within an organization working in a CoP can drive meaningful change.

2.1 MENTAL HEALTH TRENDS IN SCHOOLS

Trends have changed drastically over the past decade with significant mental health concerns becoming a persistent barrier to educating students. The National Alliance for Mental Health (2013) reported that nearly 20 percent of students in secondary schools have reportable mental health issues. Coupled with a growing adult population struggling with mental health concerns,

many students are dealing with a generational pipeline of significant mental health barriers that has created a new population of at-risk students due to social and emotional deficits.

Students identified as at-risk have one or more life events that have the potential to impede learning and may require interventions in order for the student to find success in school (Richardson, 2008). When left undiagnosed and untreated, at-risk students are at a significant disadvantage maneuvering through the education system and attaining not only the academic skills needed to complete their schooling but also the social and emotional skills to become stable and self-reliant adults (Koball, et al, 2011). Moreover, students with mental health concerns who do not have parental support and who do not have the depth of understanding of how to address these types of issues for their children, the level of at-risk students increases, and the level of interventions needed rises with it.

The increasing number of diagnosed and undiagnosed mental health cases among school-aged children in the United States is increasing, and educators and administrators are finding themselves frustrated by not being able to meet the daily needs of their students whose emotional and social deficits are persistent and serious barriers to their success (Koller & Bertel, 2006).

With the increasing level of both diagnosed and hidden mental health cases in the United States among school-aged children, school personnel are finding themselves in a frustrating position of not being able to meet the academic needs of their students whose emotional and social deficits are becoming difficult barriers to their success (Koller & Bertel, 2006). Adding to this growing frustration is a lack of preparation and ongoing professional development for teachers to acquire the skills in which to better address mental health problems.

Interventions and school-based therapy practices have become necessary to address the growing population of students who have mental health concerns that impede their learning and hinder the social and emotional development of young and adolescent learners (Dwyer, 2004).

Educating students in the K-12 educational system has changed substantially over the past several decades. In addition to providing differentiated instruction to students with a wide range of cognitive abilities in order to meet current state and federal guidelines, teachers are dealing more with the rapidly growing complexities of significant mental health barriers that affect their students (Koller & Svoboda, 2002).

With mental health concerns on the rise with school-aged students, many schools are faced with the reality that students who are struggling with mental health issues typically do not receive treatment outside the school setting, and the nearly 75 percent of those students who receive mental health services in the school setting are not receiving it consistently and with fidelity (Langley et al., 2010).

As a result of the lack of mental health training, there often lies a stigma, even among educators, with those who suffer from mental health issues which further compounds proving help for students (Crisp et al., 2000). In a 1969 study by Wicker, there was evidence to substantiate that a large portion of those asked about their understanding and acceptance of people with mental health disorders it clearly showed that there was a significant difference between what they said and what their ultimate actions toward those with mental illness were (Kraus, 1995).

2.2 CHANGING DEMOGRAPHICS

Significant mental health issues were previously associated with adults who were considered to have a low socioeconomic status, limited education, and lived in urban settings. That trend, however, has shifted over time. Today, it is estimated that nearly 20 percent of school-aged students possess some level of emotional, social, and/or behavioral disorders that in some way interfere with learning and academic success (Lane, 2007). A mental health disorder, as defined by the *National Alliance on Mental Illness*, is a condition that affects one's ability to think rationally and alters feelings and moods to the point where it can affect how they relate and interact with others. The NAMI also notes that half of all mental health conditions are present by age 14 and 37 percent of students with a mental health disorder drop out of school prior to reaching graduation, and students from low socioeconomic backgrounds have an even greater tendency to struggle completing school (Atkins et al., 2010).

Students with mental health disorders lack the ability to adequately maneuver through their school environment both by struggling to interact socially with other students and perform to teacher expectations (Lane et al., 2008). As such, students who suffer from these disorders often earn lower grades, have truancy issues, and tend to drop out of school more than typical peers and peers with other identifiable disabilities (Wagner et al., 2007).

2.3 MENTAL HEALTH SERVICES IN SCHOOLS

School-aged students spend a large part of their waking hours in a school setting with teachers and service staff who can be an asset in recognizing mental health concerns. While teachers, in

general, are not trained mental health professionals, they can be a valuable resource in providing insight into their students' daily performance, anxieties, and behaviors especially if they are active participants in preventative building-level teams that address the needs of students (Paternite, 2005).

School mental health is a broad term that encompasses all of the supports, interventions, services, and coordination of services that can be offered to students while attending school (Stephan et al., 2014). Mental health services can now be offered to students in grades K-12 in a public school setting where the ultimate goal is to assist them in finding success regardless of emotional barriers that may exist (Levitt et al., 2007). While not all school districts in the country, or even throughout the same state, offer the same types of supports and services that are available for their students, the school mental health interventions and supports are a growing part of the school system as a whole.

2.4 SCHOOL MENTAL HEALTH EXPECTATIONS

Over the last few decades, an increase in mental health disorders in school-aged students has risen significantly. In 2001, the Surgeon General, David Satcher, noted: "the United States is currently facing a public crisis in mental health for today's youth" (Koller & Bertel, 2006). Even with the awareness that mental health disorders are on the rise among school-aged children, over 70 percent of those children who are diagnosed do not receive regular or quality mental health treatment (Tashman et al., 2000).

With schools being considered a place where safe learning can be achieved, mental health is crucial to the success of that learning and the attainment of the emotional development of all

students (Koller & Bertel, 2006). School personnel are generally some of the first people to recognize mental health concerns in their students through programs such as the Student Assistance Program (SAP) and early intervention-type processes such as Childfind, which requires school districts to find all children between the ages of birth to 21 who have any type of disability and who may be entitled to special education services and offering a Multidisciplinary Evaluation (MDE).

The increase of school-aged students with mental health disorders has lead to changes in the Individuals with Disabilities Education Act (IDEA). Students with mental health disorders who are struggling in school socially and/or academically are now entitled to receive supports and services to compensate for their disability through an Individualized Education Plan (IEP) where the school district is directly responsible for ensuring their success in school and transitioning them into adulthood (Doe, 2007).

2.5 SCHOOL-BASED PROGRAMS, SUPPORTS AND INTERVENTIONS

It may appear that mental health programs and support in schools comes from the legal requirement of Childfind to identify students with needs that impede their ability to learn (Adelman & Taylor, 1999), the intent to offer help in the school setting is genuine in most cases. However, the effectiveness of the programs and whether they are being implemented with fidelity is unknown.

Identifying and utilizing methods for teaching students with mental health disorders is crucial yet elusive. Being able to set clear and achievable behavior goals that are devoid of harsh punishment and unreasonable consequences is key to reach students who struggle with their

mental health. (Lane, 2007). The implementation of the multi-tiered Positive Behavior Support (PBS) model was designed to prevent behaviors from occurring as well as to have teachers practice with their students' opportunities to learn from their mistakes, practice positive behaviors, and assess their functional abilities in a safe environment (Sugai & Horner, 2006).

Evidence-based strategies and interventions that can be utilized in schools have increased over the years, however, the training to implement them with fidelity has not consistently occurred (DuPaul, 2003; Kratochwill, 2007; Schaughency & Ervin, 2006).

Public schools are charged with educating a wide array of students who may or may not be willing or able to perform as expected.

In addition to the School Assistance Program and Special Education services that are available to students with mental health disorders, Greenberg, Domitrovich, and Bumbarger (2001) reviewed upward of 130 intervention and prevention programs and narrowed the categories down to four. Within those four categories, they elaborated by stating that longevity in the programs brought better and long-lasting results; programs that include student, school, and family are more effective than those where only one stakeholder participates; the school environment and climate should be the focus of the intervention; and the success of the program is strengthened by working on changing the behavior both at school and at home while modeling positive and healthy behaviors (Greenberg et al., 2003).

2.6 PREPARATION AND TRAINING TO ADDRESS MENTAL HEALTH ISSUES

College students who have earned a degree in teaching come out of their university experience equipped with they believe to be an arsenal of valuable instructional strategies. What is not

expounded upon, however, is one crucial area that inevitably drives and often overwhelms every school day with students. That area, with its many complexities, may not be taught through college programs or district professional development with any degree of depth or based on the realistic knowledge that mental health issues can dominate the learning environment if not prepared fully to address them (Adelman & Taylor, 1999). Many universities do not offer courses or programs to provide the skills or the preservice experience to work with students with mental health concerns which leaves many educators with the lack of depth of knowledge to fully understand how to offer supports where mental health factors play a significant role in a student's life (Rones & Hoagwood, 2000).

Educators face the daunting task of teaching students with a multitude of learning abilities and modalities to proficiency. Adding to the complexity of teaching students with a multitude of learning styles and abilities is the increase of the number of students who have diverse mental health concerns brought about by family instability, violence, poverty and abuse (Keys et al., 1998) which can lead to behavioral problems, impulsivity, defiance, depression, and inattentiveness (Cappella et al., 2011).

With mental health issues rising drastically in schools today, teachers and administrators are finding themselves ill-equipped both to fully comprehend and intervene with the appropriate measures needed to address their students with moderate to severe mental health issues. Adding to the frustration, teachers and administrators have not been adequately trained on practices to address mental health issues in relationship to the students' school day (Langley et al., 2010). In addition to the lack of training available to staff, another persistent obstacle is that often times the lack of mental health stability of the adults in schools can hinder their ability to adequately support students with similar issues (Koller & Bertel, 2006).

With the growing pressures to perform well on standardized state assessments previously through No Child Left Behind (NCLB) and currently Every Student Succeeds Act (ESSA), teachers have become hyper-focused on content-area learning and hypo-focused on the emotional, behavioral, and mental well-being of their students (Smith, 2008). Too often, teachers relate difficult behaviors to bad kids rather than assessing the behaviors in order to disseminate what is causing them. Even if the cause of the behaviors is known, taking the next step to provide interventions and modeling is void (Darling-Hammond, 2006). Thus, most of the reaction to behavioral and mental health problems with students is not proactive but rather reactive in nature (Koller & Bertel, 2006).

Adding to the growing frustration of how to support students with mental health issues is not only the need for professional development for teachers to acquire the skills in which to better address mental health problems but also to assist educators in gaining a more supportive and positive mindset about students with mental health concerns. Teachers are the school personnel that have the accessibility to impact mental health issues with students consistently on a daily basis, but most have not been adequately trained or have a deep enough understanding of mental health to do so (Kratochwill & Shernoff, 2004).

Students are now, more than ever, included in the General Education setting with more stringent regulations surrounding placing students with disabilities in their least restrictive environments (LRE) for as much of their school as deemed appropriate (Gable & Van Acker, 2000). As such, often times the teacher is the primary adult who interacts and oversees the social, emotional, behavioral, and academic success or struggles of their students (Koplewicz, 1996).

In a study by Koller et al. in 2004, they found that teachers, both novice and veteran, agreed that while many didn't believe they were well-trained to assess and address mental health disorders fully, they unanimously agreed that they needed to have a full understanding of the complex mental health needs of their students (Koller & Bertel, 2006). While it has been argued that the primary purpose of schools is to instruct students on content-area material, students who are not able to adequately maneuver emotionally or socially throughout their school day are more at risk to development significant problems that impede their ability to learn in comparison to their peers (Morris, 2002).

2.7 MENTAL HEALTH PRACTICES: EXPECTATIONS VS. ACTUAL PRACTICE

In theory, teachers should be able to demonstrate that they are able to understand their role in regard to identifying signs of mental health decline in their students, know how to create a positive learning atmosphere where all students are able to learn without elevating their anxieties, and understand how they can promote self-esteem and positive peer interactions in their classrooms (Koller et al., 2004).

In their study that focused on interviewing teachers on their level of confidence in dealing with students with mental health disorders, Rothi et al. (2008) found that there was an enormous deficit of understanding and lack of preparation that teachers felt impeded their ability to better understand their students with mental health issues. With that being the reality, the first line of intervention often comes from teachers who take the first step toward intervention by referring students to the school's Student Assistance Program (SAP).

The main focus of the Student Assistance Program (SAP) is to offer supports to students who are in need of counseling, behavioral interventions, and mental health networking for issues that arise that are causing barriers toward their learning (Veeser & Blakemore, 2006). While the Student Assistance Program (SAP) originally started as a means to identifying and address problems that were considered to be a result of students' abusing drugs and alcohol (Harrison, 1992), the program has evolved over time. The Pennsylvania Department of Human Services oversees the state's SAP process which has now expanded to include addressing issues that go beyond the use of tobacco and alcohol to now include all categories of drugs and mental health issues which can impede a student's ability to be successful in school.

While the typical model of addressing the needs of students with mental health issues in a public school setting is a referral to the SAP team, there often remains a stigma attached to students and their family members who suffer from mental health disorders, and families often display resistance to readily engage in the program (Keys, 1998). Add to that the additional barriers of the increasingly more complex, multi-layered, and often generational mental health issues, and the families who refuse to participate in the few school-based services that can be provided, educators are becoming more frustrated and defeated in finding supports that can help their students.

Traumatic events that occur with emotionally fragile students can have a negative effect on their mental health causing difficulty with academics, inability to focus or complete simple tasks, and often a dramatic dip in attendance initiating significant truancy issues. Early intervention with these events can lead to an easier rebound for students by providing ways in which they can cope and overcome these adversities and function effectively in their lives (Veeser & Blakemore, 2006). Without these early and consistent interventions, however,

students will likely not only continue to struggle, but actually begin to decline which can result in a higher level of emotional distress often leading to clinical diagnoses such as depression, anxiety, and social withdrawal.

2.8 WHAT IS A COMMUNITY OF PRACTICE

Oftentimes members of organizations find ways to band together with those who have common concerns or who want to acquire information regarding an ongoing problem or concern in order to gain insight on how to correct it (Printy, 2008). Within a community of practice (CoP), members of the learning group collectively share and participate in discussions and planning that could potentially drive change within an organization.

CoPs are constructed by the participants having mutual interests, desired outcomes, and the perseverance to work through activities that lead to solutions that can be shared within the organization (Wenger, 1998).

There are pockets of educators in nearly every school who wish to take on a challenge when it comes to finding interventions that assist students to find success. Be it formally or informally, teachers who create small networks with other teachers who have similar concerns or desires to drive change have been around for quite a while (Li et al, 2009). While the label of Community of Practice (CoP) may not have been coined at the time, this type of grassroots collaboration where people with common interests share ideas and experiences through discussions and planning defines what a CoP encapsulates.

2.9 STRENGTHS OF A COMMUNITY OF PRACTICE

One of the benefits of a CoP is the flexibility to construct one in almost any professional genre. The draw to working within a CoP rather than a constructed committee or department within an organization is that the connection among its members is their commitment and desire for something they already want to improve upon for the betterment of helping others (Wenger, 2000). In its essence, a CoP is driven by the passion of its participants to make a difference.

For a group to be considered a CoP, three main characteristics must be prevalent. The first characteristic is the *domain*. The domain defines what the interest of the CoP is and each person in the group should have a shared or similar level of knowledge and concern in the domain (Smith, 2003).

While these CoP members focus on a common domain, they listen intently, engage in discussions, and share knowledge or experience they've had in relationship to the domain. This *community* that evolves with a level of sharing and reflecting creates the second characteristic of a CoP. In the late 1980's, researchers and CoP pioneers Etienne Wenger and Jean Lave defined their model of situated learning as one where learning occurs best when social engagement and knowledge sharing is prevalent (Smith, 2003).

Finally, the purpose of a CoP is not merely to talk about areas of concern but also to transform the knowledge they've obtained into the area of *practice* (Wenger & Snyder, 2000). Through the practice stage of a CoP, common methods, interventions, and processes can take flight when shared with those who can gain a deeper knowledge of the domain in order to better address the issues surrounding it.

2.10 USING COMMUNITIES OF PRACTICE TO GUIDE CHANGE

Community of practices are more fluid in nature where they tend to grow out of need or common concern for a problem or system but can also discontinue depending on a specific circumstance or culminating event (Palincsar et al., 1998). Because of the broadly defined structure of a CoP and its flexibility to fit into most situations where change is needed or desired, it is an innovative and creative method of solving both simple and complex issues while empowering stakeholders to have an equitable voice on equal playing field (Perry et al.,1999).

Despite an increase in research-based pre-service instruction for educators, a gap still persists between implementing research-based methods and what actually occurs in daily professional practice (Buysse et al., 2003). Additionally, with professional development often being provided for teachers in large, unstructured groups without the same level of interest or commitment does not allow for educators to attain a depth of knowledge on any particular topic presented in that forum, nor does it allow for collaborative brainstorming and problem solving that is crucial to bridge the gap from research to practice in our schools. The exploration and development of incorporating the local knowledge gained by educational practitioners can complement the formal research performed by those outside the boundaries of our schools (Amatea, E., & West-Olatunji, C. 2007).

This type of collaboration that is done in a CoP also allows for a realistic perspective that, at times, can only come from those who are actively working in the field where the research-based practices should be occurring in order to connect what the researchers prescribe to what the practitioners actually do (Cousins & Simon, 1996).

2.11 CONCLUSION

While issues regarding mental health disorders have been recognized in students for decades, the significant rise and generational trend of these disorders has heightened awareness and the need to address students in need of mental health support and interventions in the school setting. This literature review outlined how teacher preparation is severely lacking for school staff to properly recognize and gain the skills to adequately support students by providing interventions for students who struggle socially and emotionally. The lack of initial preparation being provided for pre-service teachers on addressing mental health topics is often coupled with the lack of ongoing district-level professional development that is frequently not considered a high priority topic that warrants valuable and limited in-service time (Adelman & Taylor, 1999).

In addition to limited or non-existent training for teachers and administrators to better understand the complexities and academic barriers created for students who have mental health disorders, the literature review described how the mindset, attitudes, and biases of staff often create a second layer of inability if not unwillingness to provide the proper level of supports and interventions to students who lack mental and emotional stability.

While large-scale professional development opportunities may not prove to be effective or even possible at times, communities of practice have the potential to dissect and resolve some of the most intricate and multi-layered problems that most schools experience. Therefore, the aim of this inquiry is to explore if the use of a CoP can bridge the gap between a large-scale barrier to education such as student mental health issues and move toward constructing a research-based, practitioner-friendly model to use district-wide.

3.0 APPLIED INQUIRY PLAN

This chapter describes the setting, stakeholders, approach, instrumentation, and methodology for this inquiry. Part of this inquiry included working with a group of school staff with the common desire to create a district-level change by working in a community of practice for the duration of this five-month inquiry. Their common desire to drive change that could possibly impact the district as a whole rather than by individual building-level efforts was a primary focus of this inquiry. The second part of this inquiry identified barriers that educators commonly experience that hindered students with mental health issues to find academic success and social stabilization in the school setting and then to construct interventions and implement district-wide programming.

3.1 INQUIRY SETTING

The setting for this inquiry was a CoP consisting of members who represent eight K-12 school buildings in a school district located in southwestern Pennsylvania. A CoP can either be assembled for a specific purpose or can occur naturally without predetermination or set criteria in order to gain a better understanding of a specific area of interest (Lave & Wenger, 1991). I chose to deliberately construct this CoP so that it's members equally represented all grade levels

in the district in the hopes of coordinating a more research and data-based system of supporting our students with mental health concerns.

The school district used in this inquiry is a suburban Pennsylvania public school district that is located near Pittsburgh, Pennsylvania. The enrollment for the 2017-2018 school year at the time of this inquiry was approximately 4,300 students. The district provides a comprehensive curriculum for grades Kindergarten through 12 that aligns with not only the Pennsylvania Core Standards in the area of general education, but it also addresses the areas of special education, gifted and talented education, vocational education, and includes all necessary support services. The percentage of students in this school district who were identified to receive special education services was well over the state average. Also exceeding the state average were those students identified with an emotional disturbance indicating a higher level of mental health concerns within our student population.

The district is made up of several merged communities with varying socioeconomic and cultural demographics which had created a richly diverse school district that is embedded in tradition, pride, and the eagerness for their children to become successful citizens. On one border of this district there is a large urban, inner city school district while on its other borders there are school districts with reputations for having high achieving students and large pools of financial resources. The vast socioeconomic differences, especially when compared in the media, often reflect many of the other challenging differences that embody the district where this inquiry took place.

Students in this district reside in a wide range of households where beliefs, practices, and openness about receiving and exploring mental health services vary. During professional development opportunities, there has been frustration shared by staff as to how they can better

address the growing mental health needs of our students and how they can receive the support and training needed to address students whose mental health needs often impede their academic success.

The students in the district, while not largely diverse by race or religion, are widely diverse in their socioeconomic status (SES) with 36 percent of the students categorized with a low SES, but that number is believed to be much higher as many families in the district do not complete the application to receive free or reduced lunches for their children while at school, and it is through that application process that the SES percentages are derived for school districts.

The district is comprised of five primary schools (Grades K-3), one upper elementary school (Grades 4-6), one middle school (Grades 7-8), and one high school (Grades 9-12). Students from the five primary buildings in the district are blended together for the first time at the upper elementary school and continue to be blended in middle school and high school. While mental health issues are prominent with students in several of the primary buildings, a dramatic rise in mental health issues has historically occurred once students are blended together in the upper elementary, middle, and high schools.

3.2 INQUIRY PARTICIPANTS

Social Workers, School Psychologists, and School Counselors are already leaders in their buildings' Student Assistance Program (SAP) teams. Through these bi-monthly SAP meetings, the stakeholders have the ability to gain useful information regarding what each building's staff is in need of, what barriers exist, and what additional training may be needed for their team. As such, participants of this inquiry were selected to create a CoP to focus on mental health supports

and to construct best practices for future CoP groups to exist within the district for professional development. A cross-representation of social workers, school counselors, and school psychologists from each of the buildings in the district made up the CoP group.

Social workers play a large role in our district by coordinating mental health services with students and families as well as working with staff to help them relate how mental health issues can negatively affect student success. They are often the liaisons between students and teachers, so they are situated in a position to analyze if the type supports we are currently offering is linked to a better understanding of students with mental health issues and a willingness to embrace and implement strategies offered to them (Marzano et al., 2003).

School counselors are used in a multitude of ways to support our students in Grades K-12. They often are the first line of defense with teachers who are struggling to meet the needs of students with mental health issues and concerns. School counselors, however, are pulled between meeting the needs of students in the areas of academic, career, and social/personal counseling, so often times addressing complex mental health challenges their students face that can create barriers to their academic and career growth becomes a time-consuming detour that leaves school counselors stressed and frustrated especially when their teachers are at a loss of how to assist.

School psychologists of today are multi-faceted professionals who no longer work in isolation testing students for special education. As noted in The School Psychologist: An Introduction (Hynd 1983, p. xi) these valued school team members have the crucial understanding and skillset to allow them to dig deeper into issues that not only impede learning academically but also emotionally.

Looking at these important stakeholders is crucial to understanding not only the ways staff respond to students with mental health needs but also to use their experience in problem-solving to create a structure for CoP groups to exist throughout the district.

3.3 INQUIRY APPROACH

The purpose of this inquiry focused on how members of a CoP collaborated to identify both the barriers that exist and what mental health strategies and interventions are consistently working in our schools to support students who have mental health issues.

Detailed planning, taking specified actions, reflecting on and evaluating the actions, and then continued and reflective planning were the major components of the action research process that lead the participants toward a more in-depth understanding of how and why they responded as they did (Coghlan & Brannick, 2014). By engaging in a CoP, participants, both collaboratively and independently, contributed to this action research with the end result that lead to a better understanding of how to support our students with mental health needs and our teachers who educate them.

3.4 INSTRUMENTATION

Throughout this inquiry, the use of two surveys, ongoing participant journal reflections, and the field notes scribed by this researcher were utilized to collect data. With each instrument, the responses were anonymous so that bias would not play a role in the dissemination of the data.

Even the field notes were scribed by noting responses and level of engagement among the group but not coded with specific participants attached to the responses or actions.

A pre-and post-inventory survey was completed by the participants. The pre-inventory survey was completed after the first CoP session, and the post-inventory survey was completed after the last CoP session five months later. An online research platform called Qualtrics was used to administer both surveys. Both the pre- and post-inventory surveys were based on the *CoP Indicators Worksheet* that was created by Winston and Ferris (2008), and both surveys contained the exact same questions which gauged the participants' feelings on their understanding of what a CoP was and the progress the CoP made over time.

Additionally, I examined what practice-based changes occurred as a result of working in a CoP and what the participants took from this method of collaboration in order to implement a CoP in their buildings by scribing field notes during our sessions and coding the responses. Finally, online journal reflections were completed by the participants in the Qualtrics throughout this inquiry in response to specific questions the group focused on during previous CoP meetings.

3.5 RESEARCH METHODS AND DESIGN

The design of this study looked to connect what was learned, what was shared, and what was practiced through promoting reflection by the CoP participants as well as critical thinking (Perry et al., 1999). The information in Table 1 outlines the inquiry questions and shows the methods of gathering and analyzing evidence to address each question.

Table 1. Inquiry Questions, Research Design, Evidence, and Analysis

Question	Design and/or Method	Evidence	Analysis and Interpretation
Q1. How did participating in a district-level CoP impact how its members felt about the structure and process of other building and district-level teams in existence as well as how those that will be formed in the future will operate? Q2. How did strengthening the use of a CoP enhance how the district engaged in professional development?	• CoP members were encouraged to participate and lead discussions regarding barriers and interventions for mental health supports • Participants reflected on their experience in the CoP at the end of each session	• CoP Facilitator Discussion Notes (Appendix A) • Observation • CoP Participant Reflections • Community of Practice Indicator Worksheet Pre- and Post-Inventories (Appendix C)	• Participants completed reflections anonymously through an online response program called *Qualtrics* that allowed them to answer questions related to the CoP • The reflection results regarding the effectiveness of the CoP were shared with the group to engage in open dialogue to address issues • Trends for each indicator on the inventory were disseminated and analyzed for growth in the CoP
Q3. What barriers and practice-based changes evolved as a result of working in a Community of Practice (CoP) to coordinate mental health supports and interventions for the district? Q4. What best practices were identified in the CoP that the participants used to strengthen the district's delivery of mental health services?	• CoP members were encouraged to participate and lead discussions regarding barriers and interventions for mental health supports • Participants reflected on their experience in the CoP at the end of each session	• CoP Facilitator Discussion Notes (Appendix A) • Observation • CoP Participant Reflections	• CoP listed mental health barriers • CoP prioritized barriers that will drive future training • Participants completed personal reflections through *Qualtrics* • Participants created a final proposal to present to district leaders noting the recommendations for mental health programming

Using the framework by Perry et al. (1999), participants wrote their reflections in Qualtrics based on their experiences after each CoP meeting, and all participants and were encouraged to share orally with the group on previously identified areas of mental health issues during our CoP meetings. The group was permitted to offer suggestions or advice but not critique the reflections of the participants in order to strengthen the collaborative and supportive nature of this process.

The members of the group then worked collaboratively to brainstorm thoughts and ideas regarding the previously identified areas of mental health issues. At the end of each CoP session, the group focused the thoughts to identify what ideas shared could be implemented into the district action plan for mental health support. The CoP group then planned for the next meeting's focus and what needs to be accomplished prior to the next meeting.

For each reflection as well as the pre- and post-inventory *CoP Indicator Worksheet (*Appendix C*),* Qualtrics was used as a response system to gather anonymous reflection data from the CoP participants. Members of the CoP completed their reflections through this system that allows participants to answer either pre-determined questions or create an open reflection without being able to be identified personally yet allows the responses to be collected over time for coding purposes. Each participant was given criteria to create an individualized code for their entries in order to keep all of their responses anonymous. As the facilitator and member of the CoP, I participated in the discussions at each CoP session and scribed discussion notes during the sessions, but I did not complete the inventories and reflections as not to skew the data.

During the inquiry, the participants worked to create a district-wide CoP protocol that should help guide future CoP teams to be able to construct and gauge their success for using this approach as an effective way to engage in future professional development.

4.0 COMMUNITIES OF PRACTICE: DATA, ANALYSIS, AND FINDINGS

4.1 CURRENT PRACTICE

In recent years in the district, larger initiatives have typically been planned and implemented by either a top-down format driven by administrators or through hand-picked committees which, again, were drive by administrators. Staff were often selected to serve on these committees because of their professionalism, reputation, willingness to serve, and often their agreeable demeanor. This chapter explores how the participants of this study were introduced to a community of practice as a method of professional development where members were selected because of their desire to drive change.

4.2 COP INDICATOR INVENTORY SURVEYS

A group of staff with similar desires to initiate change by working collaboratively in a CoP was used to identify current mental health barriers and to create a district-level plan to implement programming for the next school year. More importantly, the participants of this CoP simultaneously worked to create a vision of what they wanted this CoP to accomplish, not only with this initiative but also, moving forward and to identify ways other CoP groups could be constructed in the district to address both building and district-level changes.

During the first CoP session, the participants went through the process of learning about the components of a CoP and how it differs from an appointed committee or a professional learning community (PLC) in that a CoP is a group of people who "share a concern or passion for something they do and learn how to do it better as they interact regularly" (Wenger, 1998).

Participants were asked to respond to the *Communities of Practice Indicators Pre-inventory Survey* (Winton & Ferris, 2008) that was distributed after the first CoP session and then again after the last session five months later.

Through Qualtrics, I replicated the *Communities of Practice Indicators Worksheet* that was developed by Winston and Ferris (2008) through the FPG Child Development Institute. The *Communities of Practice Indicators Worksheet* was intended to administer once as a pre-inventory survey and again as a post-inventory survey at the conclusion of the CoP sessions. Included in both surveys were the three main components of the worksheet consisting of Membership, Process/Activities, and Outputs/Outcomes. Each of those three categories then consisted of a number of subcategories that helped to break down further the areas of the CoP.

Under the category of Membership, there were questions regarding Joint Enterprise, Diverse Membership, and Participatory Framework. Under Process/Activities, there were questions that focused on mutuality and sense of community, sharing and exchanging of knowledge, reflection, and reproduction cycle and continuity. Under Outputs/Outcomes, there were questions that focused on action orientation, construction of new knowledge, and dissemination of knowledge.

The initial intent for choosing only student services personnel for this CoP was that they are predominantly the staff that lead SAP teams in our school district, school nurses and building administrators could have been included in the CoP group. The caveat of adding these staff was that the school nurses, while members on most SAP teams, are more removed from the mental

health fallout that occurs academically, behaviorally, and socially with many students with mental health issues. Adding to that, release time for them to attend all of the CoP sessions during the school day would not have been possible to achieve. The omission of building level administrators invited to participate in this CoP was intentional in order to see if the group of participants, with their commonalities and strong desire to drive change in the district in supporting students with mental health concerns, would thrive independently of having an administrator lead the group.

While this researcher is also a central office administrator, my role in the CoP was not administrative in nature, but rather as a facilitator who engaged intermittently with no direct lead within the group. The goal was to have nine leaders among this group who, at one time or another, took the reins or guided the discussions and then stepped back to allow others to do the same. Having building level supervisors in the initial trial of this process was considered but dismissed as not to have hindered the forward momentum this group was anticipated to have.

During the initial meeting, a review of the components of a CoP entailed, an explanation was shared as to why the participants were chosen, and an outline of the areas of concern that this group of SAP team members have voiced prior to this group being constructed was reviewed. Participants were asked to complete the *Communities of Practice Pre-Indicators Worksheet* pre-inventory questions based on their current assessment of the group's dynamics prior to the formal CoP beginning.

4.3 COP INDICATORS WORKSHEET SURVEY RESULTS: JOINT ENTERPRISE AND DIVERSE MEMBERSHIP

The *Communities of Practice Indicators Worksheet* was segmented by three main characteristic categories. In the area of Membership, participants responded to questions that pertained to if the group included a joint enterprise, contained diversity within the membership, and had a participatory framework.

The information in Table 2 notes the responses for both the pre- and post-inventory survey results and their degree of change from the pre-inventory survey to the post-inventory survey given five months later. The color coding of the responses in the *Change* column references positive changes which are noted in green, no change at all which is noted in yellow, and negative changes which are noted in red.

Questions in the categories of Joint Enterprise and Diverse Membership on the C*oP Indicators Worksheet* survey focused on interactions between the members of the group. As the pre-inventory survey indicates in Table 5, the answers for questions relating to joint enterprise and diversity among the members scored high. With the CoP having not yet begun, the overarching view of the participants indicated a positive response that the members chosen were representative of all buildings, that they share unique competencies, and have a similar sense of purpose, interests, and problems in their jobs. The lowest positive response in this category was that of a representation of a variety of stakeholders in the school district.

Responses to these questions indicate that the participants, all of whom have had prior interactions with the members of the CoP, may have answered based on their prior experiences with some of the members which could have influenced their responses.

In the area of Process/Activities, participants responded to the level of mutuality or a sense of community within the group, the degree of sharing and exchanging of knowledge, how participants reflected on what was discussed within the group, and the continuity of whether or not this CoP group would continue to grow and exist over time.

In the third area of Outputs/Outcomes, participants responded to how the CoP group moved from discussion to action, the group's ability to move from current knowledge to the construction of new knowledge, and finally, the group's ability to disseminate their new knowledge and apply it outside the CoP group.

Table 2. CoP Indicators Inventory Survey Results: Joint Enterprise and Diverse Membership

Joint Enterprise and Diverse Membership	Pre-Inventory	Post-Inventory	**Change**	Pre-Inventory	Post-Inventory	**Change**
Inventory Questions:	Yes	Yes		No	No	
Do members of this Community of Practice (CoP) share a competency that distinguishes them from others in the district?	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
Do members share a common sense of purpose?	87.5%	100.0%	12.5%	12.5%	0.0%	12.5%
Do members appear to share similar interests?	87.5%	100.0%	12.5%	12.5%	0.0%	12.5%
Do members report having similar problems?	87.5%	100.0%	12.5%	12.5%	0.0%	12.5%
Do members represent a variety of stakeholders in the school district?	62.5%	75.0%	12.5%	37.5%	25.0%	12.5%
Does the structure of the CoP move beyond building boundaries (includes multiple buildings)?	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%

The results of the pre-inventory and post-inventory survey in the areas of Joint Enterprise and Diverse membership are detailed in Table 2. Results from the pre-inventory survey noted

that 100.0% of the participants responded positively that members of the CoP share a competency that distinguishes them from others in the organization. In response to the next three questions asking if participants share a common sense of purpose, interests, and problems, 87.5% responded with a positive response for all three questions. While only 62.5% of the participants felt that the members represented a variety of stakeholders in the school district, 100.0% of the participants responded that the structure of the CoP moved beyond building boundaries including multiple buildings.

Also detailed in Table 2 of the *CoP Indicators Worksheet* are the results of the post-inventory survey that was administered five months later on the last CoP session that focused on the categories of Joint Enterprise and Diverse Membership. The post-inventory survey results showed that 100.0% of the participants responded positively that members of the CoP share a competency that distinguishes them from others in the organization. In response to the next three questions asking if participants share a common sense of purpose, interests, and problems, 100.0% responded with a positive response for all three questions. While 75.0% of the participants felt that the members represented a variety of stakeholders in the school district, 100.0% of the participants responded that the structure of the CoP moved beyond building boundaries.

4.4 COP INDICATORS INVENTORY RESULTS: FRAMEWORK, COMMUNITY AND EXCHANGING OF KNOWLEDGE

On the second part of the *CoP Indicators Worksheet* survey where participants were asked to respond to questions in the categories of Participatory Framework, Mutuality/Sense of

Community, and Exchanging of Knowledge, the responses contained a broader range of choices. Rather than responding with a yes or no answer, participants were asked to choose from the responses of *Not Yet/Not Visible*, *Some/Most of the Time*, or *Yes/Visible.*

Table 3. CoP Indicators Inventory Survey: Framework, Community, and Exchanging of Knowledge

Participatory Framework and Mutuality/Sense of Community	Pre-Inventory	Post-Inventory	**Change**	Pre-Inventory	Post-Inventory	**Change**	Pre-Inventory	Post-Inventory	**Change**
Inventory Questions:	Not Yet/ Not Visible	Not Yet/ Not Visible	Increase/ Decrease	Some/ Most of the Time	Some/ Most of the Time	Increase/ Decrease	Yes/ Visible	Yes/ Visible	Increase/ Decrease
Are all members actively involved in setting goals for the CoP?	62.5%	0.0%	62.5%	0.0%	37.5%	37.5%	37.5%	62.5%	25%
Are all members involved in writing goals or plans of action?	75.0%	0.0%	75.0%	0.0%	75.0%	75.0%	25.0%	25.0%	0.0%
Do members assist in leading the CoP?	37.5%	12.5%	25.0%	37.5%	75.0%	37.5%	25.0%	12.5%	12.5%
Do members of the CoP appear to be internally motivated?	0.0%	0.0%	0.0%	37.5%	100.0%	62.5%	62.5%	0.0%	62.5%
Do members of the CoP build relationships with each other?	37.5%	0.0%	37.5%	25.5%	37.5%	12.5%	37.5%	62.5%	25.0%
Do members engage in joint discussions?	50.0%	0.0%	50.0%	12.5%	50.0%	37.5%	37.5%	50.0%	12.5%
Do members offer each other help when asked?	25.0%	0.0%	25.0%	50.0%	12.5%	12.5%	25.0%	87.5%	37.5%
Do members report a sense of belonging in the CoP?	62.5%	0.0%	62.5%	12.5%	37.5%	25.0%	25.0%	62.5%	37.5%
Do members engage in sharing experiences through stories?	62.5%	0.0%	62.5%	12.5%	37.5%	25.0%	25.0%	62.5%	37.5%

Results from the pre-inventory survey, as noted in Table 3, indicated that when asked if all members were actively involved in setting goals for the CoP, 62.5% of the participants stated *Not Yet/Not Visible,* and 37.5% responded with *Yes/Visible.* Participants were asked if members were involved in writing goals or plans of action for the CoP, and 75.0% responded *Not Yet/Not Visible,* while 25.0% responded *Yes/Visible*.

When asked if members assisted in leading the CoP sessions, 37.5% responded *Not Yet/Not Visible,* 37.5% responded some of the time, and 25.0% responded *Yes/Visible*. Participants were then asked if members of the CoP appear to be internally motivated. 0.0% responded *Not Yet/Not Visible*, 37.5% responded *Some/Most of the Time,* and 62.5% responded *Yes/Visible*.

Participants responded to the question asking if members of the CoP build relationships with each other with 37.5% responded *Not Yet/Not Visible,* 25.0% responded *Some/Most of the Time,* and 37.5% responded *Yes/Visible*. When asked if members engage in joint discussions, 50.0% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 37.5% responded *Yes/Visible*.

When asked if members offered each other help when asked, 25.0% of the participants responded *Not Yet/Not Visible*, 50.0% responded *Some/Most of the Time,* and 25.0% responded *Yes/Visible*. Participants were then asked if members reported a sense of belonging in the CoP, and 62.5% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time,* and 25.0% responded *Yes/Visible*.

Responses in Table 3 also show the results of the *CoP Indicators Worksheet* post-inventory survey where participants were asked again to respond to the same questions five

months later after the last CoP session in the categories of Participatory Framework, Mutuality/Sense of Community, and Sharing and Exchanging of Knowledge. The responses of Not Yet/Not Visible, *Some/Most of the Time,* or *Yes/Visible* were again used as choices to note the degree of each response.

When asked if all members were actively involved in setting goals for the CoP, 0.0% of the participants stated *Not Yet/Not Visible,* and 37.5% responded with *Some/Most of the Time*, and 62.0% responded with *Yes/Visible*. Participants were asked if members were involved in writing goals or plans of action for the CoP, and 0.0% responded *Not Yet/Not Visible*, while 75.0% responded *Some/Most of the Time,* and 25.0% responded *Yes/Visible*.

When asked if members assisted in leading the CoP sessions, 12.5% responded *Not Yet/Not Visible,* 75.0% responded some of the time, and 12.5% responded *Yes/Visible*. Participants were then asked if members of the CoP appear to be internally motivated. 0.0% responded *Not Yet/Not Visible*, 100.0% responded *Some/Most of the Time,* and 0.0% responded *Yes/Visible*.

Participants responded to the question asking if members of the CoP build relationships with each other with 0.0% responded *Not Yet/Not Visible*, 37.5% responded *Some/Most of the Time,* and 62.5% responded *Yes/Visible*. When asked if members engage in joint discussions, 0.0% responded *Not Yet/Not Visible,* 50.0% responded *Some/Most of the Time*, and 50.0% responded *Yes/Visible*. When asked if members offered each other help when asked, 0.0% of the participants responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 87.5% responded *Yes/Visible*. Participants were then asked if members reported a sense of belonging in the CoP, and 0.0% responded *Not Yet/Not Visible,* 37.5% responded *Some/Most of the Time,* and 62.5% responded *Yes/Visible*.

4.5 COP INDICATORS WORKSHEET SURVEY RESULTS: SHARING/EXCHANGING OF KNOWLEDGE

On the third part of the *CoP Indicators Worksheet* survey where participants were asked to respond to questions in the category of Sharing and Exchanging of Knowledge, the participants were asked to choose from the responses of *Not Yet/Not Visible*, *Some/Most of the Time*, or *Yes/Visible*.

Table 4. *CoP Indicators Inventory* Survey: Sharing and Exchanging of Knowledge

Sharing and Exchanging of Knowledge	Pre-Inventory	Post-Inventory	**Change**	Pre-Inventory	Post-Inventory	**Change**	Pre-Inventory	Post-Inventory	**Change**
Inventory Questions:	Not Yet/ Not Visible	Not Yet/ Not Visible	Increase/ Decrease	Some/ Most of the Time	Some/ Most of the Time	Increase/ Decrease	Yes/ Visible	Yes/ Visible	Increase/ Decrease
Do members spend a significant amount of time sharing and exchanging knowledge?	62.5%	12.5%	50.0%	25.0%	25.0%	0.0%	12.5%	62.5%	50.0%
Do you view the CoP as a forum for the free-flow of ideas/ information?	37.50%	0.0%	37.5%	12.5%	37.5%	25.0%	50.0%	62.5%	12.5%
Do you view your interactions in the CoP as a conversation as opposed to a series of one-sided reports?	37.5%	12.5%	25.0%	12.5%	12.5%	0.0%	50.0%	75.0%	25.0%
Do you believe that you learn useful information from interactions with others in the CoP?	37.5%	0.0%	37.5%	12.5%	50.0%	37.5%	50.0%	50.0%	0.0%
Do you believe that this CoP is useful for those with common interests to drive change?	75.00%	0.0%	75.0%	25.0%	12.5%	12.5%	0.0%	87.5%	87.5%

As noted in Table 4, participants were asked in the pre-inventory survey that was administered after the first CoP session if members engaged in sharing experiences through stories, and 62.5% responded *Not Yet/Not Visible*, 12.5% responded some of the time, and 25.0% responded *Yes/Visible*. When asked if members spent a significant amount of time sharing and exchanging knowledge, 62.5% responded *Not Yet/Not Visible*, 25.0% responded *Some/Most of the Time*, and 12.5% responded *Yes/Visible*.

When participants were asked if members viewed the CoP as a forum for the free-flow of ideas and information, 37.5% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 50.0% responded *Yes/Visible*. Participants were then asked if they viewed their interactions in the CoP as a conversation as opposed to a series of one-sided reports, and 37.5% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 50.0% responded *Yes/Visible*.

When asked if they believed that they learned useful information from interactions with others in the CoP, 37.5% responded *Not Yet/Not Visible*, 25.0% responded *Some/Most of the Time*, and 37.5% responded *Yes/Visible*. Finally, when asked if they believed that this CoP was a useful way for those with a common interest to make changes in our district, 75.0% responded *Not Yet/Not Visible*, and 25.0% responded *Some/Most of the Time*.

The results of the post-inventory in the area of Sharing and Exchanging of Knowledge that was administered five months after the CoP began is also noted in Table 8. Participants were asked if members engaged in sharing experiences through stories, and 0.0% responded *Not Yet/Not Visible*, 37.5% responded some of the time, and 62.5% responded *Yes/Visible*. When asked if members spent a significant amount of time sharing and exchanging knowledge, 12.5%

responded *Not Yet/Not Visible*, 25.0% responded *Some/Most of the Time*, and 62.5% responded *Yes/Visible*.

When participants were asked if members viewed the CoP as a forum for the free-flow of ideas and information, 0.0% responded *Not Yet/Not Visible*, 37.5% responded *Some/Most of the Time*, and 62.5% responded *Yes/Visible*. Participants were then asked if they viewed their interactions in the CoP as a conversation as opposed to a series of one-sided reports, and 12.5% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 75.0% responded *Yes/Visible*.

When asked if they believed that they learn useful information from interactions with others in the CoP, 0.0% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 87.5% responded *Yes/Visible*. Finally, when asked if they believed that this CoP was a useful way for those with a common interest to make changes in our district, 0.0% responded *Not Yet/Not Visible*, 12.5% responded *Some/Most of the Time*, and 87.5% responded *Yes/Visible*.

4.6 JOURNAL REFLECTION FINDINGS

One of the instruments used to gauge the progression of the CoP in the areas of functionality and productiveness was the use of a reflection journal. The four reflection questions that the participants were asked to respond to were constructed by situating the questions in order to gauge the participants' views on the effectiveness of the CoP, potential goals for the group for the remainder of the sessions, barriers that exist for the participants that could hinder their participation and buy-in, and suggestions for ways the group's structure could be changed or improved upon.

The electronic reflection journal was constructed using Qualtrics, which is a software program designed to support and disseminate data collection. The journal reflections were anonymous. Each participant was asked in each reflection to enter a code that consisted of their birth month and birth year which was then the answer to the final question of every journal reflection. Having this code assisting in the tracking of the completion of each reflection. There was no deadline given to the group to complete the reflection, but there was open discussion prior to the distribution of each journal reflection assignment so that the participants understood the reflection and had the opportunity to ask clarifying questions.

Participants were asked in Journal Reflection 1, Question 1 to respond to the question, **"***What are your feelings so far as to the effectiveness of our CoP to help better support students with mental health issues?"* The reflection was released to the participants after the fourth COP sessions had taken place. The reflections varied in type and length of responses. While 25.0% of the participants responded with one-word answers, 75.0% of the participants elaborated more with their answers giving a more in-depth description of the level of effectiveness they felt the CoP sessions displayed. The results of this journal reflection are detailed in Table 5.

Table 5. CoP Reflection Journal 1, Question 1

Participant' Responses:
This process has been effective but slow to implement. It has only now come together at the end with some good options.
Positive
I am excited to have a group committed to working on this important issue.
Positive
Positive way to plan for effective positive change.
I feel we are making progress, however, I believe we are all over the place with ideas. We need to have a goal and then make a decision with what we will be implementing and then move forward.
I believe we have identified and explored some great topics to address. More work needs to be done in terms of action.
I believe we have established some important topics to address.
I feel that many positive ideas are shared among the members. I always leave feeling very optimistic that things are moving in a positive direction.

Of the eight participants who were members of the CoP group, 100.0% responded to the reflection. There were some common themes that were identified from the participants' responses that could be categorized as falling into the areas of *Feelings, Barriers, Needs, and No Feelings Noted*.

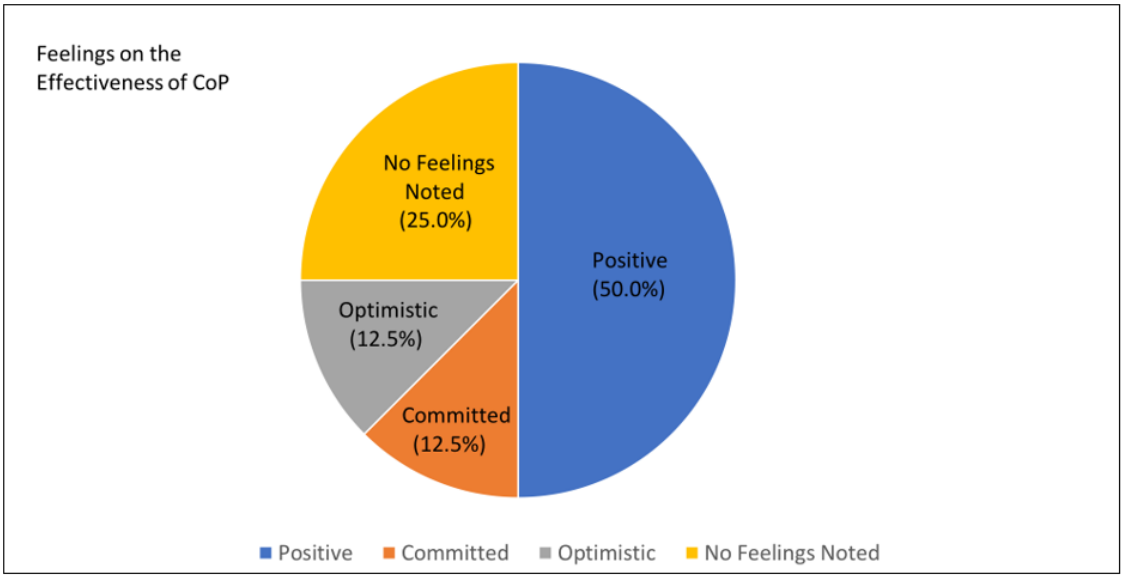

Figure 1. Feelings on the Effectiveness of CoP

Of the eight participants, there were no reflection responses that indicated negative feelings of the effectiveness of the CoP that were identifiable in their responses. The narrative responses reflected that 50.0% of the participants noted specifically that they had positive feelings regarding the effectiveness of the CoP while 12.5% of the responses noted that they felt optimistic about the CoP, and 12.5% noted that they felt committed to the work in the CoP. The remaining 25.0% of the responses did not indicate any specific feelings associated with the effectiveness of the CoP in the participants' responses.

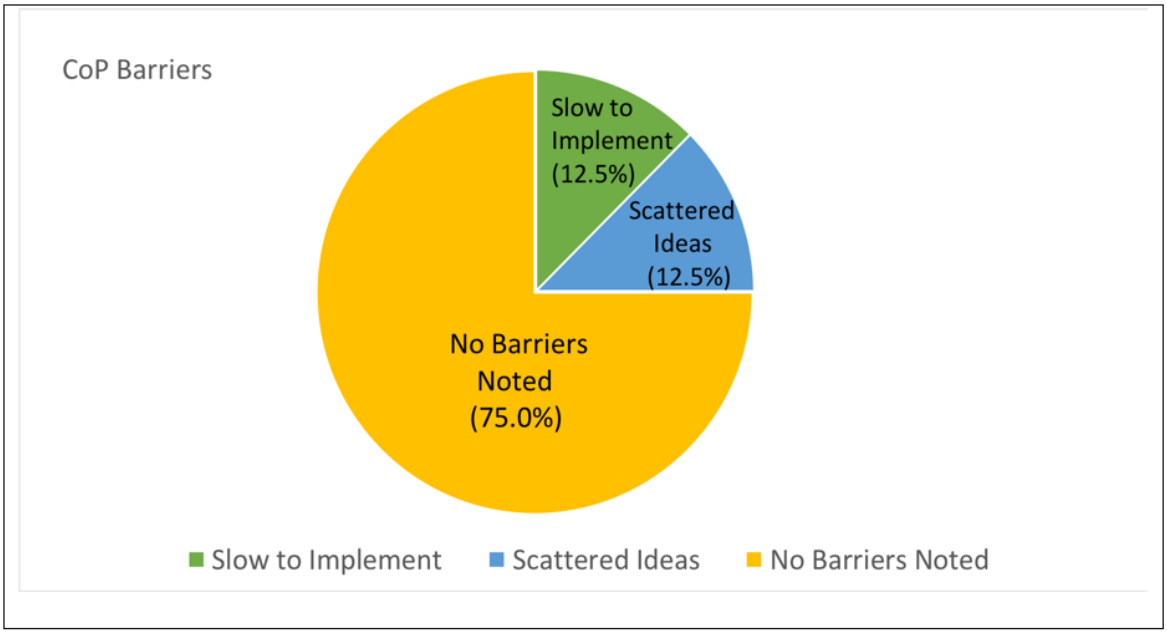

Figure 2. Barriers Influencing the CoP from Being Effective

Of the eight participants, 12.5% of the reflection responses indicated that they believed there to be slow movement in implementing any action to date within the CoP, while 12.5% of the participants felt the group was a bit scattered or "all over the place" with ideas and needed to gain a better focus. The remaining 75.0% of the responses did not indicate any specific barriers associated with the effectiveness of the CoP in the participants' responses.

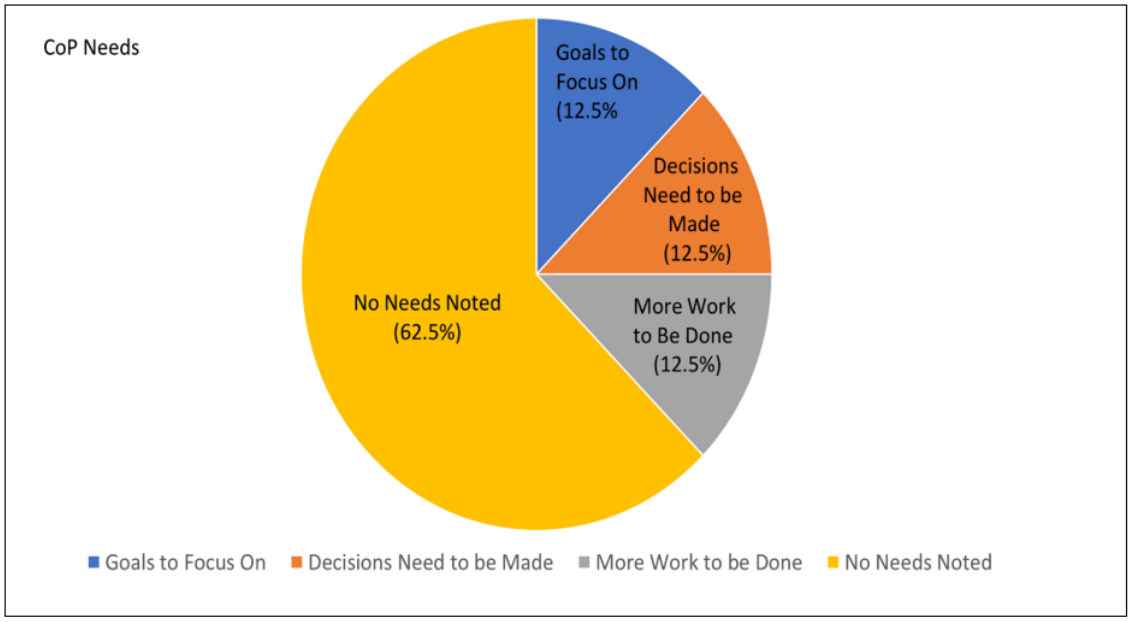

Figure 3. Desired Needs for the CoP to be Effective

Of the eight participants, 12.5% of the reflection responses indicated that they believed there needed to be clear goals identified for the CoP, while 12.5% of the participants felt it was time for the group to be making some decision on mental health intervention after weeks of discussion, and 12.5% of the participants noted that there was still more work to be done within the group at the time of the reflection. The remaining 62.5% of the responses did not indicate any specific needs associated with the effectiveness of the CoP in their responses.

Table 6. Effectiveness of Using CoP for District-wide Initiatives

Participants' Responses:
Yes. This process is more effective because you have people who want to be there working toward the same goal.
More effective than large group
I think the CoP process is more effective than large group professional development sessions because the CoP can monitor the delivery and follow up of programming. Large professional development sessions tend to have a little follow up and checks on implementation of programming.
More due to the stigma and sensitive nature in group discussion
A cohesive small group provides continuous opportunities for meaningful discussions and planning.

I think that the CoP is more effective than a large group. However, I do think that there should be a member from each building, especially the high school, as they are not really represented in our CoP. The school psychologist that works in that building is part of this group, but she is not involved with the day-to-day operation.
I believe it to be more effective. For example, the structure, member choice, and intentionality I'll lead itself to accomplishing positive change, in terms of mental health in our district.
I think it is more effective utilizing the CoP model. This group of stakeholders has expertise and relevant information when discussing mental health.
I feel it is more effective than large group. Members have more opportunities to share ideas and to brainstorm. I feel that the members of this group have common goals and visions.

In *Reflection Journal 1*, Question 2 asked the participants "Do you *feel that using a CoP to work on a district initiative like mental health supports is more or less effective than working in large group professional development sessions with random members? Please provide some of your thoughts explaining your answer."*

First the participants' responses were gathered to identify if they viewed the CoP as being *More Effective* or *Less Effective* than a large group professional development method of working on a district initiative to generate change. The results are indicated in Table 6.

The results of the first part of the reflections showed 100.0% of the eight participants felt the CoP model for professional development was *More Effective* than a large group professional development session with randomly selected members rather than those who had a common desire to initiate change.

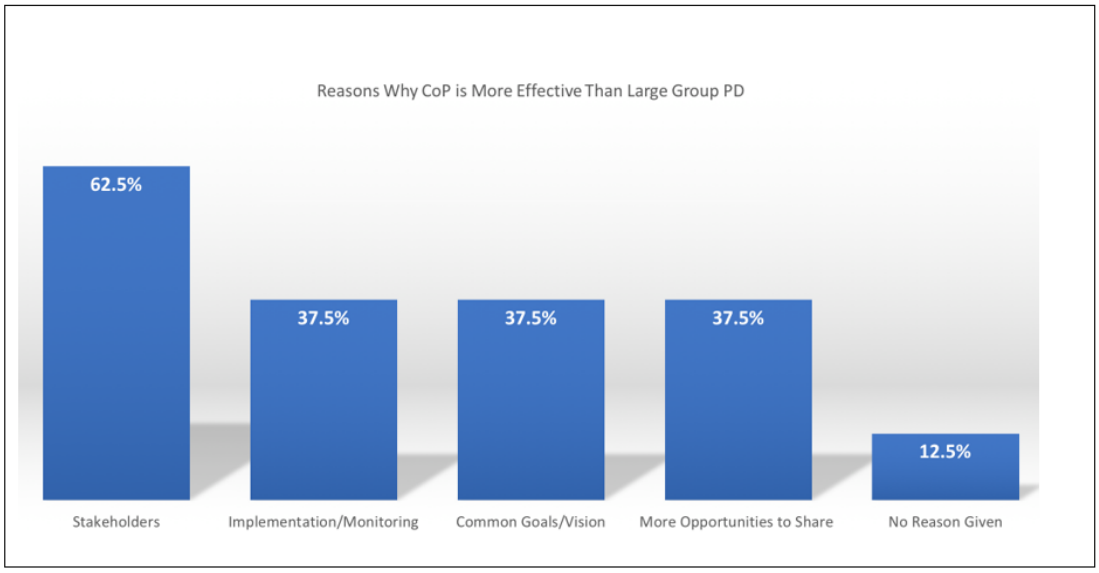

Figure 4. Reasons Why CoP Is More Effective Than Large Group Professional Development

Participants were then asked to expand on the response they chose by giving a specific reason or reasons. The responses were then analyzed for commonalities. As noted in Figure 5.4, common themes were then identified from the participants' responses to explain their choice of the CoP either being more effective or less effective than a large group of randomly chosen members. Their narrative responses could be categorized as falling into the areas of *Stakeholders, Implementation and Monitoring, Common Goals and Vision, More Opportunities to Share, and No Reason Given.*

Of the eight participants, 62.5% listed *Stakeholders* as a reason which specifically identified that the type of people and their commonalities made the CoP model more effective than large group professional development sessions. Narrative responses reasons included *people who wanted to be there, member choice, stakeholders that have expertise, members from each building,* and *intentionality of members*.

In the category of answers for *Implementation and Monitoring,* 37.5% of the participants specifically identified that the CoP group could more easily implement and monitor progress on new initiatives. Narrative responses included *monitor the delivery, follow-up of programming,* and *planning.*

In the category of *Common Goals and Vision,* 37.5% of the participants identified that the CoP is better able to set goals and create a vision for an initiative that would make it more efficient than a large group trying to do the same thing. Narrative responses included *same goal, common goals,* and *vision.*

In the category of *More Opportunities to Share,* 37.5% of the participants identified that the CoP, by its design of selected members with common interests and a desire to initiate change, would be more effective than traditional professional development opportunities. Narrative responses included *meaningful discussions, more opportunities to share,* and *small group discussions.* Out of the eight participants, 12.5% listed *No Reason Given* for their choice.

Journal Reflection 3 was released to the group after the sixth CoP session. Question 1 of the reflection asked, "*Was there something that caused you to be hesitant about sharing or responding during our CoP meetings? If so, what was it*?" Of the eight participants, 100.0% of the members responded to the reflection.

Of the eight participants, 100.0% responded "*no*" or "*not hesitant*" about sharing or responding during the CoP sessions. No participant responded with a positive reply of being hesitant, and none of the members provided a reason for their choice.

In Journal Reflection 3, Question 2, participants were asked, "*Was there a comment or idea presented during our CoP session that made you think differently about something or*

someone in the group? Of the eight participants, 100.0% of the members responded to the question.

Of the eight participants that responded, 75.0% responded "*no*" and 25.0% provided an example. One participant noted the consistent theme of trauma that emerged throughout our session was both surprising and growingly important to our group. One participant noted that when one of the primary school counselors detailed how many of her students were without basic needs such as properly fitting clothing and food, it made the participant think differently about how we can use the school setting to help provide those basic needs and reduce some of the trauma our students experience.

Participants were asked in Journal Reflection 4, Question 1 to respond to the question, **"***For this to be a stronger CoP, what element could be changed or improved upon?"* The reflection was released to the participants after seven COP sessions had taken place.

The reflections varied in type and length of responses with several participants providing more than one element. While 75.0% of the participants responded with one suggestion, 25.0% of the participants elaborated more with multiple elements that they felt the CoP sessions could have benefited from. This was taken into consideration while looking for commonalities within the responses which generated 11 responses that were collected in this reflection. The reflection responses were disseminated in order to identify commonalities among the narrative responses. Four overarching themes emerged in the responses: representatives from all buildings needed, approval and implementation of the agreed upon goals, ways to avoid sessions being cancelled/secured meeting dates, and faster identification of programming options.

Of the four overarching themes, 36.3% of the responses note that having a member for the CoP from every building in the district rather than every grade span level would have

improved the group's dynamic and 36.3% of the responses noted that if the agreed upon goals by the group were approved by the administration and allowed to be implemented, it would be encouraging to continue using a CoP format to drive change.

Of the 11 responses, 18.1% of the responses indicated that if there could be a way to secure session dates and avoid having them cancelled because another was scheduled at the same time, it would be beneficial, and 9.3% of the responses noted that it took the group a long time to come to a final decision about what interventions we agreed to move forward with.

Participants were asked in Journal Reflection 4, Question 2 to respond to the question, **"***Has your comfort level, in regard to sharing thoughts and ideas with the group changed one way or the other during our CoP session? If so, please explain."* The reflection was released to the participants after seven COP sessions had taken place.

Of the eight participants, 100.0% of the participants responded, and the reflections varied in type and length of responses with several participants providing more than one response. This was taken into consideration while looking for commonalities within the responses which generated ten feelings of comfort levels within the group that were collected in this reflection. The reflection responses were disseminated in order to identify commonalities among the narrative responses. Three overarching themes emerged in the responses: *More Open/More Comfortable*, *Trust/Respect*, and *No Change*.

Of the ten responses, 70.0% of the participants noted feeling more comfortable and/or more open to share, 20.0% of the participants felt an increase in trust and/or respect within the group, and 10.0% of the participants noted no change in their comfort level.

5.0 MENTAL HEALTH SUPPORTS: DATA, ANALYSIS, AND FINDINGS

5.1 CURRENT MENTAL HEALTH PRACTICES

This chapter will report the findings based on Inquiry Question 3 and 4 regarding what barriers and best practices that the participants collaboratively identified in the hopes of strengthen the district's delivery of mental health services, and also what practice-based changes evolved as a result of working through a community of practice (CoP) to coordinate mental health supports and interventions for our district.

All of the members of this CoP group meet regularly throughout the school year as part of the larger Students Services Department. The members share a familiarity with each other and have voiced their frustrations that they experienced with helping to support students with mental health needs. The CoP group consisted of nine members. In addition to me, there were three school counselors, two social workers, and three school psychologists who participated in the CoP. The school counselors represented the five primary buildings consisting of grades K-3, the upper elementary building consisting of grades 4-6, and the middle school building consisting of grades 7-8. The two social workers represented the upper elementary and middle school buildings. Of the three school psychologists, one is assigned to two small primary buildings and the upper elementary building, one is assigned to three larger primary buildings, and one is assigned to the middle school and high school.

While it would have been optimum to have representation by the high school student services staff, there were no responses to the invitation to be a part of this CoP by the staff in that building.

Table 7. Characteristics of CoP Student Services Staff Participants

Participant	Role	Building/Level	Years of Service
Subject 1	Director of Student Services	Central Office	23
Subject 2	School Counselor	Primary (K-3)	21
Subject 3	School Counselor	Elementary (4-6)	6
Subject 4	School Counselor	Middle School	22
Subject 5	School Social Worker	Elementary (4-6)	15
Subject 6	School Social Worker	Middle School	20
Subject 7	School Psychologist	Primary (K-3)	19
Subject 8	School Psychologist	Primary/Elementary	14
Subject 9	School Psychologist	Middle/High School	24

As noted in Table 7, the participants of this CoP have an average length of school service of 18 years and have experience working with a diverse student body population. Each participant is a member of the SAP team for the building(s) they are assigned to and have an in-depth level of expertise working with students who struggle with mental health issues.

For each of the eight CoP session that were conducted, field notes were scribed by this researcher detailing what the participants shared, how others responded, and the outcomes of what ensued. Additional instruments of data collection included reflection responses completed by the participants in Qualtrics based on prompts that aligned with the inquiry questions.

5.2 MENTAL HEALTH BARRIERS

During the first CoP session, we decided to name our group the Mental Health Task Force. In order to gauge the effectiveness of working collaboratively in this setting, we began by discussing the groups' feelings about working in a CoP in order to drive change that could potentially affect the entire district. There was some initial reluctance to believe, that while the idea of large ranging planning for the district would be the optimum goal, that it would actually come to fruition. Participants shared how previous district-wide initiatives fell short of being able to sustain momentum once leadership positions changed.

Table 8. Barriers that Hinder Supporting Students with Mental Health Needs

Barrier	Can District Provide Supports to Address the Barrier?	Degree of Barrier
Trauma is hard to define for school staff to define, so it's often misinterpreted	Yes	Very High
Teacher styles are often too rigid	Yes	Very High
Chronic attendance issues	Yes	Very High
Lack of coping and social skills	Yes	High
Risk factors are not identified	Yes	High
Teachers do not know how to teach coping skills	Yes	High
Signs of depression and anxiety are more common but undiagnosed	Yes	High
Trauma causing developmental delays	Yes	High
Basic needs not being met (food, shelter, clothing)	Yes	Moderate
Students with frequent stays in partial hospitalization facilities and residential treatment facilities	Possibly	High

When prompted during the first CoP session to discuss what impedes with helping students with mental health issues, a list of barriers was identified. Field notes were utilized during this and every session and the tallying of barriers allowed for the coding to identify the overarching themes in regard to the barriers, the degree of how much the barrier played a part in supporting students with mental health issues, and whether the district would be able to provide supports to address barriers.

Once the responses to the barriers were identified and coded, they were then sorted by whether or not the district could provide supports to address the barriers that ranged from *Yes*, to *Possibly*, to *No*. The responses were then sorted again by the degree of the barrier that ranged from *Very High*, *High*, *Moderate*, to *Slight*. The degree indicators were constructed through the tallying of field notes.

When a barrier was identified, hashmarks were collected for every participant who commented on the identified barrier. A barrier degree of Very High was assigned if 75% or more of the participants noted it as a barrier. The degree of High was assigned if 50-74% of the participants noted it as a barrier. The degree of Moderate was assigned if 25-49% of the participants noted it as a barrier, and the degree of Slight was assigned if less than 25% of the participants noted it as a barrier. The purpose of double sorting the data responses was to create a list that the group could easily prioritize that would allow for data-driven discussions about what programs, interventions, and professional development would need to occur to address the barriers that are most important and able to remove for our students.

As noted in Table 8, the responses were ordered first as to whether or not district staff had the capability of providing supports for the barriers listed and then by the degree of intensity each of the barriers carried for students.

The participants agreed with all but one of the barriers as being something district staff could help to overcome. The one outlier, *students with frequent stays in partial hospitalization facilities and residential treatment facilities*, generated more debate as to whether school staff had the ability to remove the barriers these students experienced. While some believed that students who returned from partial hospitalization and residential treatment stays could benefit from how we transition them back to the district and the increasing of supports provided to them upon their return, others were skeptical due to the number of repeated stays that many of the students encounter.

The first three barriers of trauma being hard to define to school staff, teacher styles are too rigid to support students with mental health issues, and chronic attendance issues indicated that the degree of impediment is *Very High* but can be addressed by district staff and supports.

The next five barriers of students lacking in coping and social skills, risk factors not identified in students, teachers not knowing how to teach coping skills so that they can learn to resolve many of their issues, signs of depression and anxiety being more common but undiagnosed, and trauma causing development delays in students indicated that the degree of impediment is *High* but can also be addressed by district staff and supports.

The last barrier of basic needs not being met was identified as a *Moderate* barrier of which school staff could offer supports. Several ideas surrounding this barrier led to a lengthy discussion in the CoP about how the district, as a whole, should better coordinate efforts to support our students and families in need of food, proper clothing, and academic supports such as homework assistance. While each building has their own initiatives to help provide goods and services to some of our families in order to provide basic needs to families, the CoP group felt that this was an easy barrier that, through better coordinated efforts, could be more efficient in

helping an even great number of students have the food, clothing, and academic supports necessary to ease some of the trauma they experience without having these basic needs met.

5.3 MENTAL HEALTH GOALS TO SUPPORT STUDENTS

As the CoP sessions progressed, there was a wide range in both the types of barriers the staff encountered and the lack of training and/or programs to remove the barriers. During the fourth CoP session, one member brought up the idea of creating action goals for the group so that we could narrow the scope of our discussions moving forward which greatly changed the focus for the group.

Table 9. Identified CoP Goals

Identifiable Goal	Characteristics Noted	Stakeholders Mentioned	Percentage of Responses Goal was Referenced
Professional Development	Mental Health Trauma-Informed Care Trauma's Impact on Learning Mental Health Signs/Symptoms Mental Health Interventions Mindfulness	Administration Teachers/Staff Parents Students	45.8%
Building Relationships	Mentoring Advisory Groups Partnerships	Students Teachers/Staff Parents Community	20.8%
District-wide SWPBIS	District-wide PBIS District Model for PBIS	Administration Teachers/Staff Students	16.7%
Consistency in Delivery of Services	Common Language & Message Consistent Expectations Common Procedures K-12	Administration Teachers/Staff	16.7%

Following that session, participants were asked in Journal Reflection 2, Question 1 to respond to the question, **"***During our CoP sessions, many ideas have been shared. Considering all areas discussed, what do you feel should be three important mental health goals for our group to focus on for the remainder of this school year?"* The reflection was released to the participants after seven CoP sessions had taken place. The results are indicated in Table 9.

Of the eight participants of the CoP group, 87.5% of the members completed this reflection. Of the seven participants who responded to the reflection, 85.7% supplied three mental health goals for the CoP group to focus to for the remainder of the school year, while 14.3% of the participants only submitted two goals. Several of the responses contained more than one goal which was taken into consideration while looking for commonalities within the responses which generated 24 goals that were collected in this reflection.

The reflection responses were disseminated in order to identify commonalities among the narrative responses. Four overarching themes emerged in the responses: Professional Development, Building Relationships, School-wide Positive Behavioral Interventions and Supports (SWPBIS), and Consistency in Delivery of Services.

The largest and most complex of the goals was in the area of Professional Development with 45.8% of the identifiable goal characteristics. The related responses to this goal category included Mental Health, Trauma-Informed Care, Trauma's Impact on Learning, Mental Health Signs and Symptoms, Mental Health Early Intervention, Mindfulness, and Character Education. The responses identified these characteristics as areas where professional development was needed with most responses including Administration, Teachers/Staff, Parents, and/or Students as specific stakeholders that would benefit from the trainings.

Building Relationships was another common goal with 20.8% of the responses containing connected characteristics of *Mentoring, Advisory Groups*, and *Partnerships*. As with the previous goal, all of the responses that identified these characteristics identified the stakeholders as being *Students, Teachers/Staff, Parents, Community*, and/or *Businesses*.

District-wide SWPBIS and Consistency in Delivery of Services each received 16.7% of the responses. The characteristics connected to *District-wide SWPBIS* included

District-wide PBIS and *District Model for* PBIS. The stakeholders identified for SWPBIS were *Administrators, Teachers/Staff,* and *Students*. The characteristics relating to

Consistency in Delivery of Services were *Common Language, District Procedures, Consistent Message, Consistent Expectations, Common Policies, Common Procedures K-12*, and *Consistent Plan.* The stakeholders identified in the responses included *Administrators and Teachers*/*Staff*.

6.0 CONCLUSIONS

6.1 INTRODUCTION

The conclusions and recommendations that are offered in this chapter are directly aligned to the inquiry questions. Four driving questions were used to guide this study. Inquiry Questions 1 and 2 were aligned to the instruments, data, analysis, and findings regarding using a CoP for professional development in order to guide change with both building and district initiatives. Inquiry Questions 3 and 4 were aligned to the instruments, data, analysis, and findings regarding the barriers, interventions, and district action plan to support students with mental health issues. What follows in this chapter is the summary and findings for both parts of this inquiry and how they relate to the inquiry questions.

6.2 RESEARCH QUESTION ONE: IMPACT OF COP TO DRIVE CHANGE

Q1. How did participating in a district-level CoP impact how its members felt about the structure and process of other building and district-level teams in existence as well as how those that will be formed in the future will operate?

6.2.1 Conclusion One: Participants grew more confident sharing ideas and engaging in discussions during CoP sessions.

Because a CoP is organic in nature, it is a versatile vehicle for initiating change within an organization (Wenger & Snyder, 2000). The driving force in any CoP is the composition of its members. Those involved have to have similar desires to recognize the need for change and have the same passion to want to improve the practice.

Using the responses generated from the *CoP Indicators Worksheet* surveys and field note data taken from the CoP sessions, the participants' comfort level and confidence increased dramatically in nearly every indicator area. While the first few CoP sessions felt less than comfortable compared to the regular monthly Student Services department meetings where those who frequently responded and the level of engagement by the participants was more predictable, the group, over time, engaged in more open and receptive dialogue during the remaining CoP sessions.

With that increased comfort that their responses and opinions would be welcomed by the group, the often overly polite discussions were able to turn the corner to allow for some respectful yet conflicting and diverging conversations which are necessary in a CoP to allow for concepts evolve and issues examined through different lenses. Only through those challenging discussions could ideas be raised which allowed the group to look at a multitude of perspectives and possible solutions in order to move to a comprehensive end result.

6.2.2 Conclusion Two: Coming to a consensus of action took more time than the participants expected.

Throughout multiple reflection journal responses and during the weekly CoP sessions, the participants noted in varying ways that they felt that it was taking a considerable amount of time to come to a final determination as to what mental health interventions the group would agree upon. While most of the comments, both through private written reflections and during open CoP sessions, were made merely as an afterthought or as off-the-cuff comments, the level of frustration during the fifth CoP session was prevalent throughout the group. This was the session where the group finally decided that setting goals and creating an action plan was needed.

Being a part of a CoP, especially for the first time with no prior experience or even knowledge of the characteristics that makes a group a community of practice, it would be expected for the participants to not fully understand that it is, through the process of getting comfortable with each other, a longer process to get to the end result. As noted by Wenger (1998), a sense of belonging needs to occur naturally and without time restriction in order to allow for the participants to have an equal opportunity to share their ideas, candid thoughts, and respectful opposing perspectives at times in order for the CoP group to be able to negotiate through the joint enterprises of the team.

Because time is needed to create and solidify those necessary relationships in a CoP before any planned actions are agreed upon, it is a predictable conclusion that participants grew tired of the time it took to first build those relationships and then agree on the course of action that was mutually agreed upon by the group. Slowing down the process is also necessary to allow for the CoP to grow organically and for relationships to be solidified in order for its members to be able to participate with equity.

These feelings of frustration over the length of time it took to gain a clear focus were expected and tend to be more common in the participants' first experience with a CoP. These feelings will likely be less prevalent for the same participants when the group resumes at the beginning of the new school year to expand on our action plan, but with the addition of new members and with future CoP teams, they are likely to surface again but with the newfound knowledge that it is to be expected.

6.3 RESEARCH QUESTION TWO: USE OF COP FOR FUTURE PROFESSIONAL DEVELOPMENT INITIATIVES

Q2. How did strengthening the use of a CoP shape how the district can utilize communities of practice for other professional development?

6.3.1 Conclusion Three: Identifying goals for the CoP is needed to drive change.

Having specific goals to focus on during the meetings, deciding when more data is needed to make a reliable decision, and when more work needs to be done in order to strengthen the team's ability to make accurate decisions are all integral components of a solid CoP.

As noted in Conclusion Two, there was a notable shift in the group's path after the fourth CoP session when, through mutual frustration by our lack of a clear focus, it was suggested by one of the participants that creating a set of goals could better narrow our focus in order to drive an achievable action plan for the district.

Even though CoPs are implied to be informal groups with a common interest and desire to create change, they are also a self-governed group that is driven by the concept that they not only work together toward a common set of goals but that they also talk together throughout the process (Pyrko et al., 2016). With that, it was a significant milestone with this CoP group that it was, in fact, one of the participants who voiced the suggestion that we needed to identify our goals, create an action plan, and stay focused on what was agreed upon by the group.

It was then, once the goals and action plan were established, that the personal reflection responses and dialogue in the CoP sessions carried a greatly depth of discussion and more detailed planning soon followed.

6.3.2 Conclusion Four: A CoP can be used with future as well as existing building and district teams.

The group discussed at length how the format of a CoP could easily be replicated to be used during SAP Team meetings. Educating the SAP team members on the components and beliefs of what a community of practice is would allow a CoP to align with the structure of SAP Team meeting as the staff involved often share the same passion to drive change. The use of periodic reflections and surveys during SAP team meeting was suggested to bring about new ideas and track immerging themes that surface from discussions during those meetings.

Several of the reflections that the participants completed also indicated that CoP groups could be utilized with building-level data team meetings, content area department coordination meetings, and district-level committees including curriculum development and professional development planning.

6.3.3 Conclusion Five: A CoP can be implemented for new district initiatives.

While discussing interventions and best practices, several members of the group noted that the CoP format would blend well to create a district-wide core team to help create consistent SWPBIS procedures, protocols, and expectations. Another member pointed out that a CoP could be constructed to address the district's chronic truancy problems, and yet another to focus on the district's upcoming implementation of Multi-tiered System of Supports (MtSS) which was formerly Response to Instruction and Intervention (RtII).

Members from one building noted that since course scheduling is so chaotic and unproductive in several buildings every year, a CoP to focus on effective scheduling could prove to be a productive solution to the scheduling dilemma that both teachers and students suffer the consequences from when it isn't done correctly.

One caveat from this example that was noted, however, was that both district and building-level teams and committees tend to use the same staff over and over again, when, in fact, to fully adopt the process of working in a CoP to drive change, the opportunity should be available to anyone who wishes to be a part of the process. While there may be a need to cap the number of participants, either through a management perspective or because the opportunity to attend all sessions would not be available to everyone who would like to participate, a genuine opportunity must be equally accessible to those who note their interest.

6.4 RESEARCH QUESTION THREE: CHANGES WITH MENTAL HEALTH SUPPORTS AND INTERVENTIONS

Q3. What barriers and practice-based changes evolved as a result of working in a Community of Practice (CoP) to coordinate mental health supports and interventions for the district?

6.4.1 Conclusion Six: Mental health barriers vary in type and degree.

As noted previously in Table 8, the list of barriers that this CoP identified is lengthy and correlates to the study performed in the Los Angeles Unified School District in 1999. Adelman and Taylor (1999) outlined that the mental health barriers at the time of their study indicated most of the same barriers that our CoP participants reported nearly 20 years later. Chronic absences, lack of social skills, basic needs not being met, and the lack of supports in school were many of the barriers that were reported in both studies, and an emerging connection to both studies indicated that a lack training and coordination of staff and supports in addition to inconsistency with how supports are provided increased the degree of those barriers.

Through their personal journal reflections, participants of this CoP were able to detail both the types of barriers that impede students with mental health issues from finding success in school as well as identify the degree the barrier hinders their success and whether or not school staff can adequately address those barriers.

Through these reflections, two barriers identified by the group which proved to hinder students with mental health issues the most were those that were directly brought about by their teachers rather than outside influences. The participants ranked the rigidness of teacher styles and that trauma, which is often difficult to define to school staff, as being very high. These two

factors, that were identified by all of the participants in the CoP, caused them to believe that this leads to teachers not buying into the thinking that the trauma students may be under or the mental health issues that they endure daily are the direct cause of many of the negative issues they experience in school.

Through the discussions in the CoP sessions, however, several participants noted that while some teachers may be rigid in their methods and not understanding of their students' mental health state, the group, overall, believed that was mainly because no formal training or ongoing professional development on mental health and trauma had been conducted in the district.

Teachers receive ongoing professional development in their specialty areas year after year in order to sustain and enhance their knowledge of the content in which they teach. The participants agreed that in order for our staff to grow in their understanding of how mental health issues directly affect their students and to be able to gain the confidence and expertise to address their students' needs, it would make sense that teachers would need to be provided the ongoing training, depth of knowledge, and constant support by district administrators for that to occur (Rothi et al., 2006).

6.4.2 Conclusion Seven: The most needed supports were not found in specific programs.

During many of the discussions that occurred during the CoP sessions, the desire to find a particular program to support students with mental health issues prevailed. When addressing the social and emotional needs of students, problem-prevention methods show more benefits for students when they are paired directly to how they work with and affect others in school, home, and the community (Greenberg et.al, 2003).

The CoP group previewed several social-emotional curriculum programs. The CoP group met with a representative from Rachel's Challenge, which is a trending program that help schools and communities become safer and more connected places to live and learn. We also met with a trauma specialist and program coordinator from UPMC Western Psychiatric Institute and Clinic (WPIC), and a training coordinator for SWPBIS as possible places to start with providing supports.

While numerous options for curriculum were reviewed, the group, collectively through their responses, the shift occurred over the sessions to not focus solely on a program or curriculum. Through discussions and reflections, the participants streamlined our action plan and goals on first strengthening the human aspect of addressing mental health issues by building stronger relationships with students and creating a culture of mindfulness within our schools first.

By educating our staff first, not only on identifying when mental health issues begin to surface but also on how to build positive, mentor-like relationships with our students, were believed to be the initial steps that needed to be taken in order to ensure that the school climate would be a physically and emotionally safe place for all students to learn. Only then, the participants felt, could we consider and implement any of the programming options discussed in our sessions that could educate our students on strengthening their social and emotional wellness.

6.5 RESEARCH QUESTION FOUR: BEST PRACTICES FOR THE DELIVERY OF MENTAL HEALTH SERVICES

Q4. What best practices were identified in the CoP that the participants used to strengthen the district's delivery of mental health services?

6.5.1 Conclusion Eight: Focused professional development for teachers is critical and needs to occur first to ensure understanding and buy-in.

One of most crucial elements that affect how school staff successfully use any new program, whether it be curriculum or a packaged program, is the type of professional development and support that is provided to them (Reinke et al., 2011).

While trying to identify best practices that could be utilized to strengthen the delivery of mental health services, what emerged from the participants' reflection data, however, was that the primary goal for the district moving forward was not to purchase a social-emotional curriculum or program to address mental health issues. The consensus, rather, was to provide intense professional development with school staff to educate them on trauma-informed care, recognizing and addressing mental health issues with their students, create an atmosphere of mindfulness, and building relationships through trust and mentoring.

The comments and discussions that prevailed were that until the teachers and school staff understand fully the mental health issues and traumas that our students carry with them to school, no program or curriculum could be effective in and of itself.

For teachers and school staff to successfully address mental health issues with their students, Koller and Bertel (2006) note that they first have to possess a "fundamental knowledge

of factors that influence not only the development of mental illness in those they serve, but also those proactive strengths-based prevention efforts which promote mental health resilience." In short, our staff needs to learn the skills that can help turn their actions and reactions to students with mental health barriers into a school culture that is less reactive and more proactive with identifying and addressing students' mental health needs.

The CoP participants discussed at length how this could work. They agreed that for the next school year, the primary focus was to fully educate our staff on mental health and trauma. The group agreed that professional development sessions should consist of a combination of both district-wide sessions as well as building-level sessions. The district-wide sessions would give us the opportunity to create consistency with sharing knowledge, teaching common language, and giving staff the same overall instruction on identifying early warning signs of trauma and mental health indicators while the building-level sessions would help create cohesive, building-specific processes that would tie into SAP referrals and be connected to case managers for special education students with mental health needs so that supports could be included in their IEPs.

6.5.2 Conclusion Nine: Consistency is challenging but critical for the delivery of services to be effective.

Mental health initiatives in schools show a need for coordinated efforts and school-wide collaboration that require effective leadership both at the school and district levels (Lean, 2010; Weist et al., 2012). Schools that compete with each other and have no coordination of services and staff can also prove detrimental to the consistent and collaborative efforts needed for mental health services to be successful in schools (Weist et al., 2012).

The participants in the CoP responded through their reflections that the consistency in the delivery of services must include common language, consistency with the delivery of mental health services within the district, common procedures in Grades K-12, and consistency with expectations, policies, planning, and a consistent message to staff, students, and families in order to maximize being able to meet the needs of our students.

With many of our families being transient, both within the district and moving in and out of the district, the participants felt the having a similar structure of supports and expectations in every building would make it both more productive with getting results as well as more fluid for those families with frequent moves.

6.5.3 Conclusion Ten: Schoolwide Positive Behavior Intervention Support (SWPBIS) is a resource that can help to assist with early identification and intervention for students with mental health issues, but it is not being fully implemented throughout the district.

The district in which this study took place has already been involved with Schoolwide Positive Behavior Intervention and Support (SWPBIS) in several of its building over the past few years, however, it is not visible in all buildings, and not implemented with fidelity in most. The implementation of district-wide SWPBIS is one way that school districts can create an atmosphere of clear expectations and consistency for students through the integration of creating and measuring expected outcomes and the use of data to track pertinent student information such as discipline referrals, attendance data, class skips, and health room visits. The implementation of district-wide SWPBIS can help to connect that data to students who show signs of mental health issues (Sugai & Horner, 2006).

The participants noted in their reflection responses that having a district core team for SWPBIS that met monthly to identify and coordinate what data would need to be collected and how it would be disseminated was crucial to gain consistency throughout the district. The core SWPBIS team would also create the process to determine what themes could immerge from the data, what professional development would need to be done with staff to address the results of the student data, and how to identify which students may still need more intensive interventions regarding social and emotional competencies.

The CoP participants agreed that a more coordinated, consistent implementation of SWPBIS should begin at the beginning of the 2018-19 school year with the assistance of the Allegheny Intermediate Unit TaC team specialists to assist with creating the framework, action plan, and goal setting with the district core team. Once underway, each building-level team will be firmly established, and monthly meetings will then occur for both the district core team as well as each building-level team.

7.0 IMPLICATIONS, RECOMMENDATIONS AND REFLECTIONS

7.1 IMPLICATIONS

The focus areas of this inquiry in the first year were to implement a CoP as a method of professional development and then through that CoP, address the barriers and planned interventions for mental health supports that can be used throughout the district.

While the construction of this CoP group was intentionally kept small with only eight participants, future CoP groups may show the need to have more staff involved or, hopefully, have more staff who show an interest to be involved. While the goal would be to have participants who normally would not be included on a team to drive change be able to do so, a possible implication may be how to strategically keep CoP groups manageable in size and how to schedule meetings that all participants could regularly.

As we frequently have difficulty being able to fill teaching positions for professional development purposes, the group continued to brainstorm how to maximize participation in future CoP groups while addressing the lack of teacher coverage in order for anyone to have the opportunity to participate. Once suggestion from the group was to have one hour of every in-service day to allow the CoP groups to meet without interruption. Even with that limited amount of time and infrequency of dates offered, there are still hurdles to use those days for CoP sessions

as teachers are permitted to miss professional development days when they have accumulated enough hours from covering for teachers when substitutes are not available.

While the group shared a variety of options to allow for full participation in CoPs, we were unable to create a plan that would allow for multiple teachers to participate in CoPs on a regular basis. We understand, however, that this barrier may not be prevalent in other districts who have no obstacles with being able to fund and attain substitutes for teachers to be released to attend meetings and trainings.

In addition to finding ways to allow teachers to fully participate in CoPs throughout the school year, having principals and central office administrators also need to be engrained into these groups. The challenge with this is that often administrators feel that they need to govern and lead any group or committee of which they are a member, where with CoPs groups, the basic concept of their structure is that all members have an equal and relevant role in the group, and the equity of its members is what allows for candid conversations to occur that eventually lead to ideas and plans for change.

Being able to navigate around the perceived notion that building and district leaders have to set aside their traditional leadership roles in order to participate in a CoP may be challenging for some but crucial for the groups they are a part of to operate with fidelity. Specific training on the concepts and constructs of a CoP will need to occur for administrators in order for them to fully understand that in this particular type of professional development setting, being the leader is not as important as being an equal participant.

7.2 RECOMMENDATIONS

In order for any kind of mental health services to be implemented in schools, there needs to be a continuum of services and specified delivery method that supports both children and school staff to allow students to find success both academically and emotionally (Fazel et al., 2014). In order to accomplish this enormous task, educators must be able to gain a greater depth of knowledge and implement mental health supports and interventions with fidelity in our schools in order to fully support our students.

Creating a professional development forum for building-level staff to create district-level changes to support the mental health needs of our students will take years to fully implement and finetune. However, moving forward in subsequent years, this CoP will remain together to further assess, monitor, and calibrate how we operate as a CoP in order to create a district-wide system change. While the initial work began with this inquiry, my three to five-year plan is to continue refining the structure of creating successful CoP groups to drive change within the district and provide training for future CoP teams.

During the next year, this CoP group will also begin implementation of the mental health supports for our district that was created by this CoP. It will include intensive professional development for teachers on identifying and addressing mental health barriers while creating a mental health toolbox that will offer district staff the depth of knowledge, solid interventions, and a network of supports that will continue to grow and be refined by constructing a best practices protocol.

The district's mental health task force team will be expanded from our current CoP participants to include a school counselor, social worker, school nurse, principal, and at least one teacher from each building. A detailed action plan that will be guided by mutually agreed upon

goals for the team will be established once the group is up and running as a fully functioning CoP team, and a unified protocol for data collection will be established.

Building-level teams will be created after the initial introduction to the district's plan for mental health training that will occur on the first teacher n-service day in August 2018. Each building-level team will consist of the same personnel that are on the district-level team plus the opportunity to include additional staff from each building. The district core team members will head training their building staff on the components of operating as a CoP and guide that process simultaneously as they did through this inquiry while working on strengthening their SAP and SWPBIS systems as well as overseeing the mental health training of their building staff.

Through reflections and session discussions, the participants of this CoP felt that the primary focus for the 2018-19 school year needs to be focused on giving our staff the training and support needed to strengthen their understanding, knowledge, and comfort level of mental health issues as well as building consistent building and district-level protocols, procedures, and common language. Once these areas have been achieved, the district core team will decide when the writing of social-emotional curriculum and the acquisition of intervention materials will be integrated.

7.3 REFLECTIONS

While my inquiry was initially intended to be solely on the topic of mental health interventions needed for our students, including the process of engaging the participants in a CoP and analyzing this process simultaneously proved to be challenging but very rewarding. Trying to balance the type, quality, and quantity of data collected between the two concepts was

overwhelming at times in that I was attempting to create reflection prompts that would allow me to analyze both equally and fully.

I also had some hesitation at first about constructing this CoP with staff that I already supervised. I began the process by talking with each of them personally before I formally sent them an invitation letter so that I could explain it in more depth and stress to them that, in no way, would I hold it against them if they chose not to participate. In that the participants were chosen because of their intense dedication to servicing our students and the pride they take in supporting our teachers, it was no surprise that they would step up to participate in an opportunity that could benefit both through their participation in this CoP.

One of the most common stressors throughout this process for the participants was equally stressful for me both as the researcher and a participant. Each of the participants, including me, voiced their frustration at one time or another about the length of time it took us to focus our scope, create goals, and construction an action for this endeavor. Not only did the other participants note after the inquiry that they somewhat expected it was going to be evident that we would be purchasing a packaged social-emotional program and curriculum to implement and that we would do so after only a few sessions.

I, too, believed that would be the case, but to our surprise, the process of working through this CoP allowed us the time and platform to look deeper into not only the needs of our students, but also those of our staff before we were able to make solid, data-driven decisions to create our action plan.

I believe that our district has a quality SAP referral process in place but will greatly benefit from the work that was outlined by this pioneer CoP group and from the work still to come with the additional members added to our district-level team working to address mental

health issues. Once we integrate the new members into the district's core team, I feel that we will benefit from the expertise of those in buildings where the SAP and SWPBIS processes and procedures are consistent and effective in addressing students' needs. This, in turn, should allow us to expand that knowledge into every building and with every staff member in the district, all while working as active participants in a CoP model that allows for growth and change through innovative brainstorming and collaboration.

APPENDIX A

COMMUNITY OF PRACTICE FACILITATOR'S MEETING DISCUSSION NOTES

COMMUNITY OF PRACTICE
FACILITATOR'S MEETING DISCUSSION NOTES

Meeting Date: _____

Observable Note:	Annotation: (Actions)	Annotation: (Expressions)	Annotation: (Engagement)	Coding

APPENDIX B

RECRUITMENT LETTER

Dear Student Services Staff Member,

I am conducting an inquiry as a doctoral student in the University of Pittsburgh's Education Leadership Program. The focus of this study is to gain a better understand of how we can support our district staff who have students with mental health issues. Completion of this study will fulfill the dissertation requirements for my doctoral degree, but it is also my hope that it contributes to the limited research regarding professional development through the use of a community of practice (CoP) in public schools.

You have been chosen to be a participant in this inquiry based on your role with the district as part of the Student Assistance Program (SAP) and are considered to be someone who has worked extensively with students with mental health issues. I would appreciate your consideration to be a part of this study as, in years to come, we will be moving beyond this initial inquiry to create a district-wide service delivery model and best practice inventory that can benefit staff in supporting our students.

This study will explore how a group of district stakeholders can work collaboratively through a community of practice to uncover what barriers need to be identified and resolved in order to allow our staff to meet the needs of our growing population of students with mental health concerns.

The design of this study will look to connect what is learned, what is shared, and what is practiced through reflections by the CoP participants. Participants will write their reflections of their experiences after each CoP meeting and be encouraged to engage in open dialogue with the group regarding mental health concerns, barriers, and potential interventions during our monthly CoP meeting.

We will be using an online response website called *Qualtrics* to assist with gathering anonymous reflection data from the CoP participants. Members of the CoP will complete their reflections through this website that allows participants to answer either pre-determined questions or create

an open reflection to be used for coding without being able to be identified. As the facilitator and member of the CoP, I will participate in the reflections as well as taking discussion notes during the sessions.

During the inquiry, the participants will work to create a district inventory that can be used to guide future CoP initiatives as a way to promote effective engagement in professional development.

There are no direct benefits for participation in this study, nor is there any compensation attached. Your participation is purely voluntary, and you may choose to discontinue the inquiry study at any time. There are no risks associated with participation. Approval from the Institutional Review Board (IRB) at the University of Pittsburgh was previously requested and granted prior to this invitation.

Should you wish to receive results of the study, you may request a copy by emailing me at krg52@pitt.edu. Your information will be anonymous and will not be connected to your name. Even your de-identified information will be treated as confidential. The data collected will only be available to me as the researcher, as well as my Advisor and Committee Chairperson, Dr. Cynthia Tananis. If you have questions or concerns about the study, you can also contact Dr. Tananis at tananis@pitt.edu for additional information.

It is my hope that you choose to participate in this study, but I will certainly understand should you not want to move forward with being a part of this inquiry.

Should you agree to participate, please print a copy of this email and sign the bottom indicating that you've received this informed consent letter, are participating voluntarily, and grant me permission to utilize your de-identified data as a part of the study's reports.

Thank you in advance for your consideration and willingness to contribute to this study.

Respectfully,

Kathleen R. Graczyk
Education Leadership Doctoral Candidate

Attest:

I, _____, understand the terms of participating in this

(Print Name)

inquiry and am willing to accept this opportunity fully.

_____ _____

Signature Date

APPENDIX C

COMMUNITY OF PRACTICE INDICATORS PRE- AND POST- INVENTORY

Communities of Practice Indicators Worksheet

	Check One		
Membership	Desired	Emerging	Current Reality
Joint Enterprise (Barab & Duffy, 2000, as cited in Buysse et al., 2003; Buysse et al., 2003; Cambridge et al. (2005), as cited in Gotto et al.; Hafeez & Khalid, 2007; Cashmen et al., 2007; Henri & Pudelko, 2003; Hildreth & Kimble, 2004; Iverson, 2008; Linehan et al., 2005; Wenger et al., 2002; Wesley & Buysse, 2001; Wubbles, 2007)			
• Do members share a competence that distinguishes them from others?			
• Do the members share a common sense of purpose?			
• Do members appear to have similar interests?			
• Do members report similar problems or experiences?			
Diverse Membership (Buysse et al., 2003; Cambridge et al. (2005), as cited in Gotto et al.; Cashmen et al., 2007; Linehan et al., 2005; Wesley & Buysse, 2001)			
• Do the members of the community represent a variety of stakeholders?			
• Does the community transcend organizational and geographical boundaries?			
Participatory Framework (Buysse et al., 2003; Cashmen et al., 2007; Hildreth & Kimble, 2004; Linehan et al., 2005)			
• Are members actively involved in setting goals?			
• Are members responsible for devising a strategy or plan of action?			
• Do members assist in running the community?			
• Are members of the community internally motivated?			
Process/Activities			
Mutuality/Sense of Community (Hildreth & Kimble, 2004; Iverson, 2008; Wenger et al., 2002)			
• Do the members of the community build relationships with each other?			
• Do the members engage in joint activities and discussions?			
• Do the members offer each other help when needed?			
• Do members report encounters across geographical or organizational boundaries?			
• Do the members report feeling a sense of "belonging" within the community?			

Communities of Practice Indicators Worksheet (2008). Developed by Pam Winton and Megan Ferris. FPG Child Development Institute.

	Desired	Emerging	Current Reality
Sharing and Exchanging of Knowledge (Cambridge et al. (2005), as cited in Gotto et al.; Cashman et al., 2007; Hafeez & Khlalid, 2007; Henri & Pudelko, 2003; Hildreth & Kimble, 2004; Iverson, 2008; Wenger et al., 2002; Wubbles, 2007)			
• Do members engage in narration, or sharing their experiences through stories?			
• Do members spend a significant amount of time sharing and exchanging knowledge?			
• Do members view the community as a forum for the free-flow of ideas and information?			
• Do members view their interactions in the community as a conversation, as opposed to a series of 1-sided reports?			
• Do the members believe that they learn useful information from their interactions with others in the community?			
• Do members report any coaching or mentoring from others in the CoP community?			
Reflection (Barab & Duffy, 2000, as cited in Buysse et al., 2003; Buysse et al., 2003; Cambridge et al. (2005),			
• Do the members of the community engage in collaborative reflection on their individual and each other's experiences and concerns?			
• Do members feel like their own level of self-reflection has been increased by participating in the community?			
Reproduction Cycle/Continuity: (Barab & Duffy, 2000, as cited in Buysse et al., 2003; Buysse et al., 2003; Wubbles, 2007)			
• Do members believe that the CoP will extend beyond the current time/place/members?			
• Do new members join?			
• Do members of the CoP believe it will be useful…6 months from now?			
• …1 year from now?			
• …3 years from now?			
• Does the level of activity of the CoP ebb and flow over time?			

Outputs/Outcomes	Desired	Emerging	Current Reality
Action Orientation (Cashman et al., 2007; Hafeez & Khlalid, 2007; Henri & Pudelko, 2003; Hildreth & Kimble, 2004; Iverson, 2008; Linehan et al., 2005;Wesley & Buysse, 2001; Wubbles, 2007)			
• Do members spend the majority of their time analyzing real-life situations or problems?			
• Do the members of the community express a desire to initiate change?			
• Do the members of the community express a desire solve common problems?			
• Is the community successful in turning principles/values of the field into realized policies and practices?			
Construction of New Knowledge (Cambridge et al. (2005), as cited in Cotto et al.; Cashman et al., 2007; Hafeez & Khlalid, 2007; Henri & Pudelko, 2003; Hildreth & Kimble, 2004; Iverson, 2008; Wenger et al., 2002; Wubbles, 2007)			
• Is the community successful in turning principles/values of the field into realized policies and practices?			
• Do members report that their previous understanding/knowledge has been transformed through participation in the community?			
• Do the members report generating new knowledge as a group through their interactions in the community?			
• Are members confident that they have developed a common knowledge base that they can refer to in the future?			
Dissemination of Knowledge (Buysse et al., 2003; Cashman et al., 2007; Linehan et al., 2005; Wesley & Buysse, 2001)			
• Do members feel connected with others in their field, outside of the CoP itself?			
• Are members able to disseminate information gained from the CoP to others in their field?			

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