The Development of an Effective Educational Leadership Framework for Student Social,

Emotional, and Mental Health

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A Dissertation

Presented to

The Faculty of the School of Education and Human Development

University of Virginia

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In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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by

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December, 2020

ABSTRACT

Many of today's educational leaders are increasingly aware of, and concerned with, the rising rates of social-emotional and mental health issues in their students. While decades of empirical and theoretical research on effective school leadership have resulted in broad domains of leadership practices and standards that positively correlate with student achievement, few established frameworks of exceptional educational leadership currently incorporate student social emotional learning (SEL) or mental health. This study employed a descriptive multiple-case mixed-methods design to investigate how educational leaders effectively address student social emotional learning, how they identify students requiring more intensive support, and how they assist in the treatment of students with mental health disorders. Sites were purposefully selected from the Virginia public schools with the highest student reports of social-emotional health as measured by the 2019 Virginia Department of Education School Climate Survey. Data were collected through surveys, interviews, and document analysis and coded to document the frequency of particular behaviors in school leaders with effective student social, emotional, and mental health management in their schools. The ultimate purpose of this research was the development and initial validation of the Social, Emotional, and Mental Educational Leadership Framework (SEMELF), useful for both the preparation and practice of educational leaders regarding effective leadership practices in the fostering of students' social and emotional learning, detection of students still at-risk of more serious mental health concerns, and assistance of students struggling with the diagnosis of a medical mental health disorder. Data generally supported the initial field-based validity of SEMELF as an accurate summary of actions that educational leaders perform in schools with high self-report rates of student social-emotional health.

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APPROVAL OF THE DISSERTATION

This dissertation, The Development of an Effective Educational Leadership Framework for Student Social, Emotional, and Mental Health, has been approved by the Graduate Faculty of the School of Education and Human Development in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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CHAPTER 1: INTRODUCTION

Dawn's Dilemma

The school nurse expects Dawn to arrive at any minute. Although she has no appointment; Dawn usually arrives within 30 minutes after the morning bell. Dawn does not disappoint, arriving with the almost-daily excuse note from her 2nd grade teacher with "stomach ache" hastily written on it. The nurse sighs. There is nothing physically wrong with this child. It is obvious. Dawn complains of a stomach ache and asks to leave her class at every opportunity, but her symptoms seem more like anxiety. The nurse wishes that the counselor would hurry up and fix her. She allows Dawn to sit quietly in the nurse's station for a few minutes, then sends her to the counselor's office.

The school counselor is also unsurprised to see Dawn. He has little time to spend on her; he must soon drive to another school to teach their guidance classes. He gives Dawn a fruitless five minutes of his time, asking her if anything is bothering her, yet she says no, only her tummy. There is nothing mentally wrong with this child, he thinks. It is obvious. The problem is her over-obsessive mother, doting on the child and letting her come home whenever she claims to feel sick. He wishes that the principal would hurry up and fix her by refusing to let Dawn's mother pick her up every day. When the counselor tells Dawn that he must now leave the building and that he will not call Dawn's mother, Dawn begins to scream and runs for the front entrance. The principal catches her as she tries to open the door, and escorts Dawn to her office.

The principal sits at her overflowing desk, with over 40 emails awaiting her response on the monitor, frustrated that she must now address this situation. Dawn sits in the corner, sobbing and screaming that her tummy hurts and she wants to go home. The principal wishes that the nurse or counselor would hurry up and fix her. She knows that there is *something* wrong with this child. It is obvious. Unfortunately, she has no idea what that *something* is.

Stating the Problem

The increase of social-emotional and mental health issues among youth is a critical public health concern; American youths now rank in the bottom quarter of developed nations in global comparisons of well-being and life satisfaction (Merikangas et al., 2016). Between 2005 to 2017, adolescent depression rates increased 52% while reports of "serious psychological distress" among public school students increased 71% (Twenge et al., 2019). Incidents of gunfire on public school campuses, including mass shootings, have increased 77% between 2014 and 2019 (McQuiller, 2019). Suicides among 15- to 19-year-olds in the United States increased by 47% over the past two decades (Miron et al., 2019). Approximately 20% of youth in American public schools are eligible for diagnosis of a mental health disorder (MHD) under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; Centers for Disease Control and Prevention, 2013; Lean & Colucci, 2010), while studies estimate that 50%-75% of these students receive no mental health services (Merikangas et al., 2010; National Research Council and Institute of Medicine, 2009).

These trends often cause educational leaders to be highly concerned with the social-emotional and mental health of their students, a relatively recent concern in the

history of the school leadership field (Fuller et al., 2018). Decades of empirical and theoretical research on effective school leadership have resulted in broad domains of leadership practices and standards that positively correlate with student achievement (Hallinger et al., 1996; Heck et al., 1990; Leithwood, 2013; Supovitz et al., 2009), yet established frameworks of exceptional educational leadership do not currently incorporate student social-emotional learning (SEL) or mental health (Hitt & Tucker, 2016; Leithwood, 2013; Murphy et al., 2016; Sebring et al., 2006). It is possible, therefore, that many educational administrators have not learned foundational aspects of psychology and mental health that may assist them in promoting a school climate that alleviates the mental stressors of modern society.

School leaders do have many resources available to them, however: evidence-based intervention protocols for student social and emotional success are developed and tested at an accelerated pace (Simon, 2016). In addition, every public school administrator has access to trained mental health professionals for knowledge and assistance through school counselors and school psychologists (Mahfouz, 2018; Zins et al., 2007). Because schools have the unique opportunity to assist in pediatric social, emotional and mental health due to their educational role and compulsory attendance (Ball & Anderson-Butcher, 2010), many school mental health professionals have risen to the challenge of providing support for students through SEL models: schoolwide systems designed to help students regarding healthy social-emotional development (Merrell & Gueldner, 2012).

Social-Emotional Learning

Emotional intelligence was traditionally considered an unnecessary and even counterproductive component of academic curriculums; the prevailing belief being that emotions cloud judgement and interfere with rational thought (Mayer et al., 1990). The scientific consensus now overwhelmingly supports the hypothesis that emotional intelligence is a unique and distinct form of intelligence that can be measured reliably and independently of variables such as one's mood or personality (Caruso et al., 2002; Mayer et al., 2004). Furthermore, the 1997 publication of *Social and Emotional Learning: Guidelines for Educators* by the Association for Supervision and Curriculum Development (ASCD) and the Collaborative for Academic, Social, and Emotional Learning (CASEL) posited the now widely-accepted theory (Mahoney et al., 2018; Sebastian et al., 2018) that emotional intelligence can increase through the teaching and training of skill sets known as social-emotional learning (SEL). Definitions of SEL are diverse, yet can be summarized as "the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others" (Zins & Elias, 2007, p. 234). These concepts are modeled through a framework of five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Collaborative for Academic, Social, and Emotional Learning, CASEL, 2019). These five traits are foundational for healthy social development and community involvement yet also crucial for learning; anxious and depressed students are far more likely to struggle academically than their peers (Bridgeland et al., 2013; Pella et al., 2018).

Thousands of public and private schools now implement SEL programs (Dishion, 2011), and meta-analyses measure significant improvements in student behavior and academics in schools that utilize SEL models (Mahoney et al., 2018). The roles of educational leaders, however, are not yet clearly defined regarding the overall social emotional health of a school culture under SEL models (Wright et al., 2018). As a result, separate well-researched models for educational leadership and student social-emotional health are readily available, yet no currently circulating framework incorporates both. How does effective leadership for a socially, emotionally, and mentally healthy school manifest itself?

The Absence of Social, Emotional and Mental Health in Educational Leadership Frameworks

The answer to the question posited in the previous section requires an understanding of three subjects: research-based models of effective educational leadership, social emotional learning, and student mental health management. These three components will be briefly introduced before receiving a more in-depth analysis in Chapter 2.

Many influential frameworks of effective educational leadership exist in the literature. Three noteworthy examples are the Ontario Leadership Framework (Leithwood, 2012), the Learning-Centered Leadership Framework (Murphy et al., 2006), and the Essential Supports Framework (Sebring et al., 2006). While the former two frameworks focus on practices and activities that enhance student achievement, the latter is an empirically derived framework focusing on clinical guidance to urban practitioners (Bryk et al., 2010).

Hitt and Tucker (2016) conducted a systemic literature review according to Hallinger's (2014) conceptual framework for "methodological review of reviews of research" (Hallinger, 2014, p. 541) that resulted in the combination of the three previously mentioned frameworks into a Unified Framework. Their review resulted in five overarching domains of effective school leadership, including an educational leader's ability to establish the school's vision, facilitate student learning, building professional capacity, creating a learning-supportive organization, and communicating with stakeholders outside of the school (Hitt & Tucker, 2016). While these five abilities are essential for any effective educational leader, how they translate into benefitting students' social-emotional health and mental health is not yet understood or even explored in the literature.

The distinction between social-emotional health and mental health is important; these concepts are related yet still unique. Simply defined, social-emotional health refers to the ability of a person to successfully navigate both the internal and external components of interacting with the modern world. Social-emotional health effects everyone; it can determine whether one acts rashly or responsibly, nurtures positive or toxic relationships, or feels devastated or nonplussed by a rude social media post. Children and adolescents in particular struggle with their social-emotional health, resulting in the push for social-emotional learning (SEL) in school systems to guide them (Dishion, 2011). The lives of all students can benefit from effective SEL programs just as all students can benefit from effective academic learning programs (Zins & Elias, 2007).

Mental health, however, specifically refers to patterns of extreme and debilitating thoughts and behaviors classified as "mental health disorders" (MHD) under the DSM-V

(Centers for Disease Control and Prevention, 2013; Lean & Colucci, 2010). Mental health disorders are diagnosable conditions and diseases that can also manifest physically, such as schizophrenia, bipolar disorder, and anorexia. Under these classifications, all students struggle with social and emotional health while only some (roughly one in five, Center for Disease Control and Prevention, 2013) struggle with varying aspects of mental health.

No current frameworks of effective educational leadership, however, directly address either student social-emotional or mental health. The outcomes of poor social-emotional and mental health are increasing in prevalence (Twenge et al., 2019); perhaps as a result, educational leaders are reporting higher levels of concern over student emotional well-being and mental health (Fuller et al., 2018). In an effort to remove the barriers to learning that these students experience, in addition to improving the culture of equity that so many educators presently seek, it is worthwhile to highlight this mostly unexplored aspect of educational leadership.

The Growing Concern Among Educational Leaders Regarding Student Social, Emotional, and Mental Health

In 2018, the National Association of Elementary School Principals (NAESP) in conjunction with the University Council for Educational Administration (UCEA) released its ninth major report on the current climate, roles, and concerns of elementary school leaders. *The Pre-K-8 School Leader in 2018: a 10-Year Study* resulted from an extensive nationwide 271-item survey of 954 school leaders and illustrated the current state of practice in the United States (Fuller et al., 2018).

In this report, school leaders identified their involvement in student mental health issues to be the aspect of their jobs that had increased the most over the past three years. Remarkably, 41.9% of school leaders reported a "large" increase in their involvement, while 38.3% reported a "medium" increase in involvement, resulting in 80.2% of principals noting their increased amount of time and effort being spent on student mental health issues. This 80.2% increase is similar to the findings of Iachini and colleagues (2016).

The top-ranked concern for school administrators was the increase in students with emotional problems (Franks, 2018); 73.7% of respondents rated it an "extreme" or "high" concern. This increase was the highest measured increase out of twelve potential areas of concern from 2008 to 2018. The NAESP report from 2008 rated student emotional problems as only eighth-highest, with 63.1% of respondents considering it a major concern (Protheroe, 2009). In addition, the second-highest measured concern in 2018 was student mental health issues, at 65.5% extremely or highly concerned. The top two concerns for principals in this survey regarded student emotional and mental health; these concerns superseded the top two concerns measured in 2008 (providing a continuum of services and student assessment). A rapid increase in concern over ten years may indicate the urgency of this issue. This report suggests that students' social-emotional and mental health are a serious and growing concern for educational leaders.

The Need for a New SEL Framework for Educational Leaders

Tiered frameworks, also known as "response to interventions" (RTI), were first used as literacy interventions yet were soon expanded to multiple academic disciplines (Jimerson et al., 2016). RTI frameworks typically divide students between three tiers.

Tier 1 includes universal instruction that all students receive; students in this tier are considered proficient in the material and progressing at an appropriate pace. Tier 2 involves targeted instruction, where students who struggle with the material are divided into small groups and receive additional, more personalized instruction. Students in the third tier require intensive and one-on-one intervention in academic subject (Jimerson et al., 2016). The clear goal of RTI systems is to decrease the number of students in the second and third tiers through instruction of varying intensity until all students are progressing at a first-tier level.

This three-tiered system later evolved into a more comprehensive, fluid, and holistic system known as multi-tiered systems of support (MTSS). MTSS includes the academic aspects of RTI, yet also covers social and emotional concerns (Cheney et al., 2008; Durlak et al., 2011). As with RTI tiered frameworks, MTSS frameworks involve three tiers: intervention in the first tier is continuous and school-wide through classroom instruction and screening for problem behaviors, the second tier consists of targeted interventions for students identified as at-risk for emotional or behavioral issues, while the third tier requires intensive and individualized interventions for students who need continuous and specialized support (Kilgus et al., 2015). Students in the second and third tiers of MTSS frameworks may require additional support through behavioral intervention plans or evidence-based interventions that target the structural causes of the social or emotional problem (Stoiber & Gettinger, 2016). In simplified terms, RTI frameworks may seek to identify students struggling with reading comprehension, while MTSS systems may target students struggling with anxiety that may or may not be caused by a lack of reading comprehension. While RTI frameworks are useful in many

respects, MTSS frameworks can both educate the general school community on healthy social-emotional behaviors while also providing increasingly intensive and individualized interventions for specific students who struggle with some aspect of mental health (Miller et al., 2015).

Tiered frameworks rely on many assumptions, among them that leaders, teachers and support staff are well trained to identify at-risk students and that collaboration within the school is optimal (Froiland, 2011). There is reason to celebrate the potential of tiered frameworks when these assumptions are met. Franklin and colleagues' (2017) meta-analysis of 24 studies regarding MTSS's effectiveness showed statistically significant reductions in students' internalizing outcomes (i.e. anxiety and depression) after tier 1 interventions by trained teachers. A larger meta-analysis of 213 tiered programs resulted in statistically improved social and emotional skills, attitudes, and behaviors compared to control statistics, including academic achievement levels 11 percentage points higher than non-tiered controls (Durlak et al., 2011). Regarding targeted tier 2 interventions, Cheyney and colleagues (2008) reported a 91% decrease in special education referrals and 50% decrease in problem behavior ratings for students identified as at risk for mental health issues. Research suggests, therefore, that tiered MTSS systems can directly benefit SEL curricula.

Despite the significant rise in SEL curricula (Dishion, 2011) and the efficacy of these curricula supported by the development of valid SEL assessments (Mahoney et al., 2018), there is relatively little focus on the integration of SEL into a tiered intervention framework (Dishion, 2011; Maras et al., 2015). The plethora of current SEL frameworks focus entirely on the first tier of MTSS systems: schoolwide efforts to foster healthy

social and emotional behaviors in the entire student body. The identification of students

at-risk of serious mental health concerns (akin to the second tier of MTSS), and

addressing their needs once identified (third tier), are rarely discussed in most currently

marketed and utilized SEL curricula (Maras et al., 2015); these topics remain primarily

the foci of the school mental health and special education fields.

Study Rationale

In summary, two disconnects require attention. The disconnect central to this

study is between the fields of educational leadership and student social-emotional and

mental health. Within the mental health field, however, there is also currently a

disconnect between SEL frameworks that attempt school-wide improvements of student

social skills and emotional and behavioral management, and targeted interventions for

individuals both at-risk of and currently struggling with mental health disorders.

Study Purpose

The ultimate purpose of this research is a bridging of the disconnects between

educational leadership, social-emotional learning frameworks, and the field of student

mental health through the development of an educational leadership framework for

student social, emotional, and mental health that will unite the best practices for

educational leaders according to the unified framework (Hitt & Tucker, 2016), the central

objectives of SEL for educational leaders according to Linda Darling-Hammond (2019),

and the intervention and support methods of school mental health professionals (Pella et

al., 2018), hereby proposed as the Social, Emotional, and Mental Educational Leadership

Framework (SEMELF). The SEMELF framework, and the research upon which it is

based, is briefly introduced in Chapter 1 and further expanded upon in Chapter 2.

Research questions

Development of the SEMELF framework requires identification and description

of effective educational leadership practices in the fostering of student's social and

emotional learning, detection of at-risk students, and assistance of students with MHD.

This study, therefore, addresses the following questions:

R$_1$ What are the actions of educational leaders who effectively promote

schoolwide social emotional learning?

R$_2$ How do leaders assist in the identification of students who need more intensive

mental health support?

R$_3$ Once identified, how do leaders support students with severe mental health

concerns, including diagnosed mental health disorders (MHD)?

Conceptual Framework

The Social, Emotional, and Mental Education Leadership Framework (SEMELF)

is inspired by the tiered formatting of MTSS, resulting in three levels of increasing

support for student social-emotional and mental health. These three levels and the

domains that organize them are founded on three components. The five domains of Hitt

and Tucker's (2016) unified framework for best educational leadership practices

(establishing and conveying the vision, facilitating high-quality student learning

experiences, building professional capacity, creating a supportive learning organization,

and connecting with external partners) form the backbone upon which the three levels of

intervention are based. The first level of intervention is based on Linda Darling-

Hammond's seminal work on SEL and her four dimensions required for educational

leaders in implementing a successful SEL curriculum (Darling-Hammond, 2019, p. 26).

The second and third levels derive from evidence-based interventions for identifying and assisting students with specific mental health needs (Ball & Anderson-Butcher, 2014; Casline et al., 2018; Klingbeil et al., 2017). Chapter 2 provides a full explanation and visual representation of the conceptual framework.

Methodology

A descriptive multiple-case mixed-methods design is appropriate for several reasons. Case studies are "useful in presenting basic information about areas of education where little research has been conducted… such studies form a data base for future comparison and theory building" (Merriam, 1988, p. 27). As discussed previously, the topic of effective educational leadership regarding student social, emotional and mental health is still in its infancy. As a case study "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 1994, p. 13), this method will collect data that can strengthen theory and further clarify the framework. Furthermore, the questions of this research focus on "how": how leaders effectively address student social emotional learning, how they identify at-risk youth, and how they support treatment of students with mental health disorders. Case studies are an appropriate method in answering "how" questions in that they deal with complex operational links needing to be traced over time rather than mere frequencies (Yin, 1994). For example, while an effective SEL educational leader may result in lower student truancy rates, what is of interest for the research is the process of how the leader's actions and philosophy lead to the reduced truancy rate.

The multiple case study was descriptive due to the lack of research currently available regarding this topic. The methodology of this study, including the researcher's role, site selection, data collection and analysis, validity and reliability are further discussed in Chapter 3.

Significance of the Study and Contribution to the Field

Modern society is changing at such a rapid pace that it can be difficult for educational leaders to understand the mental status of their students (Tschannen-Moran, 2009). Rates of pediatric depression and anxiety continue to increase (Pella et al., 2018; Twenge et al., 2019) while frameworks of effective educational leadership have long downplayed or omitted student social, emotional, and mental wellbeing (Hitt & Tucker, 2016; Leithwood, 2013; Murphy et al., 2016; Sebring et al., 2006). The field of educational leadership, however, is now acknowledging a need for social and emotional learning and increased mental health support in school systems (Fuller et al., 2018). The 2018 McGraw-Hill Education Social and Emotional Learning Report found that 96% of school administrators believe that social and emotional learning is just as important as academic learning (Reed, 2018). In addition, the COVID-19 pandemic of 2020 brought social, emotional, and mental health needs to the forefront of attention, particularly the topics of anxiety, depression, and trauma (Bushwick, 2020). While the majority of educational leaders are now supportive of SEL, they need a better understanding of how to implement and assess school-wide SEL programs (DePaoli et al., 2017), especially given that research on the best practices of educational leadership regarding SEL curricula is still in its infancy (Mahfouz, 2018). Furthermore, the general focus of SEL curricula focus mostly on interventions equivalent to the first tier of multi-tiered systems

of support (MTSS): methods of influencing the total school population. Very little emphasis exists in the field of educational leadership on alleviation of student mental health disorders. Whether due to external environmental factors outside of the school's jurisdiction, or simply due to biology, even schools with exceptional SEL programs can benefit from accepting, empathizing, and assisting with the identification ("tier 2") and treatment ("tier 3") of students with MHD (Maras et al., 2015; Schonert-Reichl, 2019).

The implications of this research, therefore, center around the development of a framework (SEMELF) useful for both the preparation and practice of educational leaders regarding effective leadership practices in the fostering of student's social and emotional learning, detection of students still at-risk of more serious mental health concerns, and assistance of students struggling with the diagnosis (or likely diagnosis) of a medical mental health disorder. A descriptive multiple-case study design observed the practices of currently effective educational administrators while analyzing how their actions influence their school mental health staff, teachers, and school culture as a whole regarding student social, emotional, and mental health. The frequency and intensity of the school leaders' behaviors, combined with the currently recognized best practices outlined by Hitt and Tucker's (2016) unified theory, will allow both current and future educational leaders an understanding of how to positively influence the mental states of their students.

Delimitations

1. Sites were purposefully selected using Virginia Department of Criminal Justice Services (VDCJS) data from Virginia public schools with high student self-reports of SEL competency according to the 2018-2019 School Climate Survey. Purposeful selection allowed the research to focus on a specific sample of the

population (i.e. high-performing schools) but greatly hindered generalizability of the results. Purposeful selection was chosen in this study due to the specific efforts in describing effective educational leadership practices.

2. As is common in educational research, this study relied on statistical methods that cannot determine cause and effect. Thus, it was not possible to claim that certain characteristics or actions of educational leaders directly caused improvements to student social-emotional or mental health.

3. Student perspectives were used to determine site selection, but student perspectives will not be taken into account regarding the characteristics or actions of their educational leaders due to concerns regarding the confidentiality of minors.

4. Data collected was entirely self-reported, subject to social desirability biases. While triangulation of data using multiple sources limited the influence of false or misleading statements, a lack of concrete, nonpartisan data affected the validity of the results. No confidential documentation from selected sites was open for review.

Limitations

The following limitations applied to the study:

1. This research, as with most research, was limited by the biases of the researcher and participants. The researcher was biased in favor of strengthening his framework, while the participants may have been biased in favor of promoting their own professionalism or school climate.

2. The data from the VDCJS School Climate survey can estimate the overall social-emotional health of a school climate, but it cannot measure why. It is possible that some of these schools have socially, emotionally, and mentally healthy students in spite of, not because of, the leader's actions. Conversely, it is likely that many educational leaders make exceptional decisions regarding student social, emotional, and mental health yet still struggle to make an impact due to external factors outside of their control, such as the socioeconomic status of their community.

3. Only highly-performing public schools in the Commonwealth of Virginia were examined. Findings may not transfer to underperforming schools, charter schools, private schools, or schools outside of Virginia.

4. The COVID-19 pandemic of 2020 unexpectedly impacted the process of data collection. Reliability is affected due to the inability to replicate the unique period of time in which these data were obtained. While these data are an important insight to this period of educational history, the generalizability of these findings may be decreased.

5. The 2018-2019 VDCJS School Climate survey relied entirely on the self-reported data of children and adolescents, and although anonymity is stressed throughout the survey, such data are subject to social desirability bias.

Definition of Terms

"*Educational leaders*" are defined as individuals that "influence, motivate, and enable others to contribute toward the effectiveness and success" (House et al., 2004) of their schools. While this description can situationally apply to multiple disciplines within

school systems, here it is applied broadly to members designated in administrative roles and specifically to administrators of individual buildings, such as principals or assistant principals.

The term "*effective leadership*" is defined as actions that make "significant and positive contributions to the progress of an organization" (Leithwood, 2013, p. 5), while the progress of a school is currently measured through student achievement (Nichols, Glass, & Berliner, 2012).

The term "*social-emotional learning*" is summarized as "the capacity to recognize and manage emotions, solve problems effectively, and establish positive relationships with others" (Zins & Elias, 2007, p. 234). These concepts are modeled through a widely-accepted framework of five competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making (Collaborative for Academic, Social, and Emotional Learning, CASEL, 2019).

The term "*mental health disorders*" represents the patterns of extreme and debilitating thoughts and behaviors classified under the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V; Centers for Disease Control and Prevention, 2013; Lean & Colucci, 2010). Mental health disorders may have genetic origins, such as autism (roughly 1.5% of students; Ramsey et al., 2016), or result from traumatic early experiences, such as various mood disorders (3.7%), conduct disorders (2.1%), or panic disorders (0.7%; Merikangas et al., 2010).

The term "*tiered framework*," also known as *"response to intervention"* or *"multi-tiered system of support"*, refers to a framework that incorporates three tiers that are progressive in their intervention. Intervention in the first tier is continuous and

school-wide through classroom instruction and screening for problem behaviors, the second tier consists of targeted interventions for students identified as at-risk for emotional or behavioral issues, while the third tier requires intensive and individualized interventions for students who need continuous and specialized support (Kilgus et al., 2015).

Summary

Ken Leithwood (2013) defines successful leadership as actions that make "significant and positive contributions to the progress of an organization" (p. 5), while the progress of a school is currently measured through student achievement (Nichols et al., 2012). Years of research illustrate the importance of effective school leadership regarding student achievement (Hallinger et al., 1996; Heck et al., 1990; Leithwood et al., 2004; Supovitz et al., 2009). The actions of school leaders indirectly influence school climate and organization that positively relate to student success (Hallinger et al., 1996). While focus remains on the relationship between teacher effectiveness and student achievement (Tschannen-Moran, 2009), substantial evidence suggests that school leadership "is second only to teaching among school-related factors in its impact on student learning" (Leithwood et al., 2004, p. 5).

Educational psychology now understands that the brain's development, and the learning it enables, are directly dependent on the social-emotional experience (Immordino-Yang et al., 2019). Once focused on merely academic measures of student success, as many as 96% of educational leaders are now concerned with the social, emotional, and mental health of their students and have embraced social-emotional learning programs and practices that school mental health professionals have utilized for

decades (Jones et al., 2019; Reed, 2018). Frameworks of effective educational leadership, however, still do not include student social, emotional, and mental health (Hitt & Tucker, 2016; Leithwood, 2013; Murphy et al., 2016; Sebring et al., 2006). Therefore, the field of educational leadership is currently in an unusual transitional situation: leaders know that something needs to be done, but they don't know how to effectively do it.

All students, regardless of grade level, occasionally need help navigating the stressors of modern life and the cognitive dissonance that can result from life's challenges. Some students need more targeted psychological help to prevent their problems from getting worse when particularly difficult times arise. Relatively few students require extremely focused and research-based interventions and treatments of mental health disorders. Each degree of these students' psychological needs can benefit from the actions of educational leaders, suggesting that a framework similar to MTSS could be a useful tool for both prospective and current educational leaders. This study, therefore, will be dedicated to highlighting the actions that current research suggests is effective, organizing these actions into a framework, and establishing the validity of the framework by determining whether these actions are indeed used by educational leaders of socially, emotionally, and mentally healthy schools through descriptive multiple-case study.

Organization of the Remainder of the Dissertation

The remainder of this dissertation is organized as follows. Chapter 2 discusses the study's conceptual framework, hereby referred to as the Social, Emotional, and Mental Educational Leadership Framework (SEMELF), which draws upon and integrates concepts from the Unified Framework for Educational Leadership (Hitt & Tucker, 2016),

SEL guidelines for educational leaders (Darling-Hammond, 2019), and current evidence-based interventions used by school mental health professionals for students who struggle with mental health disorders (Bahr & Kovaleski, 2006; Ball & Anderson-Butcher, 2014; Kovaleski & Glew, 2006; Melin et al., 2010; Melin & Weist, 2011; Nellis, 2012). In addition, Chapter 2 examines the literatures from these respective topics, notes how few studies have examined the topic of effective educational leadership for student social-emotional and mental health, concluding with the synthesis of these literatures into a cohesive whole.

Chapter 3 describes the study's research design and methodology, including rationale for the descriptive multiple-case mixed-methods design, survey and site selection, the semi-structured interview process, researcher's role, and data analysis procedures. The chapter ends with describing the study's limitations as well as the researcher's role and biases.

Chapter 4 reports the study's findings, organized by research question, including the quantitative survey data and the qualitative interview data. Qualitative interview data include illustrative quotations to enrich the study's narrative, whereas the survey data are reported in full. At the end of each research question's section, the data are summarized to note any consistencies or inconsistencies.

Chapter 5 analyzes and discusses the study's findings, particularly with respect to the conceptual framework and prior literature. Implications for educational leadership practice, policy and research are then discussed along with recommendations for future research. Chapter 5 closes with a brief conclusion.

CHAPTER 2: REVIEW OF THE LITERATURE AND CONCEPTUAL FRAMEWORK

This chapter consists of two sections. The first section examines three literatures essential for development of the Social, Emotional, and Mental Health Educational Leadership Framework (SEMELF): (a) the formation and structure of the Hitt and Tucker's (2016) unified framework for educational leadership, (b) a review of social-emotional learning (SEL) theories and progression of the movement, and (c) a short summary of mental health disorders (MHD) commonly experienced by students and the evidence-based interventions (EVIs) commonly used in response by school mental health professionals.

The second section articulates this study's conceptual framework, SEMELF, through description and analysis of research for each of the three levels of the framework's five domains.

Review of the Literature

The Unified Framework for Educational Leadership

What are the best practices of school leadership that positively impact student learning? While many excellent research-based frameworks for educational leadership exist, Hitt and Tucker's (2016) unified framework of key leader practices that influence student achievement ("unified framework") is especially useful in its integration of three foundational educational leadership frameworks:

the Ontario Leadership Framework (OLF), the Learning-Centered Leadership Framework (LCL), and the Essential Supports Framework (ESF). The OLF, developed by Ken Leithwood (2013), is "supported by robust evidence, and supplemented by examples of the ways effective leaders put these practices into action" (p. 6) at both the school and systems levels. Interpersonal relationships are central to five domains of this framework, which defines leadership as "the exercise of influence on organizational members and diverse stakeholders toward the identification and achievement of the organization's vision and goals." (Leithwood, 2013, p. 12). Regarding the LCL, the organizational goals of a school are ultimately student learning. Crafted by Joseph Murphy and colleagues (2006), the LCL was "drawn from a comprehensive review of over 1000 articles on school leadership" (Murphy et al., 2016, p. 455) and places student learning as the central focus of the leadership role. Finally, the ESF resulted from a 15-year longitudinal study by the Consortium on Chicago School Research and heavily emphasized strong community ties in the improvement of a school's professional capacity (Bryk, 2010; Sebring et al., 2006).

Hitt and Tucker's (2016) unification of these noteworthy educational leadership frameworks analyzed the commonalities of the previous frameworks and summarized them into five broad domains of effective leadership practice: (a) establishing and conveying the vision, (b) facilitating a high-quality learning experience for students, (c) building professional capacity, (d) creating a supportive organization for learning, and (e) connecting with external partners. These domains aim to increase student achievement (Hitt & Tucker, 2016, p. 542), summarize the collective knowledge of hundreds of empirical and theoretical works (Leithwood et al., 2013; Murphy et al., 2006; Sebring et

al., 2006) and represent the diverse facets of effective school leadership. Each domain is briefly explained below.

Regarding a school's vision, effective school leaders create a unified sense of purpose and clarity within the school environment by establishing goals (Latham & Locke, 2006) while continually communicating and convincing relevant stakeholders (teachers, parents, outside agencies) on the importance of these goals (Podsakoff, et al., 2000). In addition, they model their own goals and vision through their daily life and deeds to lead by example (Hallinger, 2003).

After leaders have promoted their vision and engaged the staff, they can actively work to develop professional capacity in others and themselves through developmental activities (Robinson et al., 2008). Effective school leaders learn alongside of their staff to increase levels of staff trust, which can in itself influence student achievement (Tschannen-Moran, 2009; Wahlstrom & Louis, 2008).

School leaders who can foster a sense of trust in their staff have already begun creating a supportive organization for learning. Effective leadership requires relationship building (Robinson et al., 2008), shared decision-making (Tschannen-Moran, 2009), and respect for the expertise of others (Murphy et al., 2006). The result is a variation of Maslow's hierarchy for school staff: teachers who feel secure and well-supported can devote more time to stimulating learning and growth experiences (Maslow, 1943).

The benefits of a community of trust also apply to students: effective leaders facilitate the best possible learning environment for students by installing safety and order (Sebring et al., 2006) while being culturally responsive to their students' backgrounds and ensuring appropriate instructional time (Leithwood, 2013). It is the job

of the effective administrator to foster a school climate where staff and students feel safe

and secure, and have a sense of belonging.

Finally, an effective school leader does not isolate their school from the greater

community, but connects with parents and outside organizations on a regular basis (Ball

et al., 2010). When effective leaders become aware of student or family needs that the

school cannot realistically fulfill, they seek out and connect them with agencies who can

(Leithwood, 2013). A school can benefit from being a central part of its community, and

the community benefits likewise: parents who are actively encouraged to participate often

feel a certain sense of influence within the school (Sebring et al., 2006).

This knowledge of effective leader practices is the result of a growing body of

research (Hallinger et al., 1996; Heck et al., 1990; Leithwood et al., 2004; Supovitz et al.,

2009), yet application of these practices for the social-emotional and mental health of

students is not immediately apparent. Principals who demonstrate effective leadership

practices are more likely to favorably influence school conditions (Fuller et al., 2011), yet

the SEL movement has occurred at a relatively rapid pace outside the general influence of

the educational leadership field (Mahfouz, 2018). The general SEL framework will now

be described to understand how it can best be incorporated into best educational

leadership practices.

Social Emotional Learning

The brain's development, and the learning it enables, are directly dependent on

the social-emotional experience of individuals (Immordino-Yang et al., 2019).

Scientifically, "learning" involves the generation, pruning, and reorganization of neural

connections within the brain that directly reflect a person's experiences to allow

adaptation in their environment (Zielinski et al., 2010). The social-emotional experiences from everyday human interactions play a central role in brain development and learning; humans are "biologically cultural" (Immordino-Yang et al., p. 186) and education is a major acculturating force (Tomasello, 2009). Educational leaders benefit by understanding this biological truth and realizing that a child raised in a traumatic environment may be incapable of "learning" in the same manner as a child raised in security because her brain has been wired for physical survival rather than intellectual stimulation (Zielinski et al., 2010). Rather than assume a fatalistic approach toward these children, school mental health professionals over the past two decades have formalized SEL programs and practices that support the growth of social and emotional skills through experience and context (Jones et al., 2019).

  The SEL movement's genesis can be traced to the 1997 publication of *Social and Emotional Learning: Guidelines for Educators* by the Association for Supervision and Curriculum Development (ASCD) and the Collaborative for Academic, Social, and Emotional Learning (CASEL). Since that time, CASEL has led the movement in funding, research, and assessment of various SEL approaches: interventions can be short and focused on at-risk students, embedded in the curriculum, or aim to transform the culture of an entire school (Osher et al., 2016). The vast majority of these approaches rely on five core social and emotional competencies: self-awareness (recognition of one's own emotions, thoughts, and values), self-management (regulation of emotion, thoughts, and behaviors), social awareness (empathy for others and understanding of social behavioral norms), relationship skills (individual and group friendship and cooperation), and responsible decision-making (personal accountability and evaluation of personal

consequences of one's actions); these competencies are mapped in Figure 1 (CASEL,

2017). The healthy development of these five competencies aim to prevent more serious

problems such as school disengagement, the development of mental health concerns, and

academic failure (Eklund et al., 2018; Zins & Elias, 2007).

Figure 1. Core Social and Emotional Learning Competencies. Reprinted from 'CASEL Competencies.' Retrieved from https://casel.org/wp-content/uploads/2019/12/CASEL-Competencies.pdf. Copyright 2017 by the Collaborate for Academic, Social, and Emotional Learning. Reprinted with permission.

Evidence of impact. The results are promising. The short-term impact of school-

based SEL programs were assessed by a meta-analysis of 213 programs including

outcomes data for over 270,000 K-12 students (Durlak et al., 2011); results of five

constructs indicated significantly higher levels of (a) positive social behavior, (b)

attitudes, and (c) academic performance combined with significantly lower levels of (d)

conduct problems and (e) emotional distress for students participating in SEL programs.

Wiglesworth and colleagues (2016) analyzed 89 additional programs using the method of

Durlak and colleagues and again found significant results for four constructs (student

attitudes were insignificantly higher). Regarding the long-term impact of SEL programs,

two separate meta-analyses (Sklad et al., 2012; Taylor et al., 2017) reviewed a combined

157 SEL programs and measured student attributes between 56 and 195 weeks following

the conclusions of the SEL programs. While effects were weaker overall, all five

constructs from each meta-analysis were significantly higher than control groups ($R^2 =$

.15; $B = .29$, $\beta = .35$, $p < .01$) in the 42 studies with relevant data for all variables. In

other words, higher levels of social and emotional assets were associated with higher

levels of well-being at follow-up, predicting an additional 15% of the variance after

controlling for attrition (Taylor et al., 2017). These four meta-analyses suggest SEL's

potential for encouraging positive student behavior and emotions while also increasing

academic performance, while the lower yet still significant long-term effects may

encourage the implementation of SEL as a year-wide effort rather than a short-term

promotion (Hamedani & Darling-Hammond, 2015).

  Leadership of SEL programs. Although very little research currently juxtaposes

best practices of educational leadership with SEL curriculums (Mahfouz, 2018), Darling-

Hammond (2019) outlined four dimensions required for school leaders in implementing a

successful SEL curriculum. School leaders are more effective when they (a) intentionally

design learning environments that are developmentally healthy places with strong long-

term relationships, (b) directly teach SEL strategies attuned to meet the needs of students

in diverse socioeconomic, racial, and ethnic contexts while designing academic learning

to engage these skills, (c) pay attention to the SEL needs of teachers and school leaders,

and (d) make it an explicit mission to prepare students to be personally and socially

aware, skilled, and responsible (Darling-Hammond, 2019, p. 26). These dimensions suggest that the efficacy of educational leaders be measured not only by student academic success, but by the emotional and mental health of the entire school culture.

Educators are increasingly aware of the evidence that students' social and emotional well-being is directly tied to positive school climates and academic achievement (Zins et al., 2007). The rapid expansion and popularity of SEL cannot be overstated; 48 states and the District of Columbia now include at least four of the five SEL competencies in their state learning standards (Eklund et al., 2018). The term "social-emotional learning" is now a standard phrase in the educational lexicon: U. S. presidential candidates are discussing it during televised debates (Blad, 2019) while large-scale organizations such as the World Bank, UNICEF, and the World Health Organization are calling for explicit and intentional consideration of SEL competencies in both education and health guidelines (Schonert-Reichl, 2019). The momentum behind the SEL movement is strong, as is the data supporting its efficacy in promoting students' social development and academic skills. However, SEL programs are typically promoted as school-wide prevention efforts; the fact remains that it will not fulfill the needs of students with specific and severe mental health needs.

Student Mental Health Disorders

The need for, and value of, a schoolwide SEL curriculum cannot negate the fact that some students will still be in need of intensive and targeted interventions. Roughly 20% of students share patterns of extreme and debilitating thoughts and behaviors classified as "mental health disorders" (MHD) under the DSM-V (Centers for Disease Control and Prevention, 2013; Lean & Colucci, 2010). Mental health disorders may have

genetic origins, such as autism (roughly 1.5% of students; Ramsey et al., 2016), or result from traumatic early experiences, such as various mood disorders (3.7%), conduct disorders (2.1%), or panic disorders (0.7%; Merikangas et al., 2010).

Regardless of MHD origin, these students require specialized evidence-based interventions (EBI) tailored to their specific mental health diagnoses, which are currently developed, tested, and disseminated in controlled research settings at an accelerated pace (Simon, 2016). EBI is often defined as the integration of best research evidence with clinical expertise (Sackett et al., 2002) having its roots in the medical health improvement systems of the 1990's (Christner & Mennuti, 2009). EBI now deeply influences the culture of school mental health research, where academics and practitioners from fields of counseling, psychology, social work, and psychiatry increasingly demand data to support intervention strategies. In addition, more attention is directed towards effective transfer and implementation of EBI protocols from controlled research settings to challenging community-based settings (Simon, 2016). Evidence-based interventions are more likely to be effective when combined with the use of interdisciplinary mental health leadership teams and explicit efforts to remove the stigma of students who struggle with mental health issues (Bahr & Kovaleski, 2006; Ball & Anderson-Butcher, 2014; Kovaleski & Glew, 2006; Melin et al., 2010; Melin & Weist, 2011; Nellis, 2012). Both of these important factors will now be discussed.

Interdisciplinary mental health leadership teams.

Interdisciplinary mental health leadership teams take primary responsibility for structuring and implementing initiatives related to school-wide mental health efforts (Reilly, 2015). These initiatives can include conducting and disseminating needs

assessments related to mental health needs and stakeholder opinions, researching

programs and curricula that may benefit the school, and communicating to all staff proper

mental health protocols and procedures (Bahr & Kovaleski, 2006). Interdisciplinary

mental health leadership teams "have become the norm rather than the exception in

schools" (Markle et al., 2014, p. 59). These teams vary in terms of disciplines

represented; however, they almost always include a principal or assistant principal as

well as school counselors, psychologists, special education teachers, and other specialists

such as speech pathologists (Kovaleski & Glew, 2006). Empirical data supports the

effectiveness of these teams; one meta-analysis of nine studies (Burns & Symington,

2002) measured a large effect size ($d = 1.15$) for student academic achievement compared

to control groups; a separate analysis of 1,401 Pennsylvanian schools with mental health

leadership teams concluded that approximately 85% of the students referred to these

teams saw long-term improvement in behavior and academic achievement (Kovaleski &

Glew, 2006).

Mental health stigma.

The negative stigma of mental health, as briefly mentioned before, is perhaps the

greatest barrier in effectively identifying and assisting the students who need help

because the biases and stereotypes regarding students struggling with an aspect of mental

health can permeate the student culture, staff culture, and outside community. Mental

health stigma includes the perception that individuals who struggle with depression,

anxiety, or other mental health concerns are weak, flawed, dangerous, or socially

incompetent (Chandra & Minkovitz, 2006). While approximately 20% of youth in

schools have patterns of thoughts and behaviors that are diagnosable under the DSM-V,

75% of them receive no treatment whatsoever (Lean & Colucci, 2010). Although this is partially explained by schools not identifying them as in-need, many students are embarrassed by the thought of seeking mental health assistance (Kovaleski & Glew, 2006; Gulliver et al., 2003; Pella et al. 2018). One study found that adolescent boys were half as likely to report a willingness to use mental health services compared to girls, while boys of color were the least likely of all (Chandra & Minkovitz, 2006). The lack of willingness to use mental health services may be explained by a desire to "fit in" and social pressure that views seeking help as a weakness (Timlin-Scalera et al. , 2003). One review of 13 studies revealed that public stigma was the top barrier in seeking mental health assistance in adolescents (Gulliver et al., 2003), while a more recent study found that 37.7% of middle school students who self-described as anxious or depressed did not seek help because they did not want other students to know they were visiting the counselor (Pella et al., 2018).

One potential solution to the problem of mental health stigma among students is the promotion of a positive school climate, including schoolwide teacher professional development regarding mental health literacy (defined as a basic understanding of common mental health disorder symptoms, Schonert-Reichl, 2019) , a task for which effective mental health leadership teams are well-suited (Ball & Anderson-Butcher, 2014; Mellin et al., 2010). Townsend and colleagues (2017) examined 500 schools and found that a positive school climate regarding mental health is significantly associated with increased mental health literacy and decreased mental health stigma among students. A separate study of both teacher and student mental health literacy found that the two are significantly positively correlated (Miller et al., 2018).

Regarding mental health, effective educational leaders understand that even safe, inclusive and emotionally positive communities will still inevitably contain students who struggle with intensely negative mental health patterns, often in the form of mental health disorders (Schonert-Reichl, 2019). Evidence-based interventions for these students can be utilized by mental health leadership teams, composed of interdisciplinary school staff who both oversee the interventions and assist in decreasing mental health stigma within the community. While school-wide SEL programs can assist the mental wellbeing of the majority of students, an optimal system would also both identify students at risk of acute mental health issues and ameliorate the challenges of students who currently struggle with debilitating MHD (Maras et al., 2015). For these reasons, a leveled framework of action for educational leaders may be appropriate. Level 1 interventions would consist of administrator actions applied to all students, Level 2 interventions would focus on students at risk, while Level 3 interventions would be offered for students in greatest need (see Figure 2).

Conceptual Framework

The Social, Emotional, and Mental Educational Leadership Framework (SEMELF) is a proposed framework seeking to combine Hitt and Tucker's (2016) unified framework for best educational leadership practices, Darling-Hammond's (2019) dimensions for SEM implementation by educational leaders, and evidence-based interventions for identifying and assisting students with specific mental health needs (Ball & Anderson-Butcher, 2014; Casline et al., 2018; Klingbeil et al., 2017). Table 1 outlines SEMELF, with the unified framework domains occupying the y-axis and the three levels of student support spread across the x-axis.

Intensity of Support

Level 1: Social-
Emotional Learning
(All students)

Level 2: Focused
Intervention (~30%
of students)

Level 3: Mental Health
Disorder Support
(<20% of students)
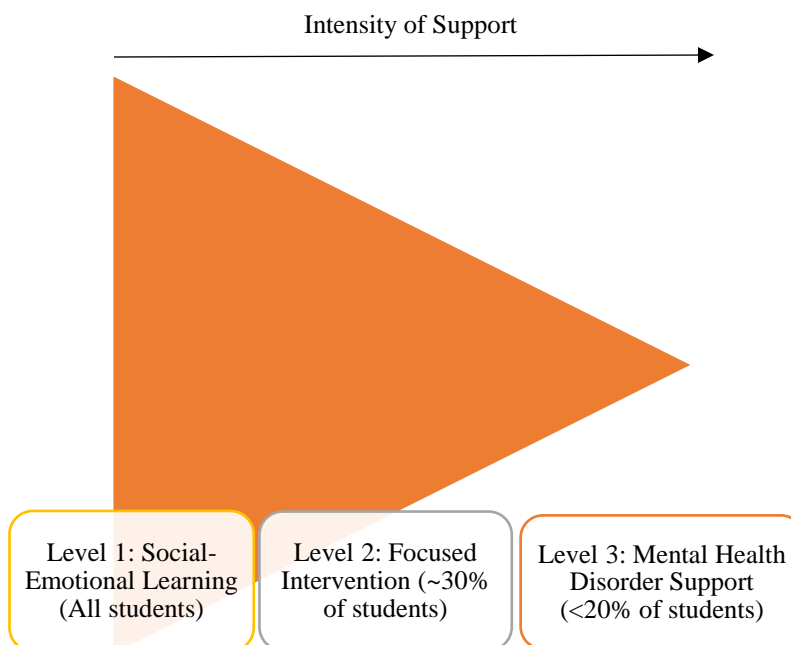
Figure 2. Organization of the Social, Emotional, and Mental Education Leadership Framework (SEMELF).

Establishing and Conveying the Vision

The first domain of the unified framework, establishing and conveying the vision, reflects how establishing goals and setting expectations results in an effect size of 0.42 standard deviations in a meta-analysis of 22 studies of leadership and student achievement (Robinson et al., 2008). School leaders are captains of their ship, but first they need to set the proper course or the ship will sail in circles at best, or crash into the rocks at worst. Leaders set goals with input from stakeholders in the community, but ultimately exercise their influence to convince others in the school to join them in their vision (Podsakoff et al., 2000).

Establishing and conveying the vision, Level 1.

School leaders can include SEL in their vision by intentionally and explicitly advocating for the incorporation of social and emotional learning with academic learning

(Darling-Hammond, 2019). More than simply mandating a SEL curriculum, effective school leaders model behavior demonstrating the five SEL competencies: taking responsibility for their actions, fostering healthy relationships, being aware of themselves and their surroundings, and managing their own behavior (Jagers et al., 2019). Their vision of a socially-emotionally healthy community will be supported and advanced through their own actions.

Establishing and conveying the vision, Level 2.

As stated previously, effective school leaders do not establish a vision based solely on their own personal goals for the school; in assisting with Level 2 interventions, the input of staff members associated with student mental health are valued and included (Weist et al., 2012). School counselors, school psychologists, and special education (SPED) specialists are trained experts in their fields, yet a prominent theme in focus groups is that their roles in the school are ambiguous or sequestered from the school culture (Suldo et al., 2010). As many surveys suggest that both certified and classified school staff generally believe that they have not received sufficient children's mental health training (Frauenholtz et al., 2015), the expertise and advice of school mental health professionals can benefit the educational leader when establishing and implementing a vision of social-emotional and mental health wellness. Simply put, if helping at-risk students is to be a part of an educational leader's mission, than the school leader will actively employ those who know how to screen for at risk-students.

Table 1

Social, Emotional, and Mental Education Leadership Framework (SEMELF)

Unified Framework Domain (Hitt & Tucker, 2016)	Level 1 Social-Emotional Learning (SEL) Objectives	Level 2 Focused Intervention	Level 3 Mental Health Disorder (MHD) Support
Establishing and Conveying the Vision	Making it an explicit mission to prepare students to be personally & socially aware, skilled, and responsible	Including school counseling, SPED, and school psychology departments in establishment and implementation of goals	Establishing and supporting interdisciplinary mental health leadership teams
Facilitating High-Quality Learning Experiences for Students	Directly teaching SEL learning strategies to meet diverse student needs, and designing academic learning to engage these skills	Distributing the leadership role to school counselors regarding SEL curricula	Integrating evidence-based interventions that support high-quality learning: best research practices with clinical expertise; i.e. cognitive-behavioral therapy & family therapy.
Building Professional Capacity	Meeting the SEL needs of teachers & staff Meeting professional learning needs	Building professional capacity and trust through integrating school counseling, SPED, and school psychology departments	Implementing professional development focused on mental health disorders (basic causes, symptoms, treatments)
Creating a Supportive Organization for Learning	Intentionally designing learning environments to be developmentally healthy with strong long-term relationships	Using research-based approaches, such as restorative justice, in conflict resolution techniques to address disciplinary concerns.	Destigmatizing mental health disorders within the school culture
Connecting with External Partners	Actively seeking parental and familial SEL education and advocacy	Growing community mental health partnerships: local clinics, universities, churches, hospitals, etc.	Empowering parents and community through creation and implementation of 504 and IEP plans and collaboration with outside agencies

Schools that screen for at-risk thoughts and behaviors throughout the entire student body (rather than wait for discipline referrals) result in 80% more students identified for screening (Splett et al., 2018). School mental health professionals are essential in the screening process (Froiland, 2011) and the inclusive educational leader recognizes them as such.

Establishing and conveying the vision, Level 3.

Educational leaders can fulfill their vision of support for students diagnosed with MHD by establishing and assisting interdisciplinary mental health leadership teams. As discussed previously, benefits of interdisciplinary mental health teams include student referral and evaluation, planning service delivery, and implementing evidence-based practices (Bahr & Kovaleski, 2006). Empirical data suggests their efficacy (Burns & Symington, 2002), and many leaders in the school mental health movement advocate for their establishment in schools nationwide (Ball et al., 2010). One prominent longitudinal case study in an urban high school (Mellin & Weist, 2011) measured increased communication among staff, an alignment of school goals, a less self-reported "burnout" among school staff two years following the principal's establishment and involvement in a mental health leadership team. School leaders are often mentioned in the literature as potential members of mental health leadership teams (Lean & Colucci, 2010; Michael et al., 2014; Raines, 2008; Reilly, 2015; Simon, 2016), although their roles are the most ambiguously defined. The actions of an effective mental health school leader may include sharing leadership and decision making among these teams (Bergman et al., 2012), basing authority on expertise instead of position (Murphy et al., 2006; Tschannen-Moran, 2009). Educational leaders are incredibly busy, and while their involvement with yet

another "team" may seem burdensome at first, these teams are an important way for a mental-health focused leader to actively contribute to their vision while being continually updated on their most at-risk students.

Facilitating High-Quality Learning Experiences

Facilitating high-quality learning experiences for students is clearly an important domain for effective school leaders; student learning is the ultimate goal for the profession (Hallinger, 2003; Supovitz et al, 2009). Overseeing the curriculum and its implementation by teachers yield an effect size of $d = 0.42$ (Robinson et al., 2008), yet a principal's role also requires maintaining safe, organized environments that reflect their students' backgrounds (Leithwood, 2013; Sebring et al., 2006). To effectively learn, students need to feel safe and welcomed while also exposed to the delivery of an appropriate curriculum (Immordino-Yang et al., 2019). Educational leaders are ultimately responsible for this task, while appropriately integrating student social-emotional and mental health.

Facilitating high-quality learning experiences, Level 1.

Effective educational leaders can ensure that the curricular program directly teaches SEL learning strategies that meets the diverse needs of all students, while also designing academic learning that engages social-emotional skills (Darling-Hammond, 2019). The most common method of teaching SEL is through pre-packaged curriculums either implemented in the classroom or by a school counselor; consistent application of these curriculums measure statistically significant decreases in problem behavior and suspensions and increases in academic achievement over a two-year period compared to control groups (Low et al., 2019). These packaged curriculums, however, are expensive

and can be difficult to graft onto existing curricula and school routines (Prothero, 2019).

Another option increasing in popularity are "kernels": very small daily SEL lessons and

activities that are highly adaptive to most cultures and school routines (Bayer, 2018).

Whether the SEL skills are taught through expensive curricula or small daily activities,

the key to lasting change is consistency and longevity in application (Durlak et al., 2011;

Low et al., 2019). Ultimately, influential educational leaders adapt SEL strategies into

their curriculum that allow students to work and function well in society while

maintaining a positive sense of self (Darling-Hammond, 2019).

Facilitating high-quality learning experiences, Level 2.

In identifying students at-risk of more severe mental health concerns, educational

leaders can benefit by partially distributing their leadership role to school counselors with

regards to SEL curricula (Spillane et al., 2004). Distributive leadership is a leadership

approach in which all stakeholders interact in cooperation, with a common sense of

responsibility, to achieve common organizational goals (Erol & Turhan, 2018).

Distributive leadership downgrades the leadership of a single individual due to the

complexity of educational organizations; this approach has become more popular as new

data suggest its effectiveness over traditional top-down approaches (Gold, 2004;

Leithwood et al., 2006). Regarding social-emotional learning, administration of SEL

curriculums are already most commonly performed by school counselors (Prothero,

2019), and school counselors are trained to identify "red flags" in students facing serious

psychological distress (Frauenholtz et al., 2017). School counselors observe students

while teaching SEL lessons, monitoring for changes in mood, withdrawal, aggression, or

concerning statements; follow-through with these students can be immediate and further

arrangements can be made for targeted intervention (Wingfield et al., 2010). While

partnerships between school leaders and school counselors are not uncommon, many

principals do not view school counselors as potential leaders because school counseling is

not traditionally a leadership role (McMahon et al., 2009). Research suggests, however, a

high correlation between counselor/school leader collaboration and

school/family/community partnerships, $r = .577$, $p < .001$, $N = 546$ (Bryan et al., 2018).

Effective leaders realize that hierarchical organization of schools is not always

appropriate for promoting student achievement, and that healthy organizations base

authority on expertise rather than position (Murphy et al., 2006; Tschannen-Moran,

2009). Educational leaders collaborating closely with their school counseling departments

can allow quicker response to intervention when potential mental health crises are

detected within individual students, their families, and the community at large.

Facilitating high-quality learning experiences, Level 3.

Effective leaders ensure that students diagnosed with even the most debilitating

MHD have equitable access to high-quality learning through evidence-based

interventions (EBIs). In one meta-analysis of 32 research articles (Killerby & Dunsmuir,

2018), statistically significant positive relationships between EBI implementation and

pupil behavioral and academic outcomes were recorded in the majority of the studies.

There are many examples of EBIs for mental health treatment; however, certain methods

of psychotherapy have proven more effective in public school settings than others. For

example, cognitive behavioral therapy (CBT) is highly effective in school settings for at-

risk students and students diagnosed with MHD due to the relatively short and direct

implementation (Herschell et al., 2012). Another highly beneficial intervention within

school settings is family therapy (Lucksted et al., 2012), allowing the school and family to bond under identical goals for their children who may be either at-risk or already diagnosed with MHD. A third major category of intervention are those based on the concept of "mindfulness," a concept that is rapidly growing in popularity within school counseling and psychology (Klingbeil et al., 2017). Mindfulness, the art of being aware of one's current thoughts and being able to focus and steer these thoughts in desired directions, is currently taught in SEL frameworks as beneficial to all students yet can also serve students at-risk or diagnosed with MHD in framing their perceptions in beneficial ways (Immordino-Yang et al., 2019). Effective educational leaders can ensure that their school's mental health professionals employ EBIs such as these. In addition, these widely-accepted models of intervention are most effective with frequent collaboration and communication between school mental health professionals and community mental health professionals (Ball & Kovaleski, 2006; Ball & Anderson-Butcher, 2014; Kovaleski & Glew, 2006; Melin et al., 2010; Melin & Weist, 2011; Nellis, 2012). The need for effective educational leaders to connect with external partners is further discussed later in this chapter; however, it is important to note in this section that educational leaders can benefit from having the phone numbers of local private therapists and community-based mental health agencies readily available for families with the resources and willingness to take advantage of them.

Building Professional Capacity

A good school needs good teachers. The educational leader is responsible for the hiring, mentoring, and professional development of quality instructors (Hitt & Tucker, 2016). While directly influencing student achievement sometimes occurs through

educational leadership actions, effective teaching is the most critical factor in explaining student learning (Hughes, 2003; Wayne & Youngs, 2003). What teachers do, who they are, and their values, knowledge, and skills are absolutely critical to student success (Darling-Hammond & Post, 2000; Hattie, 2009). The cultivation of a school that values social-emotional and mental wellbeing requires an educational leader that learns alongside his or her faculty about the latest research and methods of practice in these areas (Ball & Anderson-Butcher, 2014).

Building professional capacity, Level 1.

Educators have physically, mentally, and emotionally exhausting careers; burnout is extremely common among both leaders and teachers (Kim et al., 2019). Healthy relationships between administrators and teachers, however, have a strong negative association with teacher burnout; in one study (Perrone et al., 2019), a positive view of principal-teacher relationships corresponded with a lower teacher burnout score roughly one full standard deviation below the median burnout score ($p < .001$). In addition, the emotional stability and conscientiousness of teachers are negatively associated with burnout (Kim et al., 2019) while the overall wellbeing of teachers is positively associated with commitment to school and students (Turner & Theilking, 2019). The research, therefore, suggests that not only do educational leadership actions affect the emotional wellbeing of teachers, but that the emotional wellbeing of teachers also effect the daily lives of students. Leaders may personally practice SEL strategies for their own self-care, and also provide training and support systems for their faculty (Darling-Hammond, 2019). Effective leaders can model social-emotional skills, behaviors, and knowledge to their teachers, and insist that teachers do likewise to their students. Socially and

emotionally healthy teachers relate better to students from diverse backgrounds and remain centered in unpredictable situations (Townsend et al., 2017). In short, SEL-conscious school leaders practice what they preach while ensuring that both they and their staff have access to resources necessary in promoting social-emotional and mental health.

Building professional capacity, Level 2.

Mental health disorders are not detected by observing one isolated incident, but rather through consistent patterns of behavior (Di Lalla et al., 2004; Farmer & Bierman, 2002). The counselor may see one "red flag" in a student while the special education teacher sees another, but without interdisciplinary collaboration, intervention for this student may be delayed. In order to better identify students at-risk of serious mental health difficulties, educational leaders can build professional capacity and trust through integrating their schools' counseling, special education, and psychology departments (Mellin et al., 2010). This can be difficult, as different professionals representing diverse disciplines can display a sense of territoriality (Weist & Paternite, 2006). The influential educational leader fosters communication between these disciplines, modeling and promoting the SEL competency of "interpersonal relations," to build relationships and create common goals within these departments (Kovaleski & Glew, 2006). The key to helping at-risk students is communication; communication between school disciplines is positively associated with goal alignment and negatively associated with duplication of services (Mellin & Weist, 2011). Effective educational leaders ensure the interdisciplinary communication and goal alignment of their schools' mental health professionals.

Building professional capacity, Level 3.

Mental health disorders can appear intimidating to those not properly trained to understand them (Frabutt & Speech, 2012). Society's long history of abuse and ostracization of individuals with MHD demonstrates the fear that results from a lack of MHD education (Hothersall, 1990). This abuse continues today; in one study, 64.7% of parents of children with MHD responded that their children had been restrained, secluded, or given aversive (pain-causing) punishments (Westling et al., 2010). School leaders administered the discipline 43.5% of the time (Westling et al., 2010). In 2011-2012, 110,000 incidents of restraint or seclusion were reported in U.S. public schools; students diagnosed with disabilities were most likely (75%) to be restrained (Trader et al., 2017). Effective educational leaders can ensure that all faculty who are not trained mental health professionals still understand the basic physiology and treatment of common MHD such as autism, post-traumatic stress disorder, conduct disorder, and depression. While only seven states and the District of Columbia require districts to provide professional development for school personnel on youth mental health (National Association of State Boards of Education, 2019), educational leaders from all states can ensure, through many available professional development programs, that all faculty and staff have at least a basic understanding of common MHD.

Creating a Supportive Organization for Learning

Leadership has a dual focus: tasks and relationships (Robinson et al., 2008). As Maslow (1943) outlined decades ago, basic conditions must be met before people can function at their best. Effective educational leaders understand that their careers involve more than performing an endless series of impersonal tasks; building and maintaining

positive relationships with both their faculty and students are essential (Grayson & Alvarz, 2008). The door of a successful principal's office is rarely closed. Inclusive educational leaders promote schools that are welcoming places for all faculty, staff, and students; this encourages the educational leader to both foster an environment of respect for all through SEL initiatives while also destigmatizing MHD within their school culture (Kovaleski & Glew, 2006; Gulliver et al., 2003; Pella et al., 2018).

Creating a supportive organization for learning, Level 1.

Two of the five SEL competencies, social awareness and interpersonal relations, directly involve the wellbeing of others (CASEL, 2019). Socially and emotionally healthy individuals communicate clearly, listen well, negotiate conflict constructively, and empathize with diverse perspectives and cultures (Hamedani & Darling-Hammond, 2015). Educational leaders emphasize these traits in their school climate by promoting engagement with others through their behavior and organizational management: teachers with teachers, teachers with students, students with students, teachers with parents, etc. (Allensworth et al., 2018). Engagement combined with school leaders' organizational management correlates with strong learning climates (Sebastian et al., 2018). Strong learning climates are safe, supportive environments with high, consistent and clear behavioral and academic expectations for students (Darling-Hammond, 2019). In other words, strong interpersonal relationships of all kinds can increase student engagement and academic success; educational leaders wishing to promote such relationships can evaluate the organizational management of their school to ensure smaller, more personalized environments where students and teachers maintain relationships over longer periods of time (Allensworth, 2018; Sebastian et al., 2018).

Creating a supportive organization for learning, Level 2.

Engaging and maintaining relationships with others inevitably produces conflict, and within the school setting, conflict often leads to discipline. Traditional, punitive models of school discipline can negatively impact school culture (Haymovitz et al., 2018) and may contribute to racial disparities in discipline rates (Manassah et al., 2018). Regarding youth at-risk of MHD, however, it is important for educational leaders to understand that these students are far more likely to be disciplined than any other group (Trader et al., 2017; Westling et al., 2010). Students struggling with anxiety, depression, or other forms of trauma are more likely to act out against peers or authority figures (Merikangas et al., 2010); punitive disciplinary measures result in less classroom time and even less desire by the at-risk students to succeed academically (Rothon et al., 2009).

Alternatives, such as restorative justice (the institutionalization of non-punitive and relationship-centered approaches for addressing conflict), eschews suspensions and expulsions while focusing on conflict resolution, counseling, and reconciliation (Fronius et al., 2019). Restorative justice strategies such as peace-making circles can both resolve moderate conflicts while also building community and preventing future conflict (Gregory et al., 2018). Instead of further alienating students at-risk of serious mental health disorders through zero-tolerance punitive discipline, effective educational administrators can enact research-based restorative justice interventions throughout their school to alleviate mild relational aggression among these students.

Creating a supportive organization for learning, Level 3.

As discussed previously, educational leaders can support their students diagnosed with MHD by raising mental health awareness for both faculty and students, decreasing

the debilitating stigma associated with those who struggle with their mental health

(Timlin-Scalara et al., 2003) through established goals and expectations related to mental

health literacy (Robinson et al., 2008) and the modeling of said expectations (Jacobson et

al., 2007). This, in turn, builds the professional capacity of the staff through developing

both the staff and leaders' understanding of mental health issues. Teachers who are more

knowledgeable about MHD both shed the stigma associated with it and also communicate

this knowledge to their students (Townsend et al., 2017). For example, Miller and

colleagues (2018) identified teacher depression literacy as significantly correlated with

student depression literacy ($\beta = 0.199$, $p = .035$). In other words, teachers' knowledge of

the symptoms, effects, and treatments of depression is positively related with students'

knowledge of these subjects. Educational leaders might additionally facilitate the learning

experience for the students by acknowledging the students' backgrounds in a specific

community (i.e. educating about post-traumatic stress disorder in areas with high rates of

military deployment where parents may display such symptoms, or anxiety disorders in

high-crime communities where students may experience constant psychological stress)

and allowing more instructional time (Leithwood, 2013) due to less unnecessary time and

effort spent on the discipline of mental-health related outbursts by students with MHD.

Connecting with External Partners

The final domain of effective educational leadership (Hitt & Tucker, 2016)

suggests connecting with the community to promote participation from families and

outside agencies. Leaders who utilize the support of parents and external partners

increase student achievement (Curry & Adams, 2014; Sebring et al., 2006); Bryk et al.

(2010) measured an effect size of $d = 0.137$ for parental involvement in schools. It is an

educational leader's responsibility to maximize feelings of being welcomed and included for all parents and families, and not only students, within the school walls. This can be accomplished by encouraging the faculty's understanding of the community's cultural backgrounds (Bertrand & Rodela, 2018), building trusting relationships with parents (Leithwood, 2012), and utilizing community resources that parents respect (Sebring et al., 2006).

Connecting with external partners, Level 1.

The vital importance of home and family in children's social and emotional health cannot be overstated. Baker's (2017) analysis of father-son relationships found that paternal involvement is positively predictive of young males' cognitive and social-emotional skills across racial groups. Structural equation modeling (Whittaker et al., 2011) suggests that maternal involvement mediates the negative social-emotional effects of low-income environments. Children with chaotic home environments are statistically less likely to develop social-emotional skills relative to their peers (Bobbitt & Gershoff, 2016). The family is a child's first school for emotional learning, and the adults at home play a critical role in shaping the lives of students (Darling-Hammond, 2019). Educational leaders, therefore, can promote SEL programs that encourage parental participation (Christenson & Reschly, 2010). Many workshops currently exist for parents regarding listening, anger-management, mindfulness, and relationship building (Gunn, 2018); educational leaders can encourage such workshops during existing events such as parent-teacher conference nights or PTA meetings. Outside resources such as community-based organizations, health-care professionals, and nonprofits may also be invited to work with families and provide their resources for the parenting community

(Christenson & Reschly, 2010). Educational leaders can integrate parents into their SEL program on a regular basis, creating school-family partnerships that benefit children both academically and emotionally (Bryk et al., 2010).

Connecting with external partners, Level 2.

Although all children benefit cognitively and emotionally when their parents and families work in tandem with the school system, children experiencing difficult situations or in need of specialized instruction are especially in need of school-family collaboration (Darling-Hammond, 2019). Sometimes, however, the family of a student is not capable of providing the support that the student needs; these students in particular need an extracurricular support system that provides social, emotional, and academic guidance. Educational leaders benefit from being familiar with all organizations within their community that provide positive social outlets for at-risk students, such as Boy Scouts of America, Girl Scouts of America, 4-H Club, Big Brothers Big Sisters of America, Boys & Girls Club, and organizations within religious communities. These outside agencies broadly differ in quantity and quality depending on the community the school resides in, with rural schools usually having fewer options than urban schools (Bobbit & Gershoff, 2016), but an effective school leader can research which organizations have excellent reputations within their locality and recommend students in need of their services (Christenson & Reschly, 2010).

Connecting with external partners, Level 3.

Students currently diagnosed with any disability that interferes with their ability to learn in a general education classroom should already be following an Individualized Education Plan (IEP) or 504 plan. These two categories of plans, while sharing the same

general purpose and desired outcome, are the result of two separate laws (the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act, respectively) and have vastly different compliance requirements (Frabutt & Speech, 2012). Regardless of the plan, effective educational leaders prioritize being both personally involved and encouraging the involvement of the student's family within creation and implementation of the plans (Bryk et al., 2010). If school leaders include parents or guardians as valued members of IEP meetings and agendas, while also collaborating with outside mental health agencies, the task of addressing mental health disorders will not depend on the school system alone.

Summary

A lingering effect of federal accountability systems such as No Child Left Behind is that school leaders are pressured to improve students' academic achievements first and foremost. Limited funding and resources often result in marginalization of school mental health services (Adelman & Taylor, 2009; Markle et al., 2014). Poor understanding of mental health by school leaders advances the perception of mental health as an *added service*, one to only be addressed when the student is in serious distress (Weist & Paternite, 2006). As previously mentioned, this "wait to fail" approach has long been replaced in the field of school mental health through MTSS and other evidence-based interventions. Practicing school leaders, however, requiring no official training in mental health (Caparelli, 2012; Papa, 2017), now need a framework of their own in order to meet the social, emotional, and mental health needs of their students.

While Chapter 1 discussed the need for a framework of effective educational leadership practices regarding student social-emotional and mental health, Chapter 2

articulated a framework that can potentially fill the gap: the Social, Emotional, and

Mental Educational Leadership Framework (SEMELF). The research and literature

foundational for such a framework were first analyzed; this included a literature review

on a currently recognized framework for educational leadership (Hitt & Tucker, 2016),

and literature reviews of both social-emotional learning (SEL) and mental health

disorders (MHD).

   The SEMELF framework uses these three fields as structural pillars. Each of the

three levels of the five domains within the SEMELF framework is then further built upon

using description and analysis of previous research and literature. The final result of this

chapter is a three-leveled framework that now requires study and measurements of field-

based validity within practical, real-world settings. Chapter 3 will outline the

methodology of how this study is to be performed, thereby further developing the

SEMELF framework.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

Study Overview

This study sought to develop a framework of effective educational leadership that bridges the current conceptual gaps between educational leadership, student social-emotional health, and student mental health. Chapter 2 discussed the study's conceptual framework, which aims toward the identification of (a) beneficial leadership practices for all students' social-emotional learning, (b) appropriate leader methods of intervention for students whose mental health is at-risk, and (c) influential leadership strategies for alleviating the struggles of students with mental health disorders. The Social-Emotional and Mental Educational Leadership Framework (SEMELF) is founded simultaneously on the literature and research of effective educational leadership and the literature of evidence-based school mental health interventions; however, SEMELF currently lacks any field-based validity.

Chapter 2 revealed that while the field of educational leadership is increasingly embracing the concept of schoolwide social-emotional learning, the field as a whole does not yet adequately understand the complexities of student mental health. Considerable gaps in the literature exist regarding the role of the educational leader in interdisciplinary student mental health teams and the reduction of stigma surrounding mental health disorders (Schonert-Reichl, 2019). The best practices for students with debilitating and disruptive mental health disorders, furthermore, are of increasing concern for educational leaders (Fuller et al., 2018). Simply put, too many school leaders don't know

what to do with their students that require intensive mental health care other than delegate tasks to school counselors, school psychologists, or SPED teachers (Simon, 2016). The SEMELF framework was designed to provide a resource for these educational leaders in both training and practice.

This chapter details this study's research design and methodology, including its mixed-methods research design and rationale, site selection and participants, data sources, data collection and analysis procedures, and ways to increase validity and reliability of the findings. The chapter concludes with a statement regarding the researcher's role, biases, and ethics.

Restatement of the Research Questions

Field-based development of the SEMELF framework required identification and description of effective educational leadership practices in the fostering of student's social and emotional learning, detection of at-risk students, and assistance of students with MHD. This study, therefore, addressed the following research questions:

R_1 What are the actions of educational leaders who effectively promote schoolwide social emotional learning?

R_2 How do leaders assist in the identification of students who need more intensive mental health support?

R_3 Once identified, how do leaders support students with severe mental health concerns, including diagnosed mental health disorders (MHD)?

These research questions were addressed through both quantitative survey methods (the VDCJS School Climate Survey and Ready to Lead survey) and qualitative interviews (coded 50-minute semi-structured interviews with educational leaders, school counselors,

and teachers). Details regarding the surveys and interviews are provided later in the chapter. These data collection methods were designed to answer the three research questions as outlined in Table 2.

Research Design

Setting the Stage

While research questions are traditionally the starting point and primary determent of the research design, qualitative and mixed-methods researchers often do not develop their eventual research questions until a significant amount of data collection and analysis has already occurred (Maxwell, 2005). The present study is no exception. This researcher's analysis of data in preparation to publish *The Pre-K-8 School Leader in 2018: a 10-Year Study* (Fuller et al., 2018) resulted in the observation that students with emotional and mental health problems were the top-ranked concern for primary school principals, and that this concern had greatly magnified over the previous decade. Chapter 2 offers a more detailed analysis of this study's findings.

This report's observation that students' social-emotional and mental health are a serious and growing concern for educational leaders led to the realization that established frameworks of exceptional educational leadership do not currently incorporate student social-emotional learning (SEL) or mental health (Hitt & Tucker, 2016; Leithwood, 2013; Murphy et al., 2016; Sebring et al. , 2006). It was concluded that such a framework was needed, and that the framework should amalgamate a previously well-established unified framework of educational leadership (Hitt & Tucker, 2016) with a three-leveled model of student support commonly found in MTSS and RTI frameworks. This review allowed the creation of an initial list of research questions, and later readings on social-

emotional learning, student mental health services, and educational leadership resulted in revisions of both this study's conceptual framework and research questions.

This study's conceptual framework involves an understanding of best practices for effective educational leaders in a three-leveled system of support: the prevention, identification, and management of student mental health disorders. It was therefore necessary to obtain data regarding (a) who is effective regarding student social-emotional and mental health, and (b) how these effective educational leaders influence students categorized into these three levels.

All three research questions required data regarding the identification of educational leaders and systems who are currently effective in positively influencing student social, emotional, and mental health. The first research question called for gathering data about effective actions and strategies for schoolwide social-emotional learning, the second question required data collection on actions and systems for identification of students at risk of more severe social, emotional, and mental health concerns, and the third question likewise required data collection on effective leadership actions in management of students with pervasive and severe mental health concerns.

The literature review in Chapter 2 revealed significant gaps in the knowledge base regarding effective educational leadership actions and frameworks for both student social-emotional health and mental health. A lack of literature often requires exploratory research in an effort to better understand the phenomenon of interest (Yin, 1994); however, it was concluded that a descriptive design was more appropriate in this case due to the need to better illustrate the phenomenon in the first place (Stake, 1995). Qualitative research methods, such as semi-structured interviews, allow researchers to describe

phenomena of interest (Maxwell, 2005), while quantitative research methods, such as survey administration, can provide researchers with detailed information about a representative population in order to generalize to a larger population (Armstrong, 2001).

Armstrong (2001) suggests that quantitative and qualitative methods used within the same study increases the study's quality because it leverages the advantages of each research method. These mixed-methods designs require collecting and analyzing both quantitative (numeric) and qualitative (non-numeric) data; Armstrong argues that this results in a more complete comprehension of the phenomenon of interest. Advocates of mixed-methods assert that qualitative and quantitative methods both have their merits, and do not need to be incompatible with one another (Merriam, 1988).

Rationale for Design

A descriptive multiple-case mixed-methods design was used for this study, and was appropriate for several reasons. Case studies are "useful in presenting basic information about areas of education where little research has been conducted… such studies form a data base for future comparison and theory building" (Merriam, 1988, p. 27). As discussed previously, the topic of effective educational leadership regarding student social, emotional and mental health is still in its infancy. As a case study "investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident" (Yin, 1994, p. 13), this method collected data that strengthened theory and further clarified the framework. Furthermore, the questions of this research focused on "how": how leaders effectively addressed student social emotional learning, how they identified at-risk youth, and how they supported the treatment of students with mental health disorders. Case

studies are an appropriate method in answering "how" questions in that they deal with complex operational links needing to be traced over time rather than mere frequencies (Stake, 1995; Yin, 1994). For example, while effective educational leaders routinely combat negative stigma for students with mental health disorders through stressing empathy and diversity (see Chapter 4), the process of how the leader's actions may have led to the reduced stigma is also of interest for the research.

The quantitative survey data from the Virginia Department of Criminal Justice Services (VDCJS) school climate survey was appropriate in providing a standardized measure for comparison between schools. Purposeful selection of sites with high measures of social-emotional health require a relatively uniform comparison between hundreds of diverse school environments. While the data were still interpreted with reservations, as they were influenced by many factors, the researcher used the data to roughly determine which schools had the highest rates of students who self-report high social emotional health. In addition, the Ready to Lead survey provided a quantitative instrument allowing for a standardized measure of actions taken for comparisons between educational leaders. Finally, analysis of published school improvement plans revealed any administrative emphasis, or lack thereof, on social-emotional and mental health. This study, through utilization of mixed-methods, allowed for description of unique cases within schools, but also standardized comparisons between both school districts and educational leaders.

Table 2

Rationale for Data Collection Methods

Research Question	Information from Data Sources
R_1	1. School climate survey: Identification of positive social-emotional climate within the school 2. Principal survey: Measure of leader's beliefs regarding SEL validity and application 3. Principal interviews: Self-report of leader's actions that influence student social-emotional learning 4. School counselor interviews: Triangulation of data to increase validity of leader's responses 5. Teacher interviews: Triangulation of data to increase validity of leader's responses 6. School improvement plans: showcases emphasis, or lack thereof, on social-emotional learning measures.
R_2	1. School climate survey: Identification of positive social-emotional climate within the school 2. Principal interviews: Self-report of leader's actions that influence students in need of individualized psychological support 3. School counselor interviews: Triangulation of data to increase validity of leader's responses 4. Teacher interviews: Triangulation of data to increase validity of leader's responses 5. School improvement plans: showcases emphasis, or lack thereof, on at-risk student identification measures.
R_3	1. School climate survey: Identification of positive social-emotional climate within the school 2. Principal interviews: Self-report of leader's understanding of student mental health and actions of the school mental health team 3. School counselor interviews: Triangulation of data to increase validity of leader's responses 4. Teacher interviews: Triangulation of data to increase validity of leader's responses 5. School improvement plans: showcases emphasis, or lack thereof, on student mental health resources.

Methodology

Site Selection

Beginning in 2012, the Virginia Department of Criminal Justice Services (VDCJS) administered annual school climate surveys as part of their school safety audit to every school throughout all 132 school divisions within the Commonwealth of Virginia. The survey is a component of the annual school safety audit which school divisions are required to submit to the Virginia Center for School & Campus Safety (VCSCS) according to ϐ22.1-279.8.B of the Code of Virginia (VDCJS, 2019). The survey is conducted by the Virginia Center for School Safety in collaboration with the University of Virginia's School of Education and Youth Nex, the Center to Promote Positive Youth Development. Survey data are analyzed and reported by the University of Virginia, funded by a grant from the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Student and teacher self-report measures of student engagement, safety conditions, discipline, and student support systems for the 2018-2019 school year were compiled at the regional, district, and individual school levels. Included in these school climate surveys were five questions (see Figure 3) that are suggestive of the five core SEL competencies of self-management, social awareness, relationship skills, responsible decision-making, and self-awareness according to CASEL (2017).

How strongly do you agree or disagree with the following statements about this school? Mark one answer per line.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Students at this school respect other students.	O	O	O	O
2. Students at this school try to understand how other students think and feel.	O	O	O	O
3. I feel like I belong at this school.	O	O	O	O
4. Students at this school care about other students.	O	O	O	O
5. Students at this school get along well with other students.	O	O	O	O

Figure 3. SEL survey questions from VDCJS climate surveys. Retrieved from https://www.dcjs.virginia.gov/virginia-center-school-and-campus-safety/school-safety-survey/secondary-school-climate-survey.

All scores were converted to standardized Z scores, and further transformed to standardized scores with a mean of ten and a standard deviation of one. Higher scores indicate a more favorable school climate. These standardized scores were compared among every district in Virginia to determine the school districts with the highest student self-reports of student social-emotional well-being within their school based on the questions in Figure 3.

The schools with the highest standardized measures of student engagement included a combination of all grade levels among both city and county schools distributed throughout Virginia. These data presented sites to be purposefully selected from the Virginia public schools with the highest student self-reports of social-emotional learning health. Two principals from each of these five districts were contacted and consent was received to participate in the study. In each district, the principal from the highest-rated school participated and one principal from another school within that same district also participated.

Table 3

Districts with Highest Student Self-Reports of School Social-Emotional Health

Rank	District Mean Score (Statewide M = 10.00, SD = 1.00)
1	13.09
2	12.86
3	12.49
4	12.09
5	12.02

All principals who were contacted ultimately agreed to participate in the study. In addition, one counselor and one teacher (with three exceptions, see below regarding teacher participation) from each school were interviewed to triangulate the qualitative data and either reinforce or refute statements made by their principals. Participants were assured anonymity; therefore, codes were established for the participants and their schools. The codes are listed in Table 4, with specific demographic information about each participant listed in Table 6.

Table 4

Codes and Characteristics of Site Districts, Schools, Principals, Counselors, and Teachers

District	Level	Designation	School	Principal	Counselor	Teacher
I	High	Rural	A	1	11	21
II	Elem.	Rural	B	2	12	22
II	Elem.	Rural	C	3	13	N/A
III	Elem.	Urban	D	4	14	N/A
IV	Middle	Rural	E	5	15	25
I	Elem.	Rural	F	6	16	26
V	High	Urban	G	7	17	27
IV	Middle	Rural	H	8	18	28
III	High	Urban	I	9	19	N/A
V	Middle	Urban	J	10	20	30

Based on data from the Virginia Department of Education for the 2019-2020 school year, none of the ten schools were charter schools, four were in urban areas, two in suburban areas, and four in rural areas. Total student enrollment ranged from 292 students to 1,325 students ($M = 641$; $SD = 282.4$).

Table 5

Select Demographic Information of Participating Schools, 2019-2020

School	Level	Designation	# Students	% Black	% Hispanic	% Disability	% Economically Disadvantaged
A	High	Rural	485	25.4	10.7	12.0	30.9
B	Elem.	Rural	292	1.0	1.0	15.1	34.2
C	Elem.	Rural	801	2.9	1.1	10.4	36.7
D	Elem.	Urban	464	10.8	6.3	13.1	47.0
E	Middle	Rural	372	1.3	2.7	12.9	29.8
F	Elem./Middle	Rural	816	23.2	13.4	12.6	38.4
G	High	Urban	1325	11.4	35.3	15.5	38.9
H	Middle	Rural	680	2.9	7.9	11.5	23.8
I	High	Urban	497	10.5	3.6	10.9	41.9
J	Middle	Urban	678	9.6	38.6	15.7	30.3

The percentage of students considered "economically disadvantaged" ranged from 23.8% to 47.0% ($M = 35.2$; $SD = 6.4$). Student demographics varied; across the final

sample of sites, an average of 9.9% identified as Black, 12.1% as Hispanic, and 74.2% White. Demographic information for each school is provided in Table 5.

Final sample of interview participants

In total, 27 faculty members in the five Virginia public school districts with the highest student self-reported levels of social-emotional health granted permission for collecting data across ten schools across these districts. The final sample of interview participants was composed of 22 women and five men and included ten principals, ten counselors, and seven teachers (business, English, art, special education, chemistry, first grade, third grade). Two participants were African-American, one was of Middle-Eastern descent, and the remaining 24 were White. Participants' years of experience in their role ranged from 0 (newly hired school counselor) to 39 ($M = 13.8$, $SD = 8.9$).

Principals, specifically, included four men and six women, nine White and one of Middle-Eastern descent. Principals' years of experience ranged from 5 to 33 ($M = 13.4$, $SD = 8.4$). Table 6 details the 27 interview participants, including their school, personal code, role, years of experience, race, and gender.

Each of the ten principals who participated also had a counselor from the same school participate, while seven of the principals who participated had a teacher from the same school participate.

Table 6
Interview Participant Characteristics

School	Code	Role	Gender	Race	Years in Current Role
A	1	Principal	Male	White	12
A	11	School Counselor	Female	White	13
A	21	Teacher – Chemistry	Female	White	8
B	2	Principal	Female	White	24
B	12	School Counselor	Female	White	16
B	22	Teacher – First Grade	Female	White	12
C	3	Principal	Female	White	12
C	13	School Counselor	Female	White	16
D	4	Principal	Female	White	10
D	14	School Counselor	Female	White	39
E	5	Principal	Male	White	16
E	15	School Counselor	Female	White	8
E	25	Teacher – Art	Female	White	4
F	6	Principal	Male	White	10
F	16	School Counselor	Female	White	18
F	26	Teacher – Third Grade	Female	White	20
G	7	Principal	Female	Middle Eastern	5
G	17	School Counselor	Female	African-American	0
G	27	Teacher – Business	Male	White	22
H	8	Principal	Female	White	7
H	18	School Counselor	Female	White	7
H	28	Teacher – Special Education	Female	African-American	4
I	9	Principal	Male	White	33
I	19	School Counselor	Female	White	14
J	10	Principal	Female	White	5
J	20	School Counselor	Female	White	20
J	30	Teacher - English	Female	White	13

It is important to recognize that the participants in this study were, according to data from the VDCJS School Climate survey, leaders of schools with the highest student self-reports of social and emotional health in Virginia. They are not representative of Virginia principals in general. According to their demographic responses in the Ready to

Lead survey (discussed further in Chapter 4), the schools they represented are not academically low-performing yet none could be considered in an "affluent" area, with a mean economically disadvantaged rate of 35.3% (*SD* = 6.4) and all schools at a free or reduced lunch rate above 20%, four out of ten above 60%. The schools had an average 2020-2021 enrollment of 641 students (*SD* = 282.4), below the Virginia state average of 695 students (Public School Review, 2020). Their average minority enrollment of 25.8% was almost half of the average Virginia minority enrollment of 51% (Public School Review, 2020). Generally speaking, these schools were smaller and less racially diverse than average, and in districts struggling with significant rates of economically disadvantaged students.

COVID-19

Qualitative data are not collected within the controlled confines of a laboratory; rather, real-world events must be integrated into the data collection and data analysis processes (Yin, 1994). This research methodology was initially designed under the assumption that the global population would not be experiencing a pandemic from a highly contagious and potentially fatal novel coronavirus during the data collection process. This assumption proved incorrect. The novel 2019 coronavirus literally infected this research from the beginning: the proposal for this research was originally submitted while the researcher waited in the emergency department of University of Virginia Medical Center in February of 2019, experiencing symptoms of what would eventually be suspected as a targeted novel coronavirus infection of the liver.

The virus commonly referred to as COVID-19 affected the nation in immeasurable ways throughout 2020, and it would be irresponsible to discount its effects

in this research. The effects of COVID-19 led to serious questions regarding the reopening of public schools for the 2020-2021 school year (Bushwick, 2020). Federal, state, and local governing bodies often conflicted regarding proper reopening procedures that would allow a balance between safety, equity, and student learning. (Bushwick, 2020). As information regarding the virus grew, policies sometimes changed mid-summer. One district used in this study was forced to change from a hybrid model employing both in-person and online coursework to all-virtual coursework for the first three weeks of the term due to a rise in local COVID-19 cases (Cayne, 2020). All districts were greatly affected by this phenomenon, some more than others, with local educational politics and policy being a central issue throughout the summer months of 2020.

The effects of COVID-19 on site sampling, access, and data collection revolved around the inaccessibility of participants. While almost all participants were willing to participate and showed interest in the research, they were simply unable to allow time from their schedules to commit. Weeks and even months were often required before participants were willing to give any amount of their workday to an effort that did not directly relate to the immediate demands of COVID-19. The "new normal" of public schooling in a post-COVID world also influenced the data, which is discussed in detail in Chapter 5.

Site sampling and access

Once the five Virginia public school districts with the highest student self-report scores of SEL-related questions from the VDCJS survey were identified, access to faculty from these districts were dependent on permission from the central office officials from each of these districts. Permission requests to each of the five district's central offices

began in April of 2020 and continued through the end of May. Requests were initially through email, and responses ranged from immediate approval (District I), requests for more documentation regarding the study (District V), to no initial response at all (District IV). District III required a short telephone conversation with the district's director of student services, while District IV ultimately required an in-person visit to their central office to meet with their assistant superintendent. Ultimately, all five districts approved the requests to conduct research. Approval from the University of Virginia's Institutional Review Board (IRB) for the Social and Behavioral Sciences to conduct the research was received on June 2, 2020.

Initial requests for participation were sent through email to ten principals from the five districts in June of 2020, with responses obtained through August 2020. As the nation, and consequently state and local governments, struggled with public education policy and practice regarding the COVID 19 pandemic, most principals were preoccupied with the challenging and frequently inconsistent policies being handed to them in preparation for a 2020-2021 school year that was still filled with uncertainties. As such, most principals were willing to participate in the study yet were not capable of committing to an interview for several weeks at a time. Consistent reminders through emails and phone messages ensured that the research would not be forgotten, and in total, seven principals who were originally solicited agreed to participate in the research while three principals declined participation. The three principals who declined all claimed to be too preoccupied with other matters to devote the required time commitment. When a principal declined participation, another principal from a school in the same district as the one who declined was solicited. In each of these three occasions, the following principal

agreed to participate in the study, resulting in a total of ten principals participating; two from each of the five districts.

Counselor and teacher requests for participation likewise began in July of 2020 and concluded in September. Counselors were typically more available for immediate participation than principals yet also had a slightly lower consent rate; ten counselors consented and participated in the research while one rejected and five did not respond to requests. Regardless of the number of counselors who did not consent, one counselor from each school still participated in the research because many of the schools employ multiple counselors. Teachers were the most difficult to contact, due perhaps to a combination of factors: uncertainty over employment due to the COVID pandemic, less frequent checking of email messages throughout the summer for teachers, and a lack of direct phone lines or availability to talk on the phone during school hours are all conceivable factors. Regardless, most teachers recommended by their principals did not respond to participation requests, only three approved consent while 17 did not respond at all. Consequently, multiple participation requests were made to teachers throughout the participating principals' schools until consent was gained from seven teachers within these schools, one for each of the schools except schools C, D, and I (Table 6). Data collection concluded in early October of 2020.

Data Sources

This study drew upon six data sources: (a) the 2019 VDCJS school climate survey, (b) the Ready to Lead survey (DePaoli et al., 2017), (c) semi-structured principal interviews, (d) semi-structured school counselor interviews, (e) semi-structured teacher interviews, and (f) analysis of school improvement plans. The VDCJS school climate

survey, Ready to Lead survey, and semi-structured interviews will now be described in further detail.

VDCJS School Climate Survey

The VDCJS survey on school climate was essential in the selection of sites for the study. As previously discussed, VDCJS administers annual school climate surveys as part of their school safety audit to every Virginia public school district. The survey is publicly available at https://www.dcjs.virginia.gov/virginia-center-school-and-campus-safety/school-safety-survey/secondary-school-climate-survey. The survey was designed to assess student and teacher perceptions of school conditions, and used to analyze and improve school discipline and student support practices in order to maintain a safe and orderly school environment conducive to learning. Students anonymously and voluntarily completed the 103-item survey in either English or Spanish during designated class time (VDCJS, 2019). Administrators from each school could choose to either (a) survey all students or (b) survey a random sample of 25 students in each grade. The final sample of valid responders in 2019 for the commonwealth of Virginia consisted of $N = 110, 889$ (51.0% female) with a racial/ethnic breakdown of 47.6% White or Caucasian, 15.3% Black or African American, 18.8% Hispanic, 4.4% Asian, 0.9% American Indian or Alaska Native, and 0.2% Native Hawaiian or Pacific Islander, with 9.1% of students identifying two or more racial backgrounds.

Ready to Lead Survey

In 2017, with the support of CASEL, Civic Enterprises teamed with Hart Research Associates to survey educational leaders' attitudes about SEL, SEL implementation, the path to increased SEL, and SEL assessment. The results were the

Ready to Lead Survey, a nationwide 91-item survey (*N* = 884) of K-12 educational

leaders' attitudes and practices regarding SEL with a margin of error of +/- 3.4 %

(DePaoli et al., 2017). The survey initially reported a large discrepancy among principals

between positive beliefs about SEL and implementation of SEL; although 93% of

principals indicated high support for embedding SEL in their school culture and

classrooms, implementation varied widely across schools as only 33% of principals

implemented SEL programs schoolwide. (DePauli et al., 2017). The Ready to Lead

survey was chosen for this research due to its unique focus on principals' attitudes and

actions regarding student SEL. Research Associates and Civic Enterprises, creators of the

instrument, by direction of the instrument's primary author Matthew Atwell, generously

granted permission for use of their instrument in this current study (Appendix H).

The 91 items within the survey were designed to record an educational leader's

responses to topics such as the effectiveness of social-emotional learning curriculums,

intensity of effort in implementing said curriculums, who (if anyone) on staff focuses on

the issue, and a general understanding of social-emotional and mental health within

school culture. For this study, the principal was asked to complete the survey within two

weeks, although six of the ten respondents required much longer. Responses served two

purposes; they: a) created a standardized measure to compare principals between sites,

and b) allowed for a quantitative analysis, albeit with a low sample size, to investigate the

behaviors and beliefs regarding social-emotional learning of principals in schools with

high student self-reports of social-emotional health. Regarding the first purpose, a

principal who responded "Does not apply at all to my school" to item Q10: We work with

out-of-school-time providers to promote social and emotional learning" would likely not

reinforce the fifth domain of SEMELF (connecting with external partners) to the same extent as a principal who responded with "Fully applies to my school" on the same item.

Upon giving consent to participate in the study, principals from the ten selected schools were asked to complete the Ready to Lead survey. Their answers were used in data analysis as a quantitative measure. Responses were originally to be used as the basis for prompts in their interviews; however, anonymity of the survey participants became a priority in promoting valid, truthful responses and it was determined that individual survey responses could no longer be linked to the interviews. As survey responses were made anonymous, the subsequent interviews were no longer personalized based on the survey. The Ready to Lead survey did, however, provide quantitative data for use in comparing the actions of principals within the study. Only participants who were principals completed the Ready to Lead survey as it is designed specifically for educational leaders.

The Ready to Lead survey was administered electronically using Qualtrics XM software; principals were emailed the anonymous survey link beginning on June 7, 2020 and asked to complete the survey as time permitted. Data collection continued until the final respondent completed the survey on October 7, 2020. All ten principals ultimately completed the survey, although one principal did not complete many of the items ($N = 9$-10). Their demographic responses matched the interview observations available in Table 5: out of ten respondents, all were currently principals of public, non-charter schools; six were female and four were male. One principal described his or her experience as a principal measuring at 1-2 years, seven measured their tenure at 6-10 years, and two described their experience as "more than 20 years". This does not perfectly align with

their interview responses regarding total experience, although some survey responses may have referred to experience at their current site rather than at all experience combined.

Regarding the schools themselves, three principals described their schools as middle schools, two described their schools as high schools, two described their schools as K-8 schools, two described their schools as elementary schools, and one school was designated as a K-12 school. Three schools were documented as being located in a small city, one in a suburb, one in a small town, and four in a rural area. None of the schools were considered academically low-performing within the last five years, yet four had a student free or reduced lunch rate of 60% or greater, with no schools below a 20% free or reduced lunch rate. Five schools were listed at below 500 students, three between 500 and 1,000 students, and one above 1,000 students. This sample size, though small, is still fairly representative of urban and rural, primary and secondary, smaller and larger student population, lesser and greater poverty, yet still all performing at academic expectations.

Interviews

Semi-structured interviews allowed for a qualitative investigation of public school cultures that rated among the highest in Virginia regarding student self-reports of social-emotional well-being. As so little is yet understood about the relationship between educational leader actions and student social-emotional and mental health, these interviews were the primary analytical method in this descriptive study.

Interviews allowed respondents to offer their own opinions on the dynamic relationship between principal actions and student social-emotional and mental health; they also allowed respondents to offer their own insights into certain occurrences that

were used for further inquiry (Yin, 1994). Semi-structured interviews took place with two principals and school counselors from each of the five districts, and at least one teacher from each district, focusing on the leadership interactions observed and the overall student social, emotional and mental health in relation to the three levels of the SEMELF framework. School counselors and teachers were interviewed to increase validity to the principals' responses through triangulation of results. In other words, if the principal's responses were biased, either consciously or unconsciously, interviews with a school counselor and teacher within the principal's school allowed exposure of the bias through contradiction in responses. Conversely, counselor and teacher interviews increased validity of the principals' responses through independent confirmation of the principals' responses.

It should be noted that schools can differ substantially on the number of school counselors on-site and the roles that the counselors perform. Some school counselors, for example, focus almost entirely on college readiness and career planning; these counselors would not be overly involved in the social emotional learning of the school and their interview would not be productive. As it turned out, nine out of ten counselors who were interviewed were greatly involved in their principal's vision for student social-emotional and mental health. Teachers recommended by the principal as particularly involved in student wellbeing were asked to participate in an interview; while some declined participation, other teachers from the same school were interviewed in their place.

The process of conducting interviews was as follows:

The principal of each site, after initial agreement to participate through email or telephone, electronically signed a consent form (Appendix G). After completion of the

Ready to Lead survey by the primary principal, school counselor(s) and teacher(s) from their school were contacted through email and telephone regarding study participation. All principals and school counselors agreed to participate; while a considerable number of teachers either declined participation or were not responsive to requests, in which case other teachers were contacted in their place. Upon initial email agreement to participate, the school counselors and teachers likewise electronically signed consent forms before their interviews (Appendices B and C).

Interviews for principals, school counselors, and teachers were conducted and recorded using Zoom online webinar software at the date and time requested by the interviewee. Interviews were transcribed using Temi secure online transcription services. Each interview consisted of eighteen questions of various lengths (four questions regarding participant demographics) and required between 30 minutes to one hour to conduct. The scripts and protocol for the principal, teacher, and school counselor interviews are located in Appendices A, B, and C, respectively.

School Improvement Plan Analysis

The state of Virginia requires that each public school division creates and follows a six-year school improvement plan (SIP) that is revised and extended every two years (Virg. Leg. Code ch. 180, § 8VAC20-180-10). The code mandates that the plan includes measurable objectives regarding student performance, assessments used in measurement, and strategies for achieving the intended objectives. Divisions are allowed considerable discretion regarding the authors and contents of their SIPs, yet the reporting of each plan to the Virginia Department of Education is ultimately required by each district's school

board by January 15th of each odd-numbered school year (Virg. Leg. Code ch. 180, §

8VAC20-180-10).

School improvement plans vary widely regarding their depth and utility. In other

words, some districts use their SIPs as legitimate instruments for change and public

accountability while other districts provide the bare minimum required by law without

true utilization (Duke et al., 2013). When thorough, SIPs provide insight regarding what

factors each school, or district it resides in, currently targets for improvement. Schools

that focus on student social-emotional and mental health improvements through

measurement and implementation may therefore reveal these initiatives within their SIPs.

These SIPs, when available, offer documented support to any principals' claims of

systemic social-emotional programs within their schools.

The ten principals who participated in the study were asked by phone and email to

provide their schools' improvement plans. Of ten requests, only four school improvement

plans were obtained. District V was most transparent of all districts; principals 7 and 10

providing the entirety of each SIP for School G and School J, respectively.
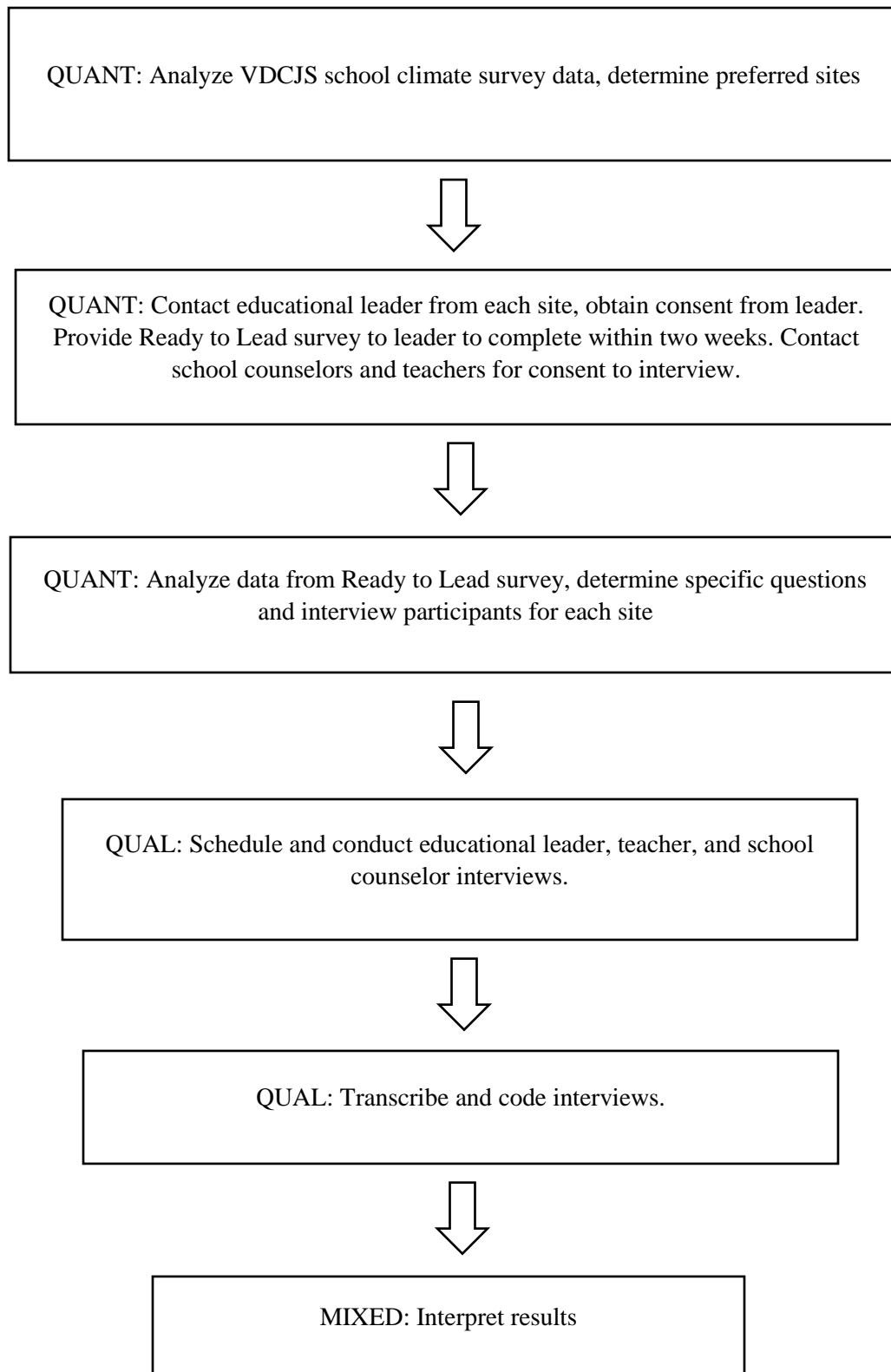
Figure 4. A flowchart of the mixed-methods study design. QUAL = Qualitative data; QUANT = quantitative data; MIXED = analysis of both qualitative and quantitative data.

District IV's schools were somewhat accommodating: Principal 5 provided a redacted summary of School E's plan, while Principal 8 declined to provide the full SIP for School H under the explanation that the full SIP contained confidential student data. Principal 8 instead provided a section of School H's SIP that pertained to student social-emotional health.

Because the code of Virginia pertaining to SIPs specifies that the results of each plan be presented to the public on a biannual basis (Virg. Leg. Code ch. 180, § 8VAC20-180-10), it was assumed that requests for information within SIPs would be accommodated; this assumption was not correct for three districts. Several schools embedded confidential student information within their SIPs, preventing public access. District III declined to provide any information at all. Principal 9 explained that District III does not do an individual SIP for each school but rather combines all plans into one document for the division, and the district would not allow me to access information for every school within their district. Schools in Districts I and II also declined access to any part of their schools' SIPs; principals were concerned about the confidentiality of student information located within their SIPs and were not willing to comply.

In summation, two complete SIPs were obtained for District V, and two incomplete summaries were provided by District IV. These documents allowed for further information on their schools' emphasis on social-emotional and mental health.

Data Analysis

The study's design consisted of six previously introduced data sources: (a) the 2019 VDCJS school climate survey, (b) the Ready to Lead survey (DePaoli et al., 2017), (c) semi-structured principal interviews, (d) semi-structured school counselor interviews,

(e) semi-structured teacher interviews, and (f) school improvement plan analyses. The

analysis and use of each data source throughout the study is briefly outlined in Figure 4.

VDCJS School Climate Survey

As shown in Figure 3, the VDCJS school climate survey was primarily used in the

identification of potential sites for selection in the study. The 95-item instrument

measures student engagement, safety conditions, discipline, and student support systems

for the 2018-2019 school year and all results compiled at the regional, district, and

individual school levels are available from both VDOE and VDCJS. Included in these

school climate surveys were five items suggestive of the five core SEL competencies of

self-management, social awareness, relationship skills, responsible decision-making, and

self-awareness according to CASEL (2017). The scores from these five items were then

compiled from every district in Virginia, converted to standardized Z scores, and further

transformed to standardized scores with a mean of ten and a standard deviation of one,

with higher scores indicating a more favorable school climate. These standardized scores

were compared among every district in Virginia to determine the school districts with the

highest student self-reports of student social-emotional wellbeing within their school, and

all 132 Virginia public school divisions were ranked according to these standardized

scores. Sites were chosen according to the five highest ranked districts.

Ready to Lead Survey

After site selection and participation consent from the primary principal of the

site, the Ready to Lead survey was delivered and administered electronically to the site's

principal using Qualtrics XM online survey administration and analysis software. Results

were then compiled and items from the survey were categorized into three major areas: a)

attitudes about SEL, b) SEL implementation, and c) assessment of SEL. Items from these areas were then further categorized into representing principals' beliefs and actions regarding Level 1 or Level 2 of the framework; as the survey did not address mental health disorders, Level 3 was excluded. Descriptive statistics were calculated and then analyzed to determine the frequency of actions and beliefs regarding the three major areas and then compared with the qualitative findings of the interviews.

Interviews

For the purposes of data analysis, initial codes and categories were based on the existing literature reviewed in Chapter 2 and identified as the conceptual SEMELF framework. The genesis of the five categories were the five domains of Hitt and Tucker's (2016) Unified Framework, including (a) establishing and conveying the vision, (b) facilitating high-quality learning experiences for students, (c) building professional capacity, (d) creating a supportive organization for learning, and (e) connecting with external partners. Within these five categories of codes were sub-codes based on the SEMELF framework, representing actions taken by the leader that benefited the three levels of student social, emotional, and mental health according to the available literature. For example, distributed leadership to mental health professionals was a sub-code representing SEMELF's second level of facilitating high-quality learning experiences for students. In addition, new codes were added as patterns emerged during the data analysis. For example, once it became apparent that many principals employed the use of anonymous student crisis reporting systems, the code representing usage of this system was added. The coding applied to all forms of interviews, with slight modifications for school counselor and teacher interviews that attuned the main focus

onto the actions and philosophies of their principals. The coding schemes for principals, teachers, and school counselors can be found in Appendices D, E, and F, respectively.

The qualitative data were analyzed in the method of reflexive thematic analysis (TA) outlined and advocated by Braun and Clarke (2006). This analytical method was chosen due to its flexibility in identifying patterns of meaning around a dataset that can provide answers to the research questions being addressed. In other words, this was not an appropriate occasion for inductive grounded theory under the influence of Glaser and Strauss (1967); the thematic categories were already established in the SEMELF framework.

The coding process was initially deductive; the analysis intended to provide support (or lack thereof) of the SEMELF framework and the coding framework was therefore pre-determined to follow the thematic categories of SEMELF. For example, the initial coding scheme searched for the concept of the principals' established vision for their school because it directly relates to the first domain in the SEMELF framework. Every phrase or mention of something related to a SEMELF domain was highlighted in the transcript and matched with the designated code. Following the transcript analysis, the codes were collated into groups to find the common meanings that recurred throughout the data.

From this point, however, the coding took an inductive approach, seeking new themes outside of the ones that were expected from the framework. Bracketing, the process of writing memos throughout data collection and analysis as a means of examining and reflecting upon the researcher's engagement with the data (Tufford & Newman, 2010), also allowed additional questions raised during the data collection phase

to be pursued. For example, the theme of threat assessment often appeared alongside the theme of mental health leadership teams; threat assessment was not initially considered to be paralleled so frequently with these teams, and the specific theme of "threat assessment team" soon broadened into a new theme of "threat", commonly associated by many with students suffering from mental health disorders. This allowed the data to go in new, exploratory directions not initially considered by the researcher. Codes were subsequently added to the matrix as warranted.

In addition, memos were written during the analysis process (Patton, 1990). These memos recorded emerging themes, factors commonly found among interviews, and any responses which contradicted the majority of other responses. For example, one school counselor discussed in her interview how the students were "afraid of her", a concept not repeated in any of the counselor interviews. A memo was written to highlight this anomaly, and further investigation revealed that her school was the only school in the study that used only traditional, punitive disciplinary measures rather than conciliatory restorative justice forms of discipline. Memos (Patton, 1990) allowed many concepts to be connected later on in the analytical process.

Following the reflexive thematic analysis (Braun & Clarke, 2006), the codes were generated into themes that were then compared with the themes proposed in each level and domain of the SEMELF framework. These comparisons for each level and domain are explored in Chapter 4.

School Improvement Plan Analysis

When available, reviewing school improvement plans allowed further triangulation of data and confirmation of themes presented in the semi-structured

interviews. Permission was given for analysis of four schools' improvement plans. These plans were dissected for SEL themes and then these themes were compared with any data provided by the survey and interviews. For example, the principal of School E discussed in the interview how the school was integrating school counseling with their physical education's health unit to provide SEL instruction. Analyzing the school improvement plan resulted in confirmation that School E did present this strategy to their school board as a way of improving student SEL.

Limitations

This research, as with most research, was limited by the biases of the researcher and participants. Case study research "is one of the few modes of scientific study that admit the subjective perception and biases of both participants and researcher into the research frame" (Goetz & LeCompte, 1984, p. 95). The researcher is biased in favor of strengthening his framework, while the participants may have been biased in favor of promoting their own professionalism or school climate. In addition, this study's reliability may be impaired by the timing of the study coinciding with the COVID-19 pandemic of 2020. Each of these limitations will now be discussed in further detail.

Researcher bias. It is the ethical duty of a researcher to admit his or her own biases resulting from beliefs, values, and prior experiences (Merriam, 1988). When analyzing and decoding interviews, the researcher will naturally record what stands out to him or her, which are shaped by the researcher's lived experiences (Yin, 1994).

Influential biases from my own life may have derived from my seven-year professional career as an elementary school counselor in rural and economically disadvantaged Virginia school districts. In my own experiences, I often noticed poor

relationships between school counselors and principals. I perceived some principals as possessing a laissez-faire attitude towards my position and profession, rarely interfering or involving themselves in counseling unless absolutely necessary. In addition, many counselors in my cohort complained about their principals whom they considered to be obtrusive and incompetent. My colleagues described their principals as ignorant regarding the roles of counselors; one of my peers once complained that "I received a counseling degree to yell at kids in a lunchroom". In my own experience, some principals lacked the basic knowledge of mental health disorders such as conduct disorder and post-traumatic stress disorder and were often frustrated that I could not break student-counselor confidentiality in all but very extreme and specific circumstances. In general, counselors often considered their principals to be barriers, not allies, in their mission to provide social, emotional, and mental health services.

I was offered the position of principal designee in my third year as a school counselor. With the district lacking the funds for an assistant principal, my role now included the duties of my principal when she was unavailable. This opportunity allowed me to experience the role of educational leader and the immense challenges it entails, yet also gave me a passion and appreciation for the position. I employed my counseling perspective regarding student discipline, parental outreach, and classroom management during this time and considered the two professions of counseling and leadership to be easily compatible.

My biases, therefore, include the beliefs that shared leadership is superior to top-down approaches, that restorative justice techniques result in a healthier school climate than traditional punitive discipline, and that effective educational leaders would by

default be collaborative with their counselors. While no aspect of my theoretical framework, literature review, or methodology come solely or directly from these biases, such beliefs are self-ingrained to the point where I have difficulty measuring where my objectivity stops and subjectivity begins. Goetz & LeCompte (1984) consider acknowledgement of said biases to increase the validity of qualitative data; while I agree in theory, I still consider it important to take efforts in the removal of as much personal bias as possible.

These biases were addressed through thorough documentation, data triangulation, and consistent coding. Although these biases could not be eliminated entirely, efforts were made to reveal supporting evidence of actions taken by principals that benefit students' social, emotional, and mental health needs. These supporting factors were most evident through confirming statements made by the principals' faculty members.

In addition, as sites were purposefully selected from Virginia public schools with high student self-reports of SEL competency, unseen confounding variables were an unfortunate limitation. While research suggests that educational leaders who demonstrate effective leadership practices are more likely to favorably influence school conditions (Fuller et al., 2011), there can never be a one-to-one correlation between a leader's actions and student success in the complex setting of a school environment. It is possible that in some schools, students were well-adjusted in spite of, not because of, the leader's actions. An example of this is perhaps School D, discussed in more detail in Chapter 5, where the school counselor in particular conveyed several attitudes and behaviors that ran contrary to conventional methods of increasing student SEL.

Conversely, it is likely that many educational leaders make exceptional decisions regarding student social, emotional, and mental health yet still struggle to make an impact due to external factors outside of their control, such as the socioeconomic status of their community (Bryk et al., 2010). In other words, perhaps the best educational leaders in Virginia regarding student social-emotional health are not under consideration because they are working tirelessly in school districts that face serious external and internal social-emotional threats that supersede the leaders' efforts. This limitation was partially addressed though purposeful selection of schools with high ratings of social-emotional health throughout Virginia. Although not intentionally part of the research design, these schools were in diverse settings (four urban, two suburban, and four rural). In addition, equal value was assigned to the data obtained from the school counselors and teachers. If a student body did well despite adverse circumstances, due solely to factors outside of the school system, for example, it was not possible to prove this point; however, a thorough case study at least revealed such situations as possibilities.

COVID-19. The field of education occasionally experiences an event that dramatically changes the course of the profession in a relatively short amount of time. *Brown v. Board of Education*, the Columbine massacre, and September 11th, 2001 are each examples of events that became bookmarks of the American educational timeline, where history is subsequentially measured in pre- and post- terms. At the time of this writing, it appears likely that the rapid spread of novel coronavirus of 2019, or COVID-19, will be another of these moments.

The mandated ceasing of all in-person instruction in March of 2020, the rapid efforts to enable virtual instruction to entire student populations, and the serious

questions regarding the reopening of public schools for the 2020-2021 school year all resulted in a unique period of history (Bushwick, 2020). Student inequities were highlighted as some could easily afford personalized instruction and proper internet access while others could not, anxiety and depression rates significantly increased as citizens were forced to socially distance themselves to prevent infection, and many political conflicts resulted between districts and teachers' unions regarding the balance between professional responsibility and personal safety (Cayne, 2020).

The result pertaining to this study, therefore, is the simple fact that this period of time will not be replicable. While these data are an important insight to this period of educational history, the generalizability of these findings may be decreased. In addition, while student social-emotional and mental health was once an overlooked topic in educational leadership (Hitt & Tucker, 2016; Leithwood, 2013; Murphy et al., 2016; Sebring, 2006)., educational leaders can no longer ignore social-emotional and mental health in an environment filled with fear, conflict, and uncertainty. Several research participants were unsure whether to discuss their policies and practices for this year, or "normal" years. Each time, they were told that either perspective could be discussed, yet I introspectively wondered when, if ever, "normal" years would return.

Researcher's Role

The researcher is the primary instrument for gathering and analyzing data and is therefore the most important aspect of qualitative research (Stake, 1995). According to Merriam (1988), the researcher must have tolerance for ambiguity, sensitivity to the context of the variables being studied, and good communication skills. This researcher is a licensed school counselor and school administrator with college degrees in psychology,

school counseling, and educational administration who served as a school counselor for seven years in rural Virginia. Consequently, this researcher is well-trained in pediatric mental health disorders, empathetic communication skills, and the context of the school environment for educational leaders and school mental health professionals. Although this researcher is as biased in his beliefs as all human beings, and acknowledges that the complete removal of a researcher's biases is ultimately impossible, he also believes that as much effort as possible should be taken to minimize researcher bias. He does not adhere to the relative aspects of constructivism often seen in qualitative research but defines himself as a post-positivist, considering truth to be something that can ultimately be observed, documented, and revealed. That some actions taken by educational leaders are more beneficial to students than other actions in the same context is an absolute statement of fact; the challenge lies in describing and interpreting the process between administrator action, student consequence, and the context in which it occurs.

Summary

This study began the process of testing the field-based validity of the Social-Emotional & Mental Educational Leadership Framework (SEMELF) through investigation of the actions taken by principals currently employed in Virginia schools with the highest measures of student social-emotional and mental health; this study also aimed to determine how effective principals influence three levels of student mental health needs. This investigation was based on a conceptual framework developed from a literature review from multiple disciplines (educational leadership, school counseling, and school psychology) that resulted in the proposed descriptive multiple-case mixed-methods study. Data collection included both quantitative and qualitative methods. The

study began with employing data from a statewide survey of every school district in Virginia regarding students' self-perceived social-emotional wellness in purposeful selection of principals from the top schools in Virginia regarding social-emotional and mental health. Principals from such schools who agreed to participate in the study answered a series of survey and interview questions regarding their adherence to the key components of the SEMELF framework. School counselors and teachers from these schools were likewise interviewed for their own perspectives on their principals' beliefs, characteristics, and actions while also testing the validity of the principals' data. Data analysis from the survey and interview coding determined the frequency of key SEMELF components in effective principals and assisted in determining whether the framework was a robust identifier of effective educational leadership behaviors regarding three progressive levels of student social-emotional and mental health needs. The researcher also acknowledged his own role, worldview, limitations, and biases in the creation and proposed testing of the SEMELF framework.

CHAPTER 4: REPORT OF FINDINGS

This chapter reports the present study's findings, and is organized as follows. First, findings are reported by research question using data from the Ready to Lead survey and principal, counselor, and teacher interviews. The survey's quantitative data are reported in aggregate for the ten principal participants and then deconstructed using the interviews' qualitative data and corresponding school improvement plans. The interview findings include illustrative quotations from the 27 participants to provide structure for the narrative (Rossman & Rallis, 2003) while also preserving as much of the emic "world" as possible (Patton, 1990, p. 279).

Research Question 1: Schoolwide Social-Emotional Learning

The first research question inquired about the actions of educational leaders who effectively promote schoolwide social-emotional learning, representative of Level 1 interventions found in response to intervention (RTI) and multi-tiered systems of support (MTSS) frameworks (Kilgus et al., 2015). The first section reports data for this research question from the Ready to Lead survey, and the second section reports results from interviews and document analysis.

Ready to Lead Survey Findings

The Ready to Lead survey consists of 91 items designed to measure educational leaders' attitudes and practices regarding social-emotional learning. The instrument was first widely used in 2017 by the Collaborative for Academic, Social, and Emotional Learning (CASEL) as a nationwide survey ($N = 884$) of K-12 educational leaders' attitudes and practices regarding SEL with a margin of error of +/- 3.4 % (DePaoli et al.,

2017). Hart Research Associates and Civic Enterprises, creators of the instrument, by direction of the instrument's primary author Matthew Atwell, generously granted permission for use of their instrument in this current study (Appendix H).

The survey ensures that all participants have a clear and uniform definition of *social-emotional learning*, or SEL, by defining the term in an early question. By requiring the participants to read the definition of the term, it is less likely that principals will respond to the items based solely on their own personal interpretation of the term "SEL". The survey defines *social-emotional learning* thusly:

Social and emotional learning (SEL) is the process through which people acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Social and emotional learning focuses on knowledge, attitudes, and skills in five competency areas:

1) Self-awareness, such as knowing your strengths and weaknesses

2) Self-management, such as being able to stay in control and persevere through challenges

3) Social awareness, such as understanding and empathizing with others

4) Relationship skills, such as being able to work in teams and resolve conflicts

5) Responsible decision making, such as making ethical and safe choices

Results from this survey are categorized into three major areas: a) attitudes about SEL, b) SEL implementation, and c) assessment of SEL. Data from each area will now be discussed in greater detail.

Attitudes about SEL. Attitudes about social-emotional learning (SEL) were overwhelmingly positive. 100% of respondents considered it "very important" for their schools to promote SEL skills, 100% consider social and emotional skills "definitely teachable" in a school setting, and 100% are "very committed" (78%) or "fairly committed" (22%) to developing students' social and emotional skills in their school. Principals also considered SEL skills to be beneficial in addressing academic, developmental, and relational concerns, with 100% of respondents considering SEL skills a "very major benefit" or "somewhat major benefit" for each concern (Figure 5).
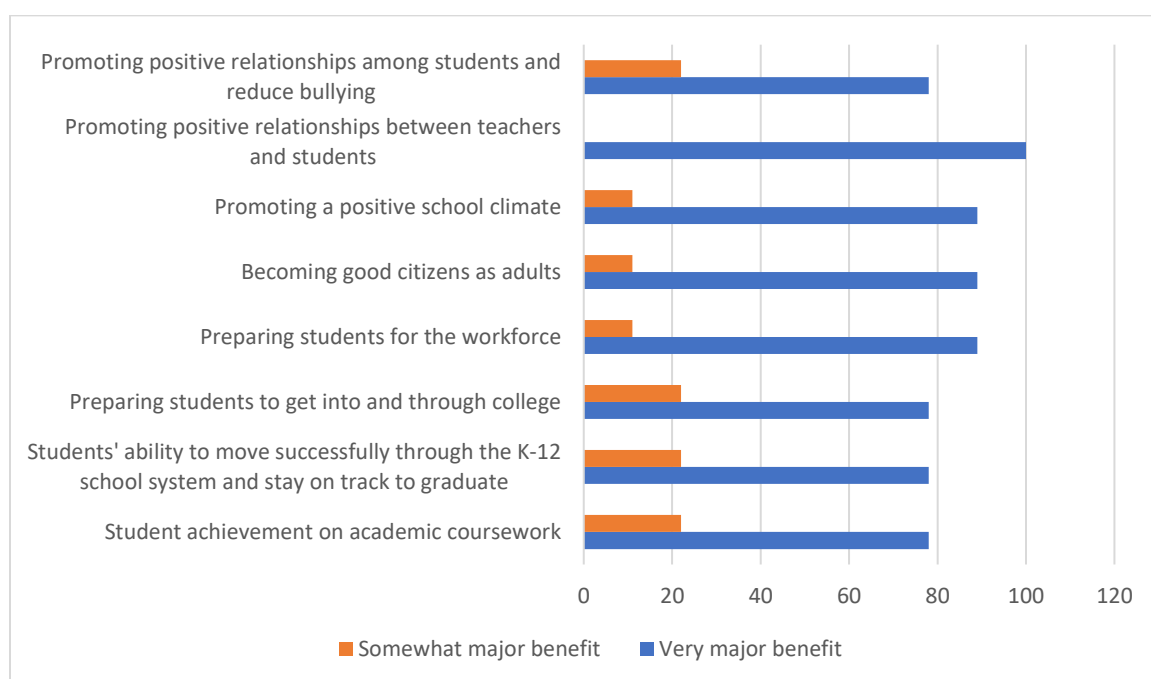
Figure 5. Percent of principals that believe a larger focus on SEL would have a very major or fairly major benefit on various concerns.

These principals hold high regard for the concept of social-emotional learning; they think that it is "definitely true" or "probably true" that teaching these skills can improve academic performance (100%), reduce absenteeism (100%), make learning more

engaging (100%), help students take personal responsibility (100%), improve student behavior (100%), and are beneficial regardless of student affluence levels (100%).

Conversely, participants considered it "probably not true" or "definitely not true" that SEL should only be taught to students with social and emotional problems (100%), that social and emotional skills should be only taught at home, not in school (89%), and that schools are already being asked to do too much and do not have time to prioritize teaching social and emotional skills (100%).

Principals were split regarding whether or not their teachers needed a formal SEL curriculum (50% agreed, 50% disagreed), whether teachers should be held accountable for students' development of social and emotional skills (67% thought they should at least 'probably' be held accountable) and whether the schools themselves should be rated in part based on student social and emotional skill improvement (56% responded "probably"). Further regarding attitudes towards accountability and evaluation, seven out of ten principals thought it was "probably" or "definitely" worthwhile to include evaluations of students' social and emotional skills on student report cards, with three claiming that it was "probably not" or "definitely not" worthwhile. 100% of responses, however, thought that the development of social and emotional skills "definitely should be" or "probably should be" explicitly stated in Virginia's education standards.

To summarize the principals' attitudes regarding SEL, all participants held overwhelmingly positive viewpoints about the concept of SEL as a whole and the equitable benefits of SEL regardless of a student's economic status or current level of social, emotional, and mental health. The general consensus was that while social and emotional skills should primarily be taught at home, the teaching of such skills should not

be limited to the home. Only 70% of principals, however, believed that social and emotional skills should be included on report cards, potentially limiting the communication between home and school for social and emotional matters.

Somewhat contradictorily, while all principals thought that social and emotional skills should be clearly stated in Virginia's education standards, only half thought that schools should be evaluated based on them, slightly more than half believe that teachers should be evaluated based on them, and half think that their teachers need an official SEL curriculum. This discrepancy begins to show the divide between the universally high opinions about SEL in theory, yet the lower initiative to actually implement and be evaluated based on SEL. This discrepancy will be further shown in the following sections.

Implementing SEL. While attitudes about social-emotional learning's benefits were almost homogenous, implementation of SEL concepts within the school building was far more varied. Nine out of ten respondents indicated that their school has developed a plan for teaching students social and emotional skills, with two claiming that the plans are systematically implemented school-wide, yet seven responding that the plan is only partially implemented. One participant admitted that his or her school is not really considering the development of an SEL plan. Regardless of whether or not an SEL plan was implemented, the actual implementation rates of SEL curricula at these schools are far below the overwhelmingly positive attitudes that the principals displayed towards SEL.
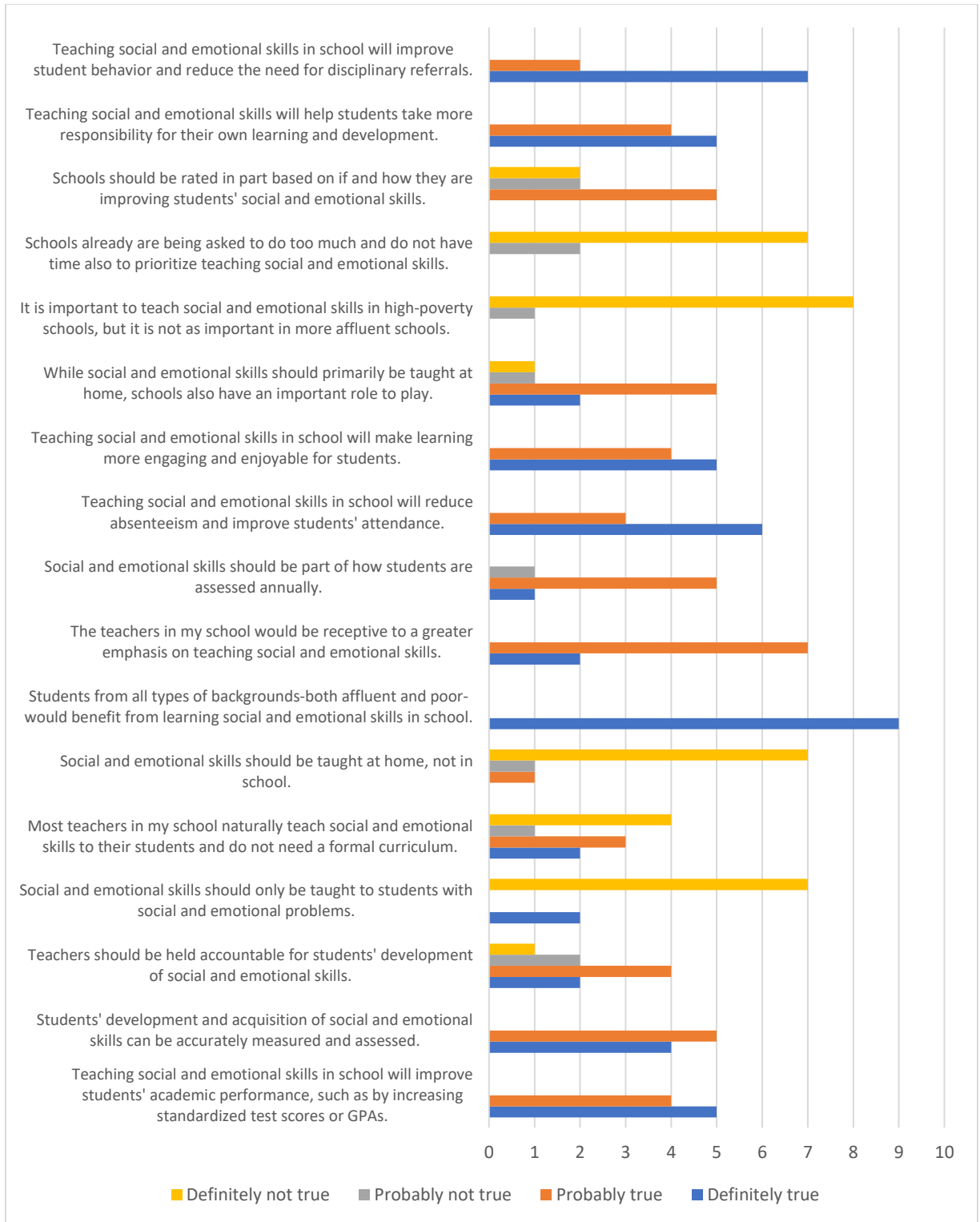
Figure 6. Attitudes on various aspects of student social and emotional learning.

Four out of ten principals do not have a clear vision statement that prioritizes SEL; this statistic will somewhat contradict the data presented by these same principals during their interviews and is discussed in the interview section of this chapter. Over half (five out of nine respondents) do not implement evidence-based programming for teaching SEL, and 56% likewise do not have comprehensive learning standards that describe what social and emotional skills students should know.

Four out of ten respondents do not think that their schools effectively evaluate whether adequate resources are devoted to SEL, five out of nine claim that there is not a coordinated professional development program at their school, and four out of nine had no long-term plan for supporting SEL among students. One potential reason for the divide between principal enthusiasm for SEL and implementation of SEL may be due to a lack of support at the district level; 56% of principals reported that they do not have central offices that provide SEL guidance and support. A full summary of responses to these statements regarding SEL implementation are available in Table 7.

Table 7

Number of Principals Implementing Aspects of Social-Emotional Learning

Question	Describes very well	Describes fairly well	Describes somewhat well	Does not describe that well	Does not describe at all
• My school regularly evaluates whether adequate resources are being devoted to SEL	0	4	2	4	0
• My school has developed a clear vision statement that prioritizes SEL for all students	0	3	3	2	2
• The central office leaders of my school's district provide guidance and support for SEL	0	2	2	1	4
• There is a coordinated professional development program that addresses SEL	0	2	2	0	5
• My school has comprehensive learning standards that describe what social and emotional skills students should know	0	2	2	0	5
• My school has a long-term plan to support students' SEL	0	2	3	1	3
• My school has implemented an evidence-based program for teaching social and emotional skills	0	2	2	0	5

What implementation does occur at these schools is most likely to be done by the school administrators and counselors; all ten principals consider these two groups as actively engaged in developing students' social and emotional skills. Six principals considered both teachers and school psychologists as engaged in the process, five listed coaches, four listed parents, and three listed school social workers. These responses clearly place the onus of social-emotional learning on primarily the school leaders and counselors (Figure 7).
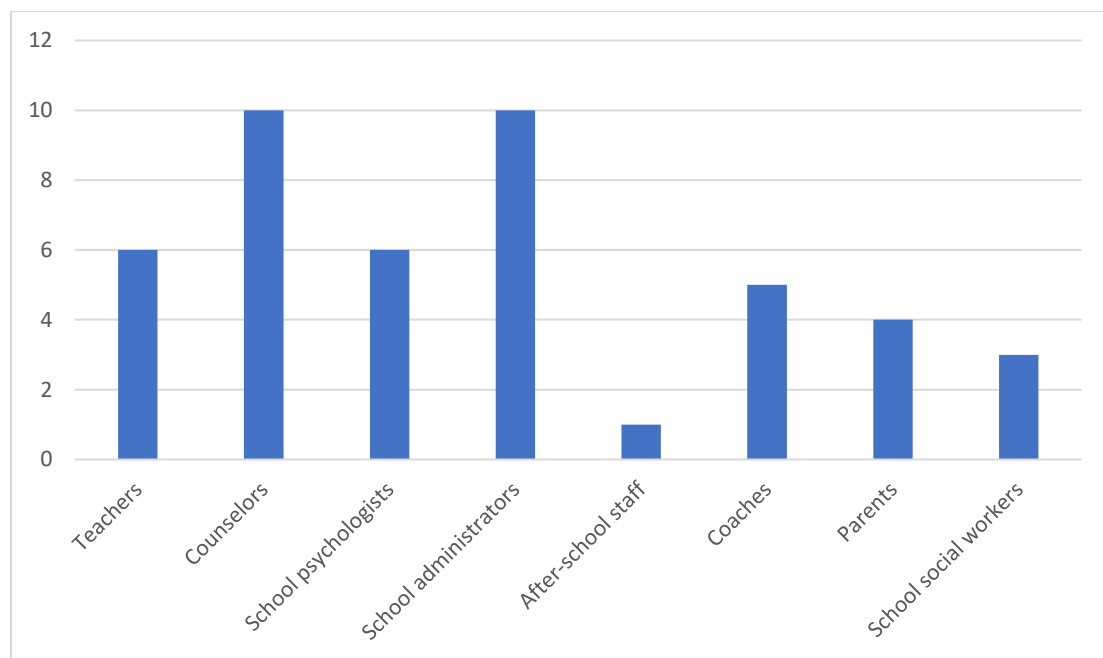
Figure 7. The actors primarily engaged in developing students' social and emotional skills.

There exists considerable variation in responses regarding actual implementation strategies for social-emotional learning. Principals were equally likely to fully work with extracurricular partners in promoting SEL as they were likely to not work with them at all. Six out of nine principals said that they partner with parents in promoting SEL, three

of which with some exceptions, yet five out of nine principals have no curriculum for teaching SEL and also have no planning team in place for implementing and evaluating SEL. Most principals (7 out of 10) consider the teaching of social and emotional skills to be integrated throughout the whole curriculum, which may explain why separate and specific SEL curricula are the exception rather than the norm.

Expectations are clearly placed on counselors and psychologists over teachers regarding SEL implementation. Seventy-eight percent of principals considered school counselors and psychologists primarily responsible for developing students' social and emotional skills, while 89% do not leave the teaching of social and emotional skills in the classroom solely to the teachers' discretion. Principals were split on the question of teacher implementation; a slim majority (56%) expect teachers to teach at least some social and emotional skills to their students.

These data suggest that while the principals are all committed to the idea of social-emotional learning, there is considerable variation of the implementation of social-emotional learning strategies. Principals who are low SEL implementers consider school counselors to the primary instructors of social-emotional skills, while high implementers involve teachers, coaches, parents, and community partnerships. Low and high implementers, however, equally considered their own role as principal as important in SEL implementation. These principals may consider themselves invested in the social-emotional health of the school, but most lack the understanding of how to collect and measure SEL data within their school to see if their efforts are successful or not. This is clearly seen in the third series of items.

Table 8
SEL Implementation Strategies

Question	Fully applies to my school	Applies to my school, with some exceptions	Applies only in a limited manner to my school	Does not apply to my school
• We work with out-of-school-time providers to promote social and emotional learning.	4	1	0	4
• We partner with parents to promote social and emotional learning.	3	3	2	1
• We have a separate and specific curriculum, apart from academics, for teaching students social and emotional skills.	1	1	3	5
• We have a planning team in place for the purpose of implementing and evaluating social and emotional learning.	1	1	2	5
• The teaching of social and emotional skills is integrated throughout the academic curriculum.	2	5	3	0
• My school's central district leadership requires all schools to have a clear plan for teaching students social and emotional skills.	1	1	2	5
• It is up to each individual teacher's discretion whether or not to teach students social and emotional skills in his or her classroom.	0	1	3	5
• Counselors and school psychologists are primarily responsible for developing students' social and emotional skills.	4	3	1	1
• All teachers are expected to teach students social and emotional skills.	2	3	1	3

Assessment of SEL. While these principals overwhelmingly agreed on the

potential benefits of student social-emotional learning and already put forth considerable

efforts in making socially and emotionally healthy schools, they were far less likely to

structurally implement school-wide SEL programs within their school, and were likewise

less familiar on current assessments available for measuring students' social and

emotional skills. While 100% of principals thought that it was "definitely true" or

"probably true" that student development of social and emotional skills can be accurately

measured and assessed, half of respondents (50%) considered themselves "not that

familiar" or "not familiar at all" with current SEL assessments, and 89% thought that the

teachers in their school knew "not that much" or "nothing" about how to use data from SEL assessments to improve their instruction. Even so, eighty-six percent of participants agree that social and emotional skills should be part of how students are assessed annually, while 70% think it is at least "probably" worthwhile to include evaluations of social and emotional skills on students' report cards.

Assessments themselves could occur a number of ways, the most common being administrative records on disciplinary actions (six responses), which is *not* typically considered an appropriate method of measuring social and emotional learning (Durlak et al., 2011). The second most common were five responses of student self-reports, followed by behavioral observations in the classroom (four confirmed), teachers' ratings (two responses) and performance assessments on specific tasks (one confirmed). Three principals did not use any assessments of social emotional skills (Figure 8). Of the seven principals who do use assessments, only one assessed all students school-wide, while the rest only assessed some students based on grade level or some other criteria.
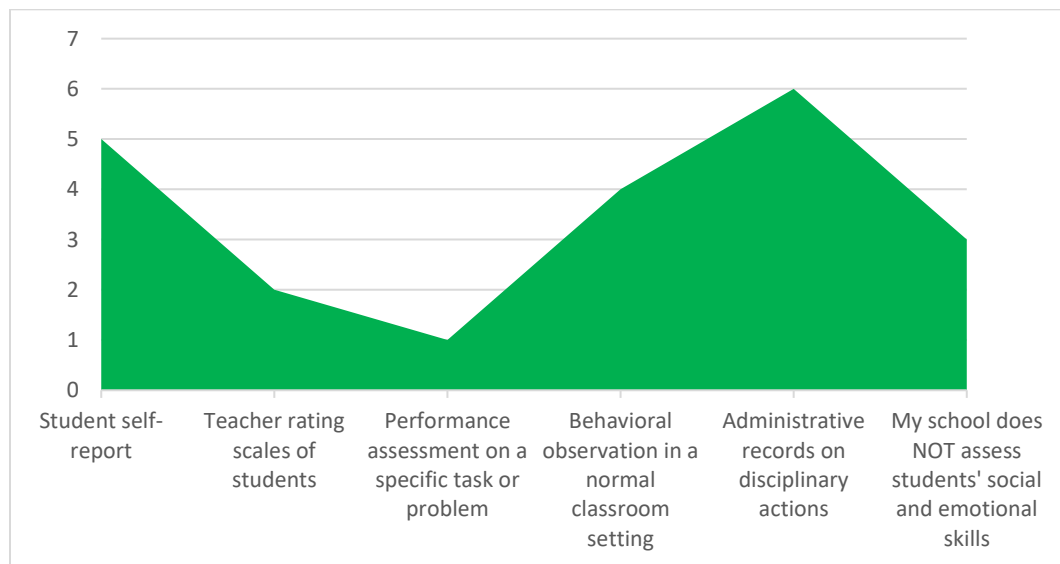
Figure 8. Social-emotional learning assessment methods of respondents

While two principals claimed that their schools were held accountable for students' social and emotional skills based on assessment data, no principals were required to report data from social and emotional assessments to their districts, so it is unclear to whom their schools are held accountable. Likewise, no principals evaluate their teachers based on data from these assessments. Two principals use the data to evaluate SEL programs, two use the data do determine which students need interventions (representing Level 2 of SEMELF), and one principal reported that parents received data on their child's social and emotional skills.

As it currently stands, results are mixed regarding how satisfied the principals are in their current approaches to SEL assessment. When asked how useful they think the assessments that they are currently using are for evaluating students' social and emotional skills, three claimed that they were at least "somewhat useful" while three admitted that they were "not that useful" or "not useful at all". These responses are visualized in Figure 9.
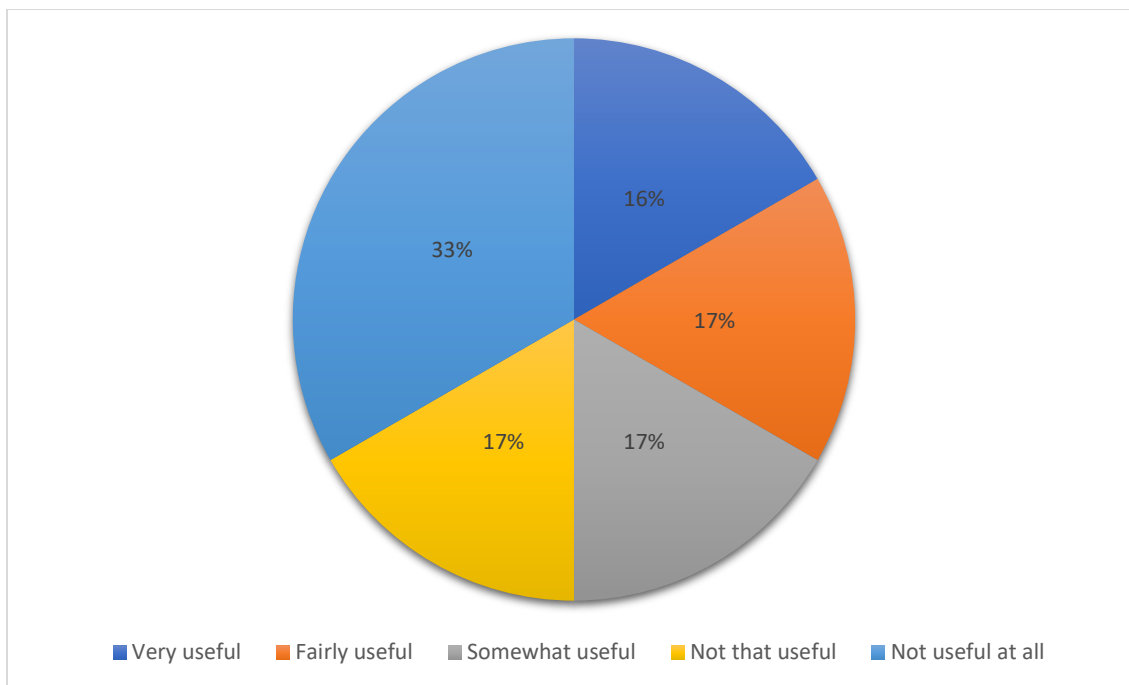
Figure 9. Perceived usefulness of current assessments for evaluating students' social and emotional skills.

The data suggest that while all of the principals consider measurements and assessments of SEL skills as valid and potentially useful, far fewer actually do so. Half were unfamiliar with measurement methods, and almost all did not think their teachers held any knowledge of measurement methods. The measurement methods they do use are not usually evidence-based as valid and effective. One possible explanation is the general lack of accountability regarding SEL improvement within these districts. The central office does not ask for any data, so the principals do not produce any. The teachers are not held accountable for SEL improvements, so the teachers focus on what they are held accountable for. Only two principals use data to evaluate their programs and identify students in need of intervention, and only one reports such data to their parents.

Summary of Ready to Lead Survey Findings. Implementation of the Ready to Lead survey allowed participants to express their overall attitudes, implementation

strategies, and assessment methods of student social-emotional learning within their buildings. In addition, the findings are important in answering the first research question: what are the actions of educational leaders who effectively promote schoolwide social-emotional learning?

The Ready to Lead survey focuses significantly on the implementation of systemic, school wide SEL curricula. While the principals of these schools overwhelmingly indicated their support for SEL, they were far less likely to implement official school-wide SEL programs that are integrated among the entire faculty and student body, and even less likely to evaluate their students' social and emotional skills using an evidence-based and systemic method. This does not, however, indicate that schoolwide social-emotional learning is not taking place within these schools, or that principals are not taking effective actions in promoting schoolwide social-emotional health. Many other variables are involved: a lack of funding may make implementation of schoolwide SEL curricula currently unfeasible, such curricula may be unnecessary for positive social-emotional health in small communities, or the principals and faculty may be implementing positive aspects of SEL theory on an overall basis without the need of an expensive and time-consuming established curriculum. These factors will be further explored qualitatively through the interviews among principals, school counselors, and teachers.

Semi-Structured Interview Findings

This section reviews findings about the actions of principals who effectively promote schoolwide social-emotional learning, representing the first level of the Social, Emotional and Mental Education Leadership Framework, based on 27 semi-structured

interviews with principals, school counselors, and teachers working in the ten Virginia

schools with the highest levels of student self-reports of social-emotional health.

Participants covered five areas, representing the five domains of the Unified Framework

(Hitt & Tucker, 2016): (a) the principals' overall visions regarding the social and

emotional learning of their students, (b) the employment of a structured social-emotional

learning curriculum within the school, (c) principals practicing self-care regarding their

own social, emotional, and mental health, and modeling this self-care to faculty, (d)

principals' efforts to foster positive relationships between faculty and students, and (e)

principals' actions in reaching out to families and the community about social-emotional

matters. The next sections discuss each of these five areas.

  Principals' visions regarding student social-emotional learning. Every

principal (ten out of ten) claimed to hold a clear vision regarding student social-emotional

learning. This, however, contradicts the Ready to Lead survey data in which four of the

ten principals stated that they had no clear vision statement prioritizing SEL. It is possible

that four principals could readily admit in an anonymous survey that there was no clear

SEL vision statement, yet desirability bias interfered when asked face-to-face and they

simply spoke about their general SEL ideas for the schools. Table 4 summarizes the

vision statements each principal stated during their interview. Vision statements focused

on vague statements or platitudes, including "school is love" (Interviewee 4), "every

student has a place here" (1), and "a building where students come to feel safe and

stable" (3). Two principals referred to safety, six referred to students' sense of belonging

and relationships with teachers, while two primarily discussed their students as life-long

learners ready to enter the world as healthy adults.

Of the ten principals that claimed to have a vision for their school, eight of their counselors independently confirmed their vision being implemented, while six teachers likewise stated similar objectives as their principals' visions. The two counselors who did not confirm their principal's SEL vision either had never heard their principal discuss it (13) or stated a vision that was completely different from their principal's vision (14). Likewise, teachers who did not confirm their principals' vision statements did not claim that their principal had no specific vision, but rather that the vision was ambiguous or unspoken: "I think that he does (have an overall SEL vision). I'm not sure I can say what it is, but I do know that he has embedded it in many aspects of what we do here" (21).

Only two principals, however, stated specific, measurable goals and objectives. School H added an SEL component to their school improvement plan for the 2020-2021 school year: "Our goal is for 100% of students to have an adult know them by face and name, know something personal about them, know their academic status and to know a personal story about them" (8).

In addition, School J's SEL vision integrates Positive Behavioral Interventions and Supports (PBIS), an MTSS system: "Using our survey data, our counselors plan and implement grade level character lessons that focuses on our areas of growth. Through PBIS we offer our students Tier 1 strategies in the classroom, and we use our data to support our Tier 2 students through a mentor" (10).

Table 9

Summary of Principals' Vision Statements

School	Principal	Vision Summary	Counselor Collaboration?	Teacher Collaboration?
A	1	• Every student has a place here regardless. • Relationships first	Yes	Yes
B	2	• Children will be successful lifelong learners	Yes	Yes
C	3	• Students come to feel safe and stable • Utmost goal is to love our students	No	N/A
D	4	• School is love, period. • Faculty are missionaries promoting goodness and hope and love.	No	N/A
E	5	• School is students' safe space • Teachers make connections with students	Yes	Yes
F	6	• School must be a caring, nurturing environment • Focus on student empathy and understanding of each other	Yes	Yes
G	7	• Ingrain a love of learning • Create college-readiness, including socially and emotionally.	Yes	No
H	8	• School improvement plan: 100% of students have an adult who knows their name, a personal story about them, and academic status.	Yes	Yes
I	9	• Teachers will understand the backgrounds of their students and make relational connections.	Yes	N/A
J	10	• Plan and implement character lessons through survey data • Three-tiered MTSS system of support	Yes	Yes

Establishment of structured social-emotional learning (SEL) curriculums.

Only two principals interviewed used structured commercial social-emotional learning

curriculums (1, 8); this matches the data from the Ready to Lead survey. Four claimed to

not use any SEL curriculum whatsoever, while four discussed portions of SEL

curriculums used in piecemeal fashion by their counselors. Table 5 summarizes the

answers from each principal, as well as whether or not their counselors and teachers

confirmed the responses. Answers varied from a simple "no" (2, 10) to admittance that

these programs were too expensive for the school's budget: "the actual program can be

pretty expensive" (5). The price of these SEL curriculum packages is a barrier for many

schools (Prothero, 2019), which may account for the number of principals who rely on their counselors to find free strategies and employ those instead. Three counselors (14, 15, 20) contradicted their principals by claiming that they did use established SEL curriculums, CASEL and MindUP, yet each admitted to not using the official programs but rather a "hodgepodge" (16) of different strategies available online for free.

Table 10
Summary of Principals' Statements on SEL Curriculums

School	Principal	SEL Curriculum Summary	Counselor Collaboration?	Teacher Collaboration?
A	1	• We have a character ed program • We encourage teachers to let students have a voice	Yes	Yes
B	2	• "No."	Yes	Yes
C	3	• The issue has been brought to the mental health leadership team. • We have boxes by the guidance office that students can write any concern in.	Yes	N/A
D	4	• No, we do not.	No. Uses CASEL materials piecemeal	N/A
E	5	• We are looking at some set curriculums this year that our counselors can access.	No. Uses MindUP materials piecemeal	Yes
F	6	• We want to get one; I can't remember who the publisher is.	Yes. Uses parts of many programs	Yes
G	7	• It is not being implemented this year; we lost funding.	Yes	Yes
H	8	• We use the MindUP curriculum and deploy specific lessons through our PE and health classes and counselors	Yes	Yes
I	9	• We do not, but we employ many community resources such as the Women's Resource Center that enact programs such as "Healthy Relationships Week".	Yes	N/A
J	10	• "No."	No. Claims to use SEL curriculum but could not name it.	Yes

Promotion and modeling of social-emotional self-care to faculty. Eight out of

ten principals claimed to personally practice social-emotional and mental self-help care.

Self-care strategies ranged from meditation (3) to deer hunting (5), yet the specific

strategy mattered little compared to efforts made to model their own initiative regarding

self-care for their faculty. Seven out of ten principals specifically discussed the need to

model and promote social-emotional self-care to others in the building, yet not all

practiced what they preached. One principal who admitted to not personally practicing

self-care still pretended to "fake" practicing self-care for the sake of his faculty and

students: "the honest answer is 'no', but I put on a front… whatever you are doing, as the

leadership, you sometimes put on the fake front to make everyone think it is all right. It's

trying to do those things where people see you" (1). The one principal who neither

practiced nor modeled self-care still considered it to be important, especially during the

COVID-19 pandemic: "No, I don't (practice self-care). That's probably why I almost had

a heart attack this March" (4). Principal 8 also specifically discussed the effects of the

COVID crisis on her faculty: "It's the million-dollar question this year. In years past,

we've always had social events: potlucks, we break bread together. This year we do

written shout-outs, but it isn't the same. This year it's been tough, just what they need is

space and time to do what they need to do for their own mindfulness".

Nine out of ten counselors also practiced self-care; the counselor who did not

(Interviewee 14), interestingly, also worked for the only principal who neither practiced

nor modeled self-care (Interviewee 4). Self-care was often lauded by the counselors, who

stressed the importance of preventing "burn-out": "You're exposed to a lot of sad stuff at

this job, and you must learn to separate work time from home time… I do my best now, but I can't say I've conquered it" (12).

All seven teachers personally practiced self-care; while four of them felt directly supported by their principal when it came to practicing self-care: "Any kind of concern that I might have if I brought it to any of them, they would take me seriously and do whatever I thought needed to be done" (28). Teachers who did not see their principals modeling self-care still generally thought that their principals cared for their own social-emotional wellbeing, but put other priorities first: "She makes it clear, without actually saying it, that she's there for us and cares about us, especially now with COVID and all. But, she still has that aura of 'we have a job to do in helping these kids, and that's priority number one'" (27). Table 11 lists the self-care strategies of each principal, their efforts to model self-care, and whether or not their counselors and teachers agreed that the principal modeled and promoted self-care.

Table 11
Summary of Principals' Self-Care Methods

School	Principal	Self-care Strategies	Model to others?	Counselor Collaboration?	Teacher Collaboration?
A	1	• None, but pretends to for sake of faculty and students	Yes	Yes	Yes
B	2	• Prayer, Scripture, church	Yes	Yes	Yes
C	3	• Meditation	Yes	Yes	N/A
D	4	• None	No	No	N/A
E	5	• Camping, hunting, fishing	Yes	Yes	Yes
F	6	• Exercise, junk food	Yes	Yes	Yes
G	7	• Reading, sugar	Yes	Yes	No
H	8	• Yoga	Yes	Yes	Yes
I	9	• Group exercise w/ staff	Yes	Yes	N/A
J	10	• Reflection, exercise	Yes	Yes	Yes

Healthy, long-term relationships with students. Eight out of ten principals specifically discussed their actions that actively promoted healthy long-term relationships between students and teachers. Strategies ranged from implementing school-wide

professional development workshops on relationships (2), rewarding teachers for building as many relationships as possible within the first nine weeks of each year (5), or holding school-wide teacher mandates to learn five personal characteristics from each of their students (1). Each of the eight principals who answered affirmatively heavily stressed the importance of relationships within their school, while one who answered negatively still stressed the importance of relationships (7). One principal (4) did not specifically reference her actions in building relationships within the learning environment; she did, however, discuss how their small school and close-knit community naturally fostered long-term relationships. One principal had no plan in place to foster positive relationships between teachers and students; as this was her first year as principal of the school, she considered it something she will "need to look into" (7). This seemed to be due to the time constraints of her new position rather than a philosophical choice, however. She argued that "if people respect each other, that becomes a foundation for building that relationship. Our mantra here is that we respect one another, we say it every day… but I don't think I have a specific plan" (7).

All counselors and teachers who were interviewed confirmed that their principals stressed the importance of long-term relationships with their students. One teacher explained how her principal hired new teachers who are specifically capable at fostering relationships: "He told me once that he considers having good relationships with kids as his number-one hiring criteria. You can learn how to be a better teacher over time, you can't learn how to be better at relationships" (21). One counselor even discussed relationships outside of the school building: "sometimes I use some of my students as a babysitter for my kids. I actually just got a text from a student who graduated five years

ago, saying 'do you want to get together for dinner?' So, I try to keep in contact with them" (11).

  Assisting families with social-emotional needs. All principals interviewed discussed the importance of helping and educating students' families within the social-emotional realm by being well-connected with them. Of the ten, three emphasized social media in staying connected with families in non-academic ways: "If we put it on Facebook, that's meeting a lot of needs, because that's where they are. And then we are very present on Instagram and Twitter where most of our students are… that gives our families a chance to fit us into their own schedule" (1). One principal discussed the increased importance of assisting families during the COVID crisis: "We still deliver meals to their homes for those in need. The meals are prepackaged and go on the busses; the busses are loaded. Parents and kids meet the busses there and they're given food so that we, we try to make sure that's not something they need to worry about (9). Three focused on positive phone calls: "we want kids to be "busted" for being good. Kids get recognized for being 'caught' doing something good, then we call their parents and tell them; this encourages the parents and allows us to discuss positive social-emotional stuff with them since the parents often are surprised that their kids behave well at school because they're not being good at home" (3). Two focused on community events: "We have a lot of activities. We want parents in the building, to feel safe in the building, to know us on a personal basis and know we're here to help their children… It's community, right?" (2).

  Principal 8 offered a substantive discussion regarding her perceived connection between the social and emotional needs of the students with those of their families:

"There's definitely a correlation between the social-emotional needs of the child and the social-emotional needs of the adult that's raising them. And that's a much harder conversation to have with parents… I'm not sure what our place is to teach adults who struggle with it themselves. We try to communicate with parents, to relate with them and work with them as much as we can, but you can identify really quickly which parents struggle with it themselves. And that's a much harder paradigm to solve".

All principals referred to positive parent-school relationships as a necessity, where parents are generally viewed as allies rather than adversaries. The burden of outreach was placed on the school faculty rather than the families: "During the first week, I make the teachers call as many (parents) as possible. Just we gotta get them on the phone, tell them we're excited to welcome them, see if they have any questions. It's important to establish a positive first point of contact" (6). Four principals stressed that email was almost never a good form of communication: "Email has its time and place and purpose. It's good for getting quick information out… but when you have something you need to discuss, that relates to well-being, you need to pick up the telephone" (6).

All counselors who were interviewed confirmed their principals' commitments to helping the social-emotional aspects of students' families. While all counselors considered themselves on the "front line" of the issue, they also claimed their principals' dedication to families was openly displayed: "(Our principal) is a stickler about this; he hammers this home, because a lot of our teachers try to email things, and when it comes to something like your social-emotional health, it really should be over the phone or a conference" (16). The counselors, regardless of school, brought up the need of addressing problems at home: "It's truly about, 'hey, we care about your kid… lets just

try to make some common ground'… and in most cases they (the parents) are having

similar struggles as well. And we all just kind of come together" (12).

One teacher did not consider the social-emotional health of her students' families

to be her business, although she would delegate these concerns to their school counselor:

"I report anything that I hear or see, I defer to the school counselor… The parent

typically, um, you should not have those conversations out in public, but when you're at

the grocery store and approached by a parent, as much as possible say 'call me

tomorrow', you know?" (26).

Research Question 1 Findings Summary

The Social, Emotional, and Mental Educational Leadership Framework

(SEMELF) combines the first tier of an MTSS-styled framework with Hitt and Tucker's

(2016) unified framework for best educational leadership practices to promote specific

actions and philosophies by principals that positively promote the social and emotional

learning of their entire student population. The findings for the first research question

regarding the specific behaviors and attitudes of principals who promote schoolwide SEL

are summarized in this section.

Principals' visions regarding student social-emotional learning. Both

quantitative and qualitative data support the characterization of these principals as highly

supportive of general social-emotional learning themes throughout their buildings.

Survey data suggests that principals desire to promote SEL in a meaningful and equitable

way, and agree that doing so provides many benefits. Four of them, however, indicated

that they do not have "formal" vision statements; this is qualitatively supported through

such statements as "faculty are missionaries promoting goodness and hope and love" (4)

as their vision statements rather than measurable outcomes such as "100% of students have an adult who knows their name, a personal story about them, and their academic status" (8). The principals all had visions for their schools in this area, just not necessarily clearly written down and measurable.

Establishment of structured SEL curriculums. Interviews supported survey results demonstrating a lack of structured, systemic SEL curriculums within the schools, with only two principals (1, 8) fully implementing such curriculums (Character Counts! and MindUP, respectively). This supports the survey data indicating that two principals fully implement a school-wide curriculum. For those that do not, an analysis of the coding indicates a lack of financial resources, a preference for partially implementing various aspects of the curriculums to fit their school culture, counselors using programs in a piecemeal fashion for situational use, and the perceived lack of need for one as the primary reasons. Teachers were especially likely to indicate the lack of need for one, with five out of seven teachers declaring a formal program unnecessary due to the effective efforts already put forth by their principals and counselors. These results suggest that while a clear systemic method of social-emotional learning is valued and utilized by the principalss as effective means of increasing student social-emotional health, formal pre-packaged curriculums may not be necessary.

Promotion and modeling of social-emotional self-care to faculty. While not directly measured in the Ready to Lead survey, the ultimate objective of this Level 1 SEMELF component is building professional capacity (Hitt & Tucker, 2016) by meeting the SEL needs of faculty and staff. All principals rated the positive relationship building between teachers and students as a "very major benefit" of SEL; 100% also rated the

promotion of a positive school climate as beneficial of SEL. These items suggest that these principals do take their teachers' wellbeing seriously through the desire for positive student-teacher relationships and a positive school climate as a whole.

While the vast majority of principals, teachers and counselors claimed to take the time needed for their own self-care, perhaps the most important result from the interviews was the majority consensus from the faculty that they know their principal cares for them. With varying degrees, every counselor and teacher that was interviewed agreed with the statement that their principal cares about their own social-emotional wellbeing. While the COVID pandemic brought the wellbeing of school faculty into the spotlight, all faculty when asked agreed that their principal demonstrated this care before the pandemic began. These data supports SEMELF's objective in that principals of schools with students who self-report high levels of social and emotional health also meet the SEL needs of teachers and staff.

Healthy, long-term relationships with students. As with the previous SEMELF objective, this objective is not directly measured in the Ready to Lead survey; the ultimate objective of this Level 1 SEMELF component is the creation of a supportive organization for learning (Hitt & Tucker, 2016). All principals rated the positive relationship building between teachers and students as a "very major benefit" or "somewhat major benefit" of SEL, as well as increasing achievement on academic coursework, preparing students for college, graduate on time, promote positive relationships among students, promote a positive school climate, and prepare students for the workforce. All of these items represent some aspect of their school being a supportive

organization for academic learning, and all of them were universally agreed upon by the survey participants.

Eighty percent of principals specifically discussed how they promote these relationships in their interviews, with "trust" being the common factor among them. These principals discussed various methods in how they attempt to build trust between the teachers and students, and all counselors and teachers agreed that their principals made this a priority, even the counselors and teachers working the two principals who did not claim to actively promote these relationships. Perhaps these two principals were promoting such relationships without realizing it themselves. These data support SEMELF's objective in that principals of schools with students who self-report high levels of social and emotional health care about a supportive environment for learning in their building and also promote student-teacher relationships built on trust.

Assisting families with social-emotional needs. The Ready to Lead survey does not directly measure principals' attitudes and actions regarding the social and emotional needs of their students' families, instead focusing on the needs of the students themselves. The survey does, however, include several items regarding the role of parents within the process. Only one principal considered it "probably true" that social and emotional skills should be taught at home, not in school, with seven rating this statement "definitely not true". Of this one principal who thought it was "probably true", the wording of the statement could suggest that this principal thought that SEL skills *should*, in a perfect world, be taught at home, yet it is now also the school's responsibility. This distinction is expanded upon with the statement: "while social and emotional skills should primarily be taught at home, schools also have an important role to play", wherein

eight principals rated this statement as true and two as not true. Principals generally

recognized the importance of the home in teaching these skills without discounting the

need for them to be taught in school as well. That being said, only four of the principals

considered parents to be primary actors in developing their students' social emotional

skills and only one regularly reports social and emotional data to the parents of their

students. While the need for the home in teaching SEL skills is acknowledged by the

principals, the communication with parents regarding these skills remain an area of

potential growth.

Interviews suggest that the principals consider positive parent-school relationships

as a necessity, and the principals discussed various ways in which they ensure these

relationships are maintained. Social media presence, community events, and constant

phone calls were by far the most common methods. Triangulation with counselors and

teachers supported the validity of the principals' stated commitments. It may be,

therefore, that while principals who positively support student social-emotional health are

very invested in the wellbeing of the students' families, the communication with these

parents specifically regarding their students' social and emotional learning remains in

need of improvement for some.

Research Question 2: Identification of Students Needing Intensive Support

The second research question inquired how educational leaders assist in the

identification of students who may require more intensive mental health support,

representative of Tier 2 interventions found in response to intervention (RTI) and multi-

tiered systems of support (MTSS) frameworks (Kilgus et al., 2015). The first section

reports data for this research question from the Ready to Lead survey, and the second

section reports results from interviews and document analysis.

Ready to Lead Survey Findings

Only two items in the Ready to Lead survey directly relate to the identification of

students in need of additional social and emotional support, representing Level 2 of the

SEMELF framework. Two principals out of ten indicated that they determine which

students need interventions through the use of data from social and emotional

assessments. Rather than being a referendum on the Level 2 interventions, however, this

appears to be a referendum on the perceived usefulness of the principals' current

assessment tools. Most principals do not consider the assessments that they are currently

using as very useful (Figure 9).

When asked to assume that they had access to valid and reliable assessments for

measuring students' social and emotional skills, seven principals considered the use of

data from social and emotional assessments to determine which students need

interventions as "very important", while two considered it "fairly important". The

quantitative data, therefore, suggest that while principals from these ten schools are not

currently using evidence-based data analysis to determine which students are in need of

Level 2 interventions, they recognize the potential for it, and may be willing to utilize

these identification methods of they considered their assessments valid and reliable.

Semi-Structured Interview Findings

This section reviews findings about how educational leaders assist in identifying

students in need of focused social, emotional, or mental health interventions, representing

the second level of the Social, Emotional and Mental Education Leadership Framework

(Focused Intervention), based on 27 semi-structured interviews with principals, school counselors, and teachers working in the ten Virginia schools with the highest levels of student self-reports of social-emotional health. Participants covered five areas, representing the five domains of the Unified Framework (Hitt & Tucker, 2016): (a) the principals' inclusion of school counseling, special education (SPED), and school psychology professionals in the establishment and implementation of goals, (b) sharing the leadership role with school counselors regarding social-emotional learning curricula, (c) building professional capacity and trust through the integration of school counseling, SPED, and school psychologists departments, (d) using restorative justice conflict resolution techniques (or other research-based approaches) in addressing disciplinary concerns , and (e) seeking out partnerships with local community resources such as clinics, churches, and social services. The next sections discuss each of these five areas.

Collaboration with mental health professionals in vision-setting. All principals discussed collaborating with faculty during the formulation and enactment of their schools' vision for social-emotional health. Of these ten, seven specifically discussed seeking input from teachers (although none singled out special-education teachers), two referred to the entire faculty or staff playing roles in vision-formation, three mentioned the central office as an important collaborative body, one mentioned her city's town council, and three specifically discussed the role of the school counselor in creating the SEL vision. Table 13 again refers to the stated vision statements of each principal while also summarizes who was included in the creation of the vision statements.

Seven out of ten counselors considered their perspective as valued in the overall vision of the school. Of those that did not (Interviewees 12, 13, and 14), all considered their input as valued under certain conditions but not in the overall vision of the school building: "she involves me sometimes; let's say there's being some type of threat issued from the student, but a lot of times she and the assistant principal take care of it. It's just according to what's going on" (14).

Table 12
Principals' Collaboration in Establishing the Vision

School	Principal	Vision Summary	Faculty Sought in Collaboration
A	1	• Every student has a place here regardless • Every student gets a fresh start each year	Teachers
B	2	• Children will be successful lifelong learners	Central office, town council members
C	3	• Students come to feel safe and stable • Utmost goal is to love our students	Teachers, assistant principal
D	4	• School is love, period. • Faculty are missionaries promoting goodness and hope and love.	Teachers
E	5	• School is students' safe space • Teachers make connections with students	School counselors, teachers
F	6	• School must be a caring, nurturing environment • Focus on student empathy and understanding of each other	"The entire faculty"
G	7	• Ingrain a love of learning • Create college-readiness, including socially and emotionally.	"The stakeholders: students, staff, parents"
H	8	• School improvement plan: 100% of students have an adult who knows their name, a personal story about them, and academic status.	Teachers, counselors
I	9	• Teachers will understand the backgrounds of their students and make relational connections.	Administrative leadership team: central office, AP, lead teachers
J	10	• Plan and implement character lessons through survey data • Three-tiered MTSS system of support	Central office, school counselors, teachers.

Counselors who did consider their opinion valued in their schools' visions felt as if their principals recognized their expertise in the topic of social-emotional and mental health. One counselor commented: "When he came, I feel like he collaborated a lot with me and asked for my input on things because he just didn't have the experience with this" (16). Another counselor (20) believed that her principal acknowledged her as the expert in emotional crisis situations and that this influenced her input on the school's vision: "She collaborates with all the counselors… those of us who have the individual one-on-one communication skills for students where they might be in a needy emotional situation where they're breaking down or crying. She meets with us and talks about the needs of the kids who are in crisis".

While none of the teachers claimed that their principal directly sought their personal input when articulating their school's SEL vision, all spoke highly of their principals' general philosophies of collaboration and believed that their principals would have sought the advice of others in creating said vision. "He definitely brings several people on board when he's doing something like this, when he's trying to implement something. It's never just, 'this is my way, and that's how we're going to do it'. It's more like, 'Here's the situation, what do you guys think we should do?'" (26).

School counselor-led social-emotional learning (SEL) curriculums. As stated in the results section of the first research question, only two principals interviewed (1, 8) used structured commercial social-emotional learning curriculums. Most principals did not; while three appeared disinterested in continuing the subject (2, 4, 10), five appeared open to the idea yet offered explanations regarding why they did not. Explanations

included lack of funding (7), openness to implementing a program (3, 5, 9), and concrete plans of implementing one in the following school year (6).

One principal who described his structured SEL curriculum (1) was not overly familiar with it, yet relied on his counselors to implement it. Principal 8, however, described her SEL curriculum and how it was implemented in great detail: "The MindUP curriculum is deployed through specific lessons through our PE classes so that every student is reached. Our counselors are deploying those in cooperation with our health and PE teachers. I thought not only is that a natural connection point for students, but it also ties in with some of the health curricular standards. And then our counselors go in and have access to four classes at one time".

In addition, two counselors contradicted their principals by claiming that they did use established SEL curriculums, CASEL and MindUP, yet both admitted to not using the official programs but rather a "hodgepodge" (6) of different strategies available online for free. The price of these SEL curriculum packages is a barrier for many schools (Prothero, 2019), which may account for the number or principals who rely on their counselors to find free strategies and employ those instead. Every elementary school counselor (12,13,14,16) claimed to use free materials and strategies for use in their in-classroom guidance lessons rather than a structured commercially-available SEL curriculum. One counselor discussed her preference for this method rather than a structured curriculum: "I pick and choose materials depending on the needs of the students. Curriculums have a lot of stuff that doesn't apply to, you know, what the students are going through in our building" (13). It does appear, therefore, that these school counselors are given the leadership role, either directly or indirectly, regarding

how they choose to handle their own SEL curriculums. Those who do not use standardized, official curriculums may do so out of necessity due to budget concerns, or out of preference due to the rigidity of some programs. None of the teachers interviewed claimed to be directly involved in SEL curriculum implementation.

Integration of school counseling, school psychology, and special education. All principals described their counseling, psychology, and special education (SPED) staff as integrated and collaborative, although one admitted that "our school counseling and psychology teams work in tandem with the special education department on an 'as needed' basis. This is an area of growth for us" (10). Four principals (2,3,5,6) mentioned their rural communities and small school sizes as important factors that almost mandates collaboration: "Another advantage of being a rural school division is that everyone knows everyone. The line of communication is very direct" (3). Principals of larger, urban schools discussed their own deliberate efforts in unifying the departments. "I put them together at faculty meetings, and play little games hosted by the AP. They can make music requests to play music on the loudspeaker in the morning, but must agree. I try to feed them a lot of sugar to make them happy, so we provide cookies, drinks during face-to-face meetings" (7).

Two out of ten counselors, however, disagreed with their principals regarding their own collaboration with other professionals. Neither could offer specific reasons regarding why they did not communicate freely with the psychologists or SPED teachers, yet one appeared to show apathy and indifference ("I used to be a part of teams with them. I don't know what the team is called now. I do believe that the special ed teacher and the principal and the regular teacher get together on it, but I really don't know all

that", 14), while the other deferred to the culture of the district ("The psychologists don't

play a role in the SEL well-being of our kids. They are just solely test givers; that's just

kind of their defined roles. We could call on them to help us, but that's not happened a

whole lot", 12). In general, however, counselors reported their relationships with

psychologists and SPED teachers as frequent and productive: "As chairman of the child

study committee that we are all on, I don't know what I would do without them; I can't

say enough good things about them" (13).

Conflict resolution. All but one principal described the usage of restorative

justice, defined as non-punitive and relationship-centered approaches for addressing

conflict (Fronius et al., 2019), when discussing conflict resolution between students.

While only one principal (7) claimed to specifically use "restorative justice" by name,

eight described practices central to the principles of restorative justice. In fact, one of

these eight principals (6) claimed "we're not a 'restorative justice' school per se, but I

think we try to utilize some restorative practices". This principal, therefore, considers

restorative justice to be a specific method that must be maintained, almost like a program

or curriculum, rather than a disciplinary philosophy. The principals, save one, claimed to

use restorative justice methods such as group discussions, sitting and talking, and group

counseling rather than punitive measures when the conflict was non-routine and non-

physical. The counselor was mentioned as being central in these situations by each of the

nine principals. One principal, however, either did not involve herself in these situations

or would use traditional punitive measures in response to non-physical conflict between

students as her primary disciplinary system: "Non-physical conflicts are handled by the

teacher…. If it's serious I will get involved. A lot of times I'll call the parents to the school if it's serious" (4).

All counselors except one (14) described restorative justice practices when alleviating conflict between students and confirmed their principals' claims that the role of the school counselor was central in these efforts. The one who did not, however, worked in the same school as the principal using more traditional disciplinary measures. She admitted that she used to do conflict resolution in the forms of group counseling and conflict resolution, and that she still should, yet no longer did: "I used to do groups like that. That's where I think I've stepped backwards. I used to pull these kids together and talk to them about that stuff. But the teachers didn't like it, they thought it was more important for them to be in class" (14). This counselor appeared satisfied with allowing the teachers and principal to handle non-physical conflicts within the school, although she was the lone exception.

Most teachers focused on minor, in-classroom disciplinary measures that are typically punitive rather than restorative, designed to quickly restore order and focus to a classroom while discouraging said behaviors. Only one teacher (30), a special education teacher, specifically used the term "restorative justice", but her appreciation of her principal's commitment to the method was evident. She described a "push" method promoted by her principal, where a teacher simply calls for backup on the school intercom when in need of help with a disruptive student. The backup is either a counselor or administrator, who quietly enters the room and provides assistance for the student while instructional time remains uninterrupted: "You'll have a student completely melting down for whatever reason, I mean, some kids are ticking time bombs and you

don't want to fuel a fire. You don't want to make somebody feel bad…. They just might take them for a walk, they might just sit beside them… without judgement from the teacher" (30).

Community mental health partnerships. A common thread among most principals and counselors from these highly-ranked districts was their partnerships with external agencies for students and families needing mental health support. Nine principals discussed how outside organizations are needed in such situations; seven mentioned their district's social services department, (1, 2, 4, 5, 6, 7, 10), six named private mental health clinics or hospitals (1, 2, 6, 7, 10), two mentioned church programs (2, 5) and two listed a women's shelter (2,3). All principals indicated no hesitation in seeking assistance: "We have a big red button on the wall. Actually, it is a long list of phone numbers. We reach out to our student services director and it goes out immediately" (7). Only one principal (8) admitted to not using outside agencies for students and families requiring mental health support: "We would love to [partner with external agencies], we really would love to have a sort of day treatment program here. That's not something we've had much success with at a division level. So, I wish we did" (8). Interestingly, while this principal placed the responsibility on the school division, the other principal (5) interviewed from her division claimed to regularly use their county's social services and a private church-based organization.

All interviewed counselors confirmed their use of these community partnerships. Counselors typically offered more detail and insight into the relationships with these partnerships, including the limitations associated with them: "Just getting a call from social services, a lot of people would be abrasive to that. But for me to call them and

explain to them the benefits of the resource and how they might be able to utilize it, it softens the blow. I start with a conversation with the family" (13). No teachers other than the special education teacher (30) were specifically aware of external mental health partnerships within their school other than external counseling agencies that maintained a presence within their school building.

Research Question 2 Findings Summary

   Collaboration with mental health professionals in vision-setting. All principals claimed to collaborate with faculty regarding the schools' overall vision for social-emotional health; other mentioned stakeholders included the central office and town council. While it is useful to seek multiple perspectives in establishing visions for the school, the SEMELF framework specifies the collaboration with mental health specialists during the process. Only three of the ten principals specifically mentioned school counselors as contributors to the school's vision statement, and no principals specifically mentioned school psychologists, nurses, or special education faculty. Seven counselors considered their perspective valued in the overall vision of the school, while all seven teachers considered their perspectives as valued in other areas but not necessarily regarding schoolwide visions of student social-emotional health.

   School counselor-led social-emotional learning (SEL) curriculums. As reported for the previous research question, only two principals used structured commercial social-emotional learning curriculums, but all principals indicated in their survey responses that they themselves and their school counselors were primarily responsible for teaching social-emotional skills. These results could be interpreted as considering school counselors as leaders in this field, and interview results backed up this

claim. Principals consider their counselors as the primary source in determining how the SEL curriculums, either structured or unstructured, are taught in their schools. Counselors all confirmed in their interviews that this domain was central to their job and that they were considered the "experts" (17); no teachers interviewed claimed to be directly involved in SEL curriculum implementation.

Integration of school counseling, school psychology, and special education. The SEMELF framework currently considers the building of professional capacity (Hitt & Tucker, 2016) to be most beneficial in Level 2 focused interventions through encouraging the close collaboration of school counselors, psychologists, and special education professionals. All principals described these faculty members as well integrated and collaborative, while insisting that "there is no other way to properly lead a school than to make sure everyone talks to everyone" (9). While nine of the ten counselors considered themselves well-integrated with the other professionals, four counselors discussed the difficulties of close and consistent collaboration with the school psychologists because they shared one psychologist with several different schools in the district.

Conflict Resolution. SEMELF's insistence on restorative justice practices is due to the higher discipline rates of students at risk for mental health disorders (Ball & Anderson-Butcher, 2014; Kovaleski & Glew, 2006). Traditional punitive methods of discipline may result in the at-risk youth spending more time out of the classroom, further increasing negative stigma and widening their achievement gap. Conflict mediation strategies, however, allow for the root of the conflict to be addressed without excessive judgement or removal from the teaching environment.

The interviews qualitatively support the presupposition that these methods are used by principals in schools performing well in regards to student social-emotional health. While only one principal (7) used the term "restorative justice" by name, nine of the principals described practices central to restorative justice methods when addressing non-violent student conflict. All counselors working with these principals confirmed their commitment to restorative justice techniques, yet one principal (4) and counselor (14) did indicate that their school primarily employed traditional, punitive disciplinary measures. Teachers focused mainly on minor, in-classroom disciplinary measures designed to quickly restore order and focus to what is being taught in the classroom, although they did refer students to the counselor regarding non-violent and pervasive student conflicts. These interviews suggest that the vast majority of principals of well-performing schools regarding student social-emotional health are indeed using restorative justice disciplinary measures rather than punitive ones.

Community mental health partnerships. In accordance with SEMELF, growing community mental health partnerships can provide extra resources for students who need additional help with their social-emotional and mental health. All interviews indicated that principals were eager for partnerships with external agencies, although such partnerships were not always possible or practical. Social service departments, private counseling centers and clinics were the most commonly mentioned partnerships. All counselors confirmed these statements, while teachers generally were unaware of specific partnerships except for external agencies that maintained a presence within the school building.

Research Question 3: Support for Students with Advanced Mental Health Concerns

The third research question inquired how effective educational leaders assist their students with advanced mental health needs, including diagnosed mental health disorders. This question relates to Tier 3 interventions found in response to intervention (RTI) and multi-tiered systems of support (MTSS) frameworks (Kilgus et al., 2015). As the Ready to Lead survey does not specifically relate to this topic, data for this research question relies on interviews and document analysis.

Semi-Structured Interview Findings

This section reviews findings about how educational leaders assist students with serious mental health concerns and diagnosed mental health disorders, representing the third level of the Social, Emotional and Mental Education Leadership Framework (Mental Health Disorder Support), based on 27 semi-structured interviews with principals, school counselors, and teachers working in the ten Virginia schools with the highest levels of student self-reports of social-emotional health. Participants covered five areas, representing the five domains of the Unified Framework (Hitt & Tucker, 2016): (a) the establishment and support of interdisciplinary mental health leadership teams, (b) integrating evidence-based support systems that support high-quality learning, (c) implementing professional development focused on the causes, warning signs, and treatments of mental health disorders, (d) destigmatizing mental health disorders within the school culture, and (e) empowering parents and caregivers throughout their students' 504 and IEP process. The next sections discuss each of these five areas.

Interdisciplinary mental health leadership teams. Eight out of ten principals employ mental health leadership teams. While the stated purpose of mental health

leadership teams is to benefit students with mental health disorders through coherent referral and evaluation, planning service delivery, and implementation of evidence-based practices (Bahr & Kovaleski, 2006), only three of the eight principals stated these as the general goals of the teams (6, 7, 8). Five of the teams (1, 3, 5, 9, 10) somewhat involved the mental wellbeing of the students while primarily focusing on threat assessment.

The confusion between mental health leadership teams and threat assessment teams appeared to be fairly common. Threat assessment teams are organizations unrelated to mental health leadership teams; they are prevention strategies used by schools to investigate and respond to student threats of violence; multiple studies suggest evidence of their efficacy in preventing violence while avoiding exclusionary discipline (Cornell, 2006; Stohlman et al., 2019). These principals, however, considered their threat assessment teams to fulfil the role of mental health leadership teams. One principal noted: "The student may be involved if you perceive that there could be a physical threat at some point regarding the nature of the mental health disorder" (5). Another principal described the process as "doing threat assessments for self-harm… and just kind of getting a feel for where we need to be" (1). One high school principal noted this conflict of interest: "We don't call it a mental health leadership team; it is called the threat assessment team. I don't want to say that it functions in that way, but for some of our more troubled kids, that's the way we maintain awareness of them" (9).

The two principals who did not employ mental health leadership teams both considered the small sizes of their school as the primary reason why one was not needed. Counselors, however, offered less focus on threat assessment when describing the teams and more on interdisciplinary collaboration for the well-being of the students: "We

started out wanting to come up with a way to identify our students that needed the most

help in social and emotional needs; that was our first goal, then we identified them and

work on interviewing them and their parents and working together to see if we could give

them what we need" (16). Table 13 lists the membership and meeting frequency of these

teams.

Support systems for students with MHD. While all interviewed principals and

counselors claimed to have support systems in place for students with mental health

disorders, the quantity and accessibility of these support systems showed considerable

variation. Table 14 lists the specific support systems mentioned by each principal.

Table 13
Summary of Mental Health Leadership Teams

School	Principal	Team Established	Membership		Meeting Frequency
A	1	Yes	•	Principal, AP, counselor, psychologist, nurse	Situational
B	2	No	•	None	Never
C	3	Yes	•	Principal, AP, counselor, psychologist, special education teacher	Monthly
D	4	No	•	None	Never
E	5	Yes	•	Principal, AP, counselor, grade level administrators	Biweekly
F	6	Yes	•	Principal, AP, counselor, four teachers	Monthly
G	7	Yes	•	Principal, AP, psychologist, three social workers, school resource officer	Monthly
H	8	Yes	•	Principal, two APs, two counselors, school resource officer	Situational
I	9	Yes	•	Principal, AP, counselor, lead teachers	Monthly
J	10	Yes	•	Undisclosed, "Threat Assessment Team"	Undisclosed

Four principals without many support systems (1, 3, 4, 8) considered lack of funding or

local bureaucratic as primary explanations: "We did have an in-house therapeutic day

treatment, but because our numbers were too low, they took her away. They had a lot of

criteria necessary before the student could receive help, but because they didn't meet

certain criteria, they were like 'oh, we can't even talk to them'. I'm like, you're a trained

professional, this student could use your help. They would just say, 'oh, they don't check this box, this box, this box…'" (1).

Counselors confirmed their principals' responses, and viewed external support systems as last resorts for mental health issues that could not be managed internally: "If their disorder impacts them during the school day, we might come up with an action plan for them at school… we've been increasing our number of small groups. If that is not enough, we try to communicate with parents to get outside help" (15). One counselor spoke poorly of an outside agency: "Those kids go to them sometimes a little too much, like almost using it like a crutch, you know. Some of (the outside counselors) honestly don't have much training and that's a real problem to me. They are just getting pulled out when the teacher can't handle them" (14).

Teachers generally listed standard internal support systems such as the counselor and psychologist, although five considered it likely that there were support systems in place that they themselves were not aware of: "As a teacher, I am familiar with really only what, you know, children that request to go see our school counselor. I'm not aware of any specific mental health supports… I'm sure they're there" (26).

Table 14
Support Systems for Mental Health

School	Principal	Support Systems	Internal or External
A	1	• Counselor, psychologist, community services board	Both
B	2	• Counselor, psychologist, social worker, Medicaid-required outside agency (Health Connect)	Both
C	3	• Counselor, community agencies	Both
D	4	• Counselor, Medicaid-required outside agency (Health Connect)	Both
E	5	• Counselor, anonymous safety hotline	Internal
F	6	• "Trauma informed leadership team"	Internal
G	7	• Counselor, psychologist, social workers, "quiet room"	Both
H	8	• Counselors, psychologist	Internal
I	9	• Counselors, psychologist, women's resource center, external counseling agency	Both

J	10	•	Counselors, psychologist, social workers	Both

Mental health professional development. Eight out of ten principals claimed in their interview that they have implemented school-wide professional development (PD) that at least partially focused on the causes, symptoms, or treatments of mental health disorders. Of the two who did not (1, 4), each discussed their future plans for mental health PD due to the lasting effects of the COVID-19 epidemic: "We're talking about the mental health of students and staff now; it's just a constant dialogue now, we're trying to do a more embedded PD" (1). While the other eight principals have already implemented mental health PD in the past, the generally described theme was of symptom identification (noticing common warning signs) or crisis management (who to report to or what to do when a student's mental health disorder is aggressively displayed). Even symptom identification was discussed from an angle of student safety: "Our teachers went through that training of identification, making sure that, you know, students are safe and then where to go from there" (7). None of the professional development was described from a therapeutic or compassionate angle, but rather from an angle of what should be done regarding outward aggressive symptoms.

Seven of the eight principals who have implemented PD related to mental health specifically discussed the focus on "trauma", and the effect of trauma on student psychology and behavior: "We have a heightened focus on de-escalation strategies and discuss how trauma manifests itself in our kids. We have seen improvement in our Tier 2 students as a result" (10). This quote reflects the general consensus that PD is clinical in nature, focusing on student trauma and safety.

Counselors confirmed their principals' responses; however, those counselors who had undergone schoolwide PD (12, 13, 15, 16, 17, 18, 19, 20) described their training as more empathy-focused than safety-focused. One counselor who led a professional development seminar at the beginning of a previous school year noted: "If I haven't made people cry in those meetings, by the time we're done with it, I've not done my job because it really helps bring people back down to earth about these kids. These are very damaged children and they need to understand how important it is just to meet these kids where they're coming from" (12). All counselors, including those who have not experienced school-wide mental health PD, described the anxiety and depression rates within their school likely increasing since the COVID-19 epidemic, and that their schools needed to quickly address the rise of these mental health concerns.

Mental health stigma. Regarding the pervasive and negative stigma that students with mental health disorders can face within school communities, six out of ten principals (1, 4, 6, 7, 8, 9) were able to anonymously reveal specific situations where students with mental health disorders faced stigma from other students or faculty, while five offered examples of how they challenged those stigmas. The four principals who did not give examples of mental health stigma did so because they claimed that their school cultures did not assign any stigmas in the first place: "I don't see our teachers treating students any differently based on mental health needs… I've been pleasantly surprised at how good our kids are to our students with special needs" (3). One principal put it bluntly: "We are so accepting at [our school] and we want our students to feel at home. There are so many different groups of students that I would be unaware of any stigmas" (10).

Although the principals were prompted to discuss mental health stigmas, two deviated into other factors of identity. One principal denied stigma present in her building based on mental health and then segued into race: "Our school is predominantly white; we have, I think, six or seven African-Americans. And I'll honestly tell you we don't see color here in this building; we've always been this way. Maybe we're in a little box here, maybe we're not in the real world" (2). Another principal only focused on transgenderism: "The major issue is transgender. Those students really, really suffer. We had a transgender teacher who was bullied herself, a teacher! I think this is the major number one issue right now that could be detrimental to social and emotional health" (7).

Of the six principals who specifically discussed mental health stigma in their school, five used the word "crazy" in describing the labels given to their students with mental health disorders, while three also used the word "bullies". These labels could be from other students or from faculty: "Mostly it's a lot of, 'wow, they're crazy'. That's the word I always hear; they're crazy. A lot of the teachers say things like, 'just what's wrong with them?'" (1).

The five principals who discussed how they attempt to destigmatize mental health disorders each displayed a general theme of empathy and diversity, of having the students or staff see the situation from the other student's perspective while celebrating the student's differences: "So-and-so is having a meltdown in the hallway again; yes, but everyone's different and we have to treat everyone with kindness" (3). One-on-one conversations with students or faculty who have been negatively affected by the student were the typical response: "We really try to take those individual people that are saying

things and talk to them and try to ask them to put yourself in their shoes. How would you feel if this was your sister? You know, just get their thinking to be more empathetic" (4).

Interestingly, three counselors did not see any negative stigmas of students with mental health disorders in their own building, (11, 12, 14), but only one of them (12) worked with a principal who also did not see stigma. One counselor appeared stunned by the question: "Honestly, my mind is kind of drawing a blank. I feel like our kids are really accepting of each other. Um, so I don't, I can't think of anything off the top of my head" (11). This suggests that, rather than stigma truly being absent in these buildings, the inability to notice this stigma is dependent on the person rather than the general culture.

Contrary to the principals and counselors, all teachers could discuss stigmas placed on students by both the student body and faculty. Teachers' fear of violent outbursts was a common thread among these discussions: "When I spoke to my colleagues about [one student with MHD], we all had a general fear surrounding this child" (26). Teachers still claimed to be empathetic, yet the close proximity and "front-line" status of their position still manifested itself in natural negative reactions: "They have that stigma, they know something is not right with that student… I think most of the teachers here really try hard to celebrate differences and diversity" (21). One teacher summed up the overall stigmas expressed by the teachers fairly well: "There's nothing you can do to change that feeling when someone walks in a room" (26).

Empowerment through IEP plans and 504 plans. All principals, counselors, and teachers considered parents and caregivers very involved in their students' IEP and 504 plans, except for one counselor who did not involve herself in either process and was

unsure (14). Parental involvement is required under the Individuals with Disabilities Education Improvement Act (IDEIA), and parents are not involved only in extreme circumstances when repeated efforts to contact the parent go unanswered, so the true concerns are how involved the parents are and the general attitudes expressed by the school faculty regarding parental involvement. One common theme among the respondents was that of trust. All principals expressed the belief that trust between the school system and families was necessary for the process to work correctly: "We never come in (to the meeting) and present the draft as final. It's always a discussion, always a team decision. I think there's strong trust between the community and the school" (6). Another general theme was the need for constant communication: "We get into the child study. We go through the process. We talk to parents, 'What are you seeing at home? What aren't we seeing at school? A lot of times we have to discuss in detail what the plan is and how it's going to be beneficial for that child" (2).

In general, principals and counselors were very adamant about using parents and the community to create and implement effective 504 and IEP plans to accommodate mental health needs. Only one principal implied parental involvement as an occasional burden: "You have the ones (parents) who forget, or don't remember to call us to say they're sleeping or something like that, but then we'll call them and say, 'everybody's sitting here; you've got five minutes to get up here' and they'll reschedule it or do it over the phone. Most show up or we can catch them, you know, when they drop off something. You would think that would be a priority to them, but yeah" (4).

Research Question 3 Findings Summary

   Interdisciplinary mental health leadership teams. Interviews revealed that eight out of ten schools employed mental health leadership teams, although none were specifically titled "mental health leadership teams". Five teams were actually threat assessment teams, with titles such as "threat assessment team" or "threat intervention leadership team"; students with mental health disorders were often managed through these teams. Three teams focused primarily on student mental health. Interviews also noted a general divide between the safety concerns discussed by principals with the therapeutic aims mentioned by counselors. Table 8 summarized these findings.

   Support systems for students with MHD. All schools included at least counselors, psychologists, and special education services as support systems for students with mental health disorders, which is expected due to the mandatory requirements of said services. Principals from four schools could list little else, considering a lack of funding and support from the division to be primary reasons. Six schools included the additional resource of external services such as private counseling services that partnered with the district to maintain a presence within the school; often requiring Medicaid eligibility by the students' family. Women's shelters were also mentioned from schools of two districts. While principals spoke highly of their external support systems, counselors considered them as avenues of last resort, and teachers were generally unaware of the external support systems at all yet simply assumed that some were available. Counselors and teachers both considered the internal support systems of school counseling and psychology departments as the primary support systems available to students with MHD. Table 9 summarizes these findings.

Mental health professional development. Interviews of principals, counselors, and teachers from each of the ten schools revealed that eight of the schools implemented school-wide professional development (PD) that educated on the causes, symptoms, or treatments of mental health disorders. Principals from two schools who had not yet implemented such PD expressed their plans for PD during the 2020-2021 school year that focuses on the mental health toll of students due to the COVID-19 epidemic, especially symptoms of anxiety, depression, and post-traumatic stress disorder. Principals and teachers focused on "trauma" and the importance of mental health management from a student safety angle, while counselors focused on the teaching of empathy for faculty and staff and therapeutic techniques for suffering students. All interviewed counselors discussed their concerns for rising anxiety and depression rates due to the COVID pandemic of 2020 and the need to further address the students' social, emotional and mental health regarding this virus outbreak in future PD.

Mental health stigma. Out of ten interviewed principals, six discussed negative stigmas from faculty and the student body that were faced by specific students with diagnosed mental health disorders, the most common stigma being "crazy". Five of these six disclosed how they actively sought to combat the stigmas, all of which centered on teaching empathy and diversity to those most impacted by the students with MHD. Four denied seeing any stigmas faced by students with MHD within their schools. Of these four, one redirected to stigmas faced by transgendered individuals yet claimed that such stigma did not exist in her school, one focused on racial stigmas yet also argued that such stigma did not exist in her school, and two remained centered on mental health disorder stigma yet again argued that there was none that they were aware of.

Three of the ten interviewed counselors likewise could not offer examples of stigmas faced by students with MHD within their school, although the other seven offered examples followed by their efforts to combat the stigma through schoolwide diversity efforts, group counseling, and individual counseling to those most affected by the students. All teachers could give examples of negative stigmas, with the general consensus being that these stigmas were inevitable due to the fear that results from aggressive symptoms.

Empowerment through IEP plans and 504 plans. All principals, counselors, and teachers who were interviewed generally considered parents and caregivers very involved in their students' IEP and 504 plans, with the exception of one counselor who did not involve herself in either process. Trust was considered the most important factor between school systems and families for the IEP and 504 process to run smoothly, and while many interviewees could think of examples where parents were antagonistic to the process, all of these examples were described as rare. Only one principal voluntarily shared her opinion that parental involvement in this process was often burdensome. The vast majority of responses to this inquiry were homogenous and positive.

School Improvement Plan Analysis

Four schools allowed access to at least a portion of their school improvement plan (SIP: Schools E and H provided a redacted version of their SIPs, while Schools G and J provided the entirety of their SIPs. All other schools declined to provide their SIPs due to confidentiality concerns. When obtained, SIPs were analyzed for any information highlighting a focus on student social, emotional, and mental health as targeted for improvement. A synopsis of this information is provided in Table 15.

School E did not include any goals directly related to social-emotional or mental health, yet did contain some goals that may indirectly apply. School E's focus on communication with parents can certainly benefit schoolwide social-emotional health through improved connections with families, yet the focus in the SIP was entirely on reporting academics and attendance to the parents. Additionally, School E's SIP included a focus on "positively teaching"; this seemingly includes aspects of restorative justice techniques within the classroom that could improve teacher-student relationships, yet the focus was again almost entirely on reducing discipline rates with only a minor mention of increasing positive relationships.

School H, conversely, included many goals directly related to social-emotional and mental health. The SIP included the explicit goal of providing SEL instruction weekly through the school's physical education health program, taught by the school counselors, available for both online and in-person instruction, facilitating high-quality learning experiences for students by directly teaching SEL strategies to all students and providing the counselors with leadership roles in this area (SEMELF Levels 1 and 2). Additionally, Level 3 students are also directly provided service through this SIP through the use of virtual "calming rooms" mandated for all teachers' online classrooms, allowing quiet time without penalty for students who need a moment to mentally cope with a given situation.

School H provided heavy focus on meeting the SEL needs of faculty and staff in their SIP; it should be noted that this was the only SIP that was updated after the COVID pandemic. Efforts to promote self-care within the faculty were frequent, including regular written encouragement from their principals, optional peer-encouragement programs,

consistent and clear access to the school counselors, and even contests and prizes for the faculty and staff. The efforts of protecting the social-emotional health of their staff (SEMELF Level 1) was evident throughout the plan.

School G included a goal that focused on increasing students' sense of belonging within the school, measured through a schoolwide "panorama survey". Emphasizing the topic of equity, a student equity team was to be established along with dialogues throughout the classrooms about equity and belonging. This effort to make students feel like welcomed and equal contributors to their school create supportive organizations for learning that match the first level of the fourth domain in SEMELF, and the school's push to systemically implement positive behavioral interventions represent evidence-based interventions represented by the third level in SEMELF's second domain.

These were not mentioned by School G's principal during the interview. Possible explanations include that this principal was new to the building, having only been appointed three weeks before the beginning of the school year, and was not yet fully aware of these initiatives. Additionally, this SIP was written before the COVID pandemic, likely requiring a temporary shift in emphasis on behalf of the administration.

Finally, School J included a goal that directly correlates with the three levels of SEMELF's fifth domain, connecting with external partners. School J listed several efforts in improving community and family partnerships; quarterly meetings on the subject would also allow for further goal monitoring and development. The SIP includes the development of a "task force" with the goal of helping faculty understand and empathize with the reality of students' home lives, including providing educational initiatives for families to learn how to encourage learning within the home. In addition, "targeted" (i.e.

Levels 2 and 3) students would be given additional opportunities within the community, including visits to worksites, trade schools, and local colleges. As with School G, School J's SIP was written pre-COVID, and these outside community opportunities were likely not occurring at the time of this research.

Table 15

Summary of School Improvement Plans

School	Level	Social-Emotional and Mental Health Focus in SIP	SEMELF Domain & Level
E	Middle	• "All teachers maintain a file of communication with parents" o Focus entirely on academics and attendance	Connecting with External Partners, Level 1
		• "All teachers reinforce classroom rules and procedures by positively teaching them" o Focus on discipline, minor mention of teaching respect between students	Creating Supportive Organization for Learning, Levels 1 and 2
H	Middle	• "All students will receive instruction in SEL through their PE classes through the teaching of MindUp curriculum" o Counselors teach weekly in both hybrid and remote settings	Facilitating High-Quality Learning Experiences for Students, Levels 1 and 2
		• "All teachers will offer classroom community building through Google Meet o Links to school counseling office's "calming room" provided on teachers' Canvas sites	Creating a Supportive Organization for Learning, Level 1, Facilitating High-Quality Learning Experiences for Students, Level 3
		• "Teachers will have optional secret pals opportunities by grade levels" o Promotion of self care, including contests and prize drawings	Building Professional Capacity, Level 1
		• "Administrators will highlight teacher efforts in a discrete manner through emails and handwritten thank you notes"	Building Professional Capacity, Level 1
		• "School counselors will offer their services to all faculty and staff members" o Highlighting self-care and external resources	Building Professional Capacity, Level 1
G	High	• "By June 2020, the School Belonging Panorama indicator for students will increase from 29% to 60% favorability"	Creating a Supportive Organization for

			o Adding "belonging" topics/strategies to lessons o Implementing Student Equity Team and Deep Equity Dialogues o Implementing Positive Behavior Interventions school wide	Learning, Level 1, Facilitating High-Quality Learning Experiences for Students, Levels 1, 2, 3
J	Middle	•	"During the 2020-2021 year, school will hold quarterly meetings to develop community and family partnerships" o Creating task force to identify opportunities to learn about students' lives outside school and methods to help families learn about home environments that support student learning o Designing and implementing plan to expose targeted students to opportunities within the community	Connecting with External Partners, Levels 1, 2, 3

Summary

This chapter reported results from the quantitative Ready to Lead survey (*N*=10), findings from the qualitative semi-structured interviews (*N* = 27), and analysis of school improvement plans (*N* = 4) for each research question. Data were collected from ten principals, ten counselors, and seven teachers from ten schools in five districts with the highest self-report rates of student social and emotional health in Virginia. Principals completed both the survey and interviews, while counselors and teachers completed the interviews. When available, school improvement plans were analyzed for emphasis on goals related to social-emotional and mental health and how they relate to the SEMELF framework.

The next chapter analyzes and discusses these findings, particularly with respect to the conceptual framework and prior literature. Findings are also used to identify implications for effective educational leadership practice and preparation through the validity of the SEMELF framework, along with recommendations for future research studies following this study.

CHAPTER 5: ANALYSIS AND DISCUSSION OF FINDINGS

The purpose of this study was to help bridge the disconnects between educational leadership, social-emotional learning frameworks, and the field of student mental health through the development of an educational leadership framework for student social, emotional, and mental health that could unite the best practices for educational leaders according to the unified framework (Hitt & Tucker, 2016), the central objectives of SEL for educational leaders according to Linda Darling-Hammond (2019), and the intervention and support methods of school mental health professionals (Pella et al., 2018). The resulting framework was titled the Social, Emotional, and Mental Educational Leadership Framework (SEMELF). This current study sought to establish field-based validity for the framework through surveys and interviews of currently practicing principals, teachers, and school counselors from schools with a student population that self-reports high levels of social and emotional health.

This chapter analyzes and discusses the findings reported in Chapter 4, and is organized as follows. First, the research questions, research design, and methodology are briefly restated to reorient readers to the present study. The chapter then summarizes the survey and interview data as it pertains to each domain of the unified framework (Hitt & Tucker, 2016) and level within the SEMELF. Possible implications of the findings for educational leadership preparation and practice are discussed. The chapter concludes with a review of the limitations and recommendations for further research.

Review of the Research Questions, Research Design, and Methodology

Field-based development of the SEMELF framework required identification and description of effective educational leadership practices in the fostering of all students' social and emotional learning (Level 1), detection of at-risk students (Level 2), and assistance of students with mental health disorders (Level 3). This study therefore investigated the following three research questions:

R$_1$ What are the actions of educational leaders who effectively promote schoolwide social emotional learning?

R$_2$ How do leaders assist in the identification of students who need more intensive mental health support?

R$_3$ Once identified, how do leaders support students with severe mental health concerns, including diagnosed mental health disorders (MHD)?

As there is very little current literature regarding effective educational leadership practices for promoting student social-emotional and mental health, this study employed a descriptive multiple-case mixed-methods design (Armstrong, 2001; Maxwell, 2005; Merriam, 1988). The conceptual framework, which would eventually become the SEMELF framework, was developed based on a review of the literature, particularly literature on current frameworks for educational leadership (Hitt & Tucker, 2016; Leithwood, 2013, Murphy et al., 2016), dimensions for SEL implementation by educational leaders (Darling-Hammond, 2019), and ameliorating student mental health needs (Ball & Anderson-Butcher, 2014; Casline et al., 2018; Klingbeil et al., 2017). The SEMELF framework is visualized in Table 1.

The study's methodology involved three major components: (a) purposeful site selection of the best Virginia public schools regarding student self-reports of social-emotional health based on standardized data across all Virginia districts provided by the VDCJS School Climate survey, (b) collecting quantitative data from two educational leaders within each of the five highest-ranked districts through use of the Ready to Lead survey, and (c) conducting 27 semi-structured interviews with principals, school counselors, and teachers from ten schools within these five districts. Findings from these three components were reported in Chapter 4.

Data Findings in Relation to the SEMELF Framework

The SEMELF framework includes the five domains from Hitt and Tucker's (2016) unified framework: (a) establishing and conveying the vision, (b) facilitating high-quality learning experiences for students, (c) building professional capacity, (d) creating a supportive organization for learning, and (e) connecting with external partners. Each of these domains consist of three levels of intervention, represented by the study's three research questions, suggesting actions that effective educational leaders might take in promoting schoolwide social-emotional health, focusing intervention on students at-risk of more severe mental health concerns, and supporting students with significant mental health needs. The greater question, therefore, is if the answers to the research questions support the field-based validity of the SEMELF framework. This question will now be analyzed based on each domain.

Establishing and Conveying the Vision

Level 1: Research Question 1. According to Darling-Hammond (2019), educational leaders include SEL in their school's vision by intentionally and explicitly

advocating for the incorporation of social and emotional learning with academic learning. Principals in this study unanimously considered it "very important" for schools to promote SEL skills, were "very committed" or "fairly committed" to developing students' social and emotional skills in their school, and considered SEL skills a "very major benefit" or "somewhat major benefit" regarding academic coursework and graduation rate. Interviews confirmed that the principals believed that their SEL vision was integrated throughout the school building, although only two principals stated specific, measurable goals and objectives. Regarding the research question, it appears likely that the actions effective principals take include making a clear, explicit vision for the social and emotional health of their school and acting on it, although specific and measurable goals are not always employed.

Level 2: Research Question 2. In assisting with Level 2 interventions, the input of staff members associated with student mental health are valued and included (Weist et al., 2012). Schools that screen for at-risk behaviors throughout the entire student body, rather than relying on discipline referrals, result in 80% more students identified for screening (Splett et al., 2018). All principals in the study discussed during their interviews the various ways that they collaborated with faculty during the formulation and enactment of their schools' SEL visions. The interviewed school counselors generally considered themselves recognized as the experts in this field by their leadership, with their principals seeking their advice on aspects of student social-emotional and mental health that they themselves were unaware of. The actions of effective educational leaders, in response to the second research question, therefore

involve the active collaboration and employment of those who know how to screen for at-risk students.

   Level 3: Research Question 3. Educational leaders can fulfill their vision of support for students diagnosed with mental health disorders by implementing interdisciplinary mental health leadership teams, which include services such as student referral and evaluation, planning service delivery, and implementing evidence-based practices (Bahr & Kovaleski, 2006; Burns & Symington, 2002). Results of the study indicated that eight of the ten principals currently employ mental health leadership teams, although only three of the eight principals voluntarily listed the above services as general goals for the teams. The common theme of the other five teams was "threat assessment", and while threat assessment teams are shown in multiple studies to reduce long-term suspension rates and increase counseling service rates (Cornel et al., 2004; Stohlman et al., 2019); such teams still suggest a more defensive and reactive approach to students with MHD. "Threat assessment teams" are not limited to students with MHD, but for many of these schools, it is where the interdisciplinary discussion between faculty take place regarding the needs and best practices for these students.

   The Level 3 SEMELF requirement of establishing and supporting mental health leadership teams as an important action for effective educational leaders is supported by these interviews, yet with a caveat. These principals generally employ mental health leadership teams, and the two who did not argued that the small sizes of their schools made them unnecessary, but further research could investigate the effectiveness of mental health leadership teams with a specific mental health approach to these students as opposed to general threat assessment teams.

Facilitating High-Quality Learning Experiences for Students

  Level 1: Research Question 1. According to Darling-Hammond (2019), effective educational leaders ensure that their curriculum directly teaches SEL learning strategies. Teaching SEL can be done through pre-packaged curriculums, several of which demonstrate statistically significant decreases in problem behavior and suspensions and increases in academic achievement over a two-year period when implemented consistently (Low et al., 2019). As these curriculums are expensive and may not be universal to all community cultures (Prothero, 2019), principals may employ general SEL education throughout the building without the use of these packaged curriculums.

  Quantitative survey data results showed that 90% of the principals have a curriculum for teaching students' social and emotional skills throughout the building, yet only 20% of principals used a systematically implemented school-wide curriculum. Indeed, as 40% of respondents did not think their schools effectively evaluate whether adequate resources are devoted to SEL, 56% did not use comprehensive and evidence-based learning standards, and 56% reported receiving no SEL guidance and support from their central office, the data suggests that while these principals may support their counselors in teaching SEL skills throughout the school, they have been less willing or able to implement comprehensive and measurable learning standards or coordinate evidence-based practices in teaching these skills. The qualitative interview data fully support this suggestion, although the interviews expand upon the data by suggesting that the price tags of these programs are significant barriers, as well as the perceived lack of applicability of these programs to the school's culture and community. It appears that the response to the first research question is that while effective educational leaders did seek

the teaching of SEL strategies throughout their schools, the acquiring of these skills were either secondary in importance to other issues or were given to the school counselors as their primary responsibility.

Level 2: Research Question 2. Identifying students at-risk of more severe mental health concerns can be made easier by educational leaders partially distributing their leadership role to school counselors when it relates to SEL curriculums (Spillane et al., 2004). Distributive leadership downgrades the leadership of a single individual due to the complexity of educational organizations; this approach has become more popular as new data suggest its effectiveness over traditional top-down approaches (Erol & Turhan, 2018; Gold, 2004; Leithwood et al., 2006). Effective leaders realize that hierarchal organization of leadership is not always appropriate for increasing student achievement, and that healthy organizations base authority on expertise rather than position (Murphy et al., 2006; Tschannen-Moran, 2009). In the current study, survey results indicated that administrators and counselors were equally considered the most important agents in teaching SEL learning strategies, suggesting that principals hold counselors as equals in this field of education. Interviews anecdotally support this, with one principal claiming that he knew little personally about the SEL curriculum but relied on his counselor to implement it, and all counselors who did not use official curriculums being given the ability to create and implement their own methods of teaching social and emotional skills. All counselors interviewed could readily give examples of *red flags*: warning signs of students' increasingly negative social-emotional health, and they explained their process for addressing these red flags. The actions of effective educational leaders, therefore, may include giving school counselors a type of leadership role within the realm of social-

emotional health and allowing them to take charge in the implementation of social-emotional skills and awareness of students in need of additional support.

Level 3: Research Question 3. Effective leaders ensure that students with mental health disorders have equitable access to high-quality learning through access to evidence-based interventions and support systems (Killerby & Dunsmuir, 2018). Whether that involves active partnerships with community mental health professionals (Melin & Weist, 2011), or simply the phone numbers of local private therapists and community-based mental health agencies readily available, effective leaders take advantage of every support system available to them and their students.

Interview data revealed that all interviewed principals and counselors claimed to have support systems in place for students with mental health disorders; yet the quantity and accessibility of the support systems were varied. Further analysis suggests that the reason for this variation was due to the schools' locations: urban schools had access to more external resources than rural ones. Funding was an issue for in-school services, as many services were only available to students under Medicaid. As it was, all interviews of principals and counselors confirmed that these professionals were making use of the resources available to them in assisting students with mental health disorders both in school and out of school.

Building Professional Capacity

Level 1: Research Question 1. Previous research suggests that healthy relationships between teachers and their administrators have a strong negative association with teacher *burnout*: the phenomenon of being mentally and emotionally exhausted by one's career (Perrone et al., 2019). Emotional stability of teachers is also negatively

associated with burnout (Kim et al., 2019); therefore, the actions of an effective

educational leader would include behaviors that meet the social and emotional needs of

their staff. Modeling their own self-care and promoting self-care to their faculty is an

important component of SEMELF's Level 1 for this objective, for research suggests that

the overall wellbeing of teachers is positively associated with commitment to students

(Turner & Theilking, 2019). In other words, when teachers are emotionally healthy, it is

more likely that their students will be as well.

Interviews with the principals suggest that the majority of them (70%) consider it

important to model self-care to their faculty, although only 80% were actively practicing

self-care strategies themselves. As these data were collected at the beginning of the

school year following the COVID pandemic, there are several possible interpretations.

All teachers discussed the pandemic and the effect it has had on the faculty's social and

emotional wellbeing. Four teachers out of seven felt directly supported by their principal

when it came to self-care, making claims such as being able to talk to their principal

about anything without "feeling judged". The three who disagreed still thought that their

principals cared about them on a personal level, but that their social-emotional health was

secondary to the job at hand. Some principals may have responded to the pandemic by

doubling-down on the importance of self-care during difficult times, while other

principals, conversely, take the opposite approach in insisting that the job they do is too

important; there are hundreds of students who need educating virtually and in-person

under strict safety precautions. The physical wellbeing of the students may be taking

priority over the emotional wellbeing of faculty during the pandemic.

In response to the research question, effective educational leaders do take their faculty's social and emotional wellbeing into consideration; however, the unique circumstances of the COVID outbreak may have temporarily modified the actions of some principals to ensure physical safety above all else.

Level 2: Research Question 2. Students in need of additional social-emotional support may demonstrate consistent patterns of behavior (Di Lalla et al., 2004). Interdisciplinary collaboration within the school allows for mental health professionals to communicate regarding potential warning signs in students and work together in establishing interventions for these students. Communication between school disciplines is positively associated with goal alignment and negatively associated with duplication of services (Mellin & Weist, 2011). In response to Research Question 2, do the actions of effective educational leaders in the identification of students who need more intensive mental health support include the fostering of collaboration within school mental health disciplines?

All principals readily described their counseling, psychology, and special education staff as well integrated and collaborative. While four described their small or closely-knit communities as settings that almost require collaboration, all leaders understood the importance of open communication with the faculty. Direct actions taken by the principals included sending counselors and special education teachers to professional conferences together, seating them together during faculty meetings, and ensuring that their offices are located close together. Counselors, with two exceptions, reported their relationships with the psychologists and SPED teachers as frequent and productive, although some districts had only one psychologist regulated to giving tests;

counselors from these districts reported less frequent interactions with them. The data do support the SEMELF framework's insistence on building professional capacity through integration of these departments.

Level 3: Research Question 3. Individuals who are not properly educated on mental health disorders are more likely to be fearful of those who suffer from them (Frabutt & Speech, 2012). This fear may lead to inequitable treatment of students with mental health disorders; in one study, 64.7% of parents of children with MHD responded that their children had been restrained, secluded, or given aversive punishments (Westlin et al., 2010). Seven states and the District of Columbia currently require districts to provide professional development for school personnel on youth mental health (National Association of State Boards of Education, 2019), but for principals not in these localities, it is vitally important to support students with mental health disorders by providing PD for faculty regarding the signs, symptoms, and treatments of said disorders.

All principals responded in their semi-structured interviews that they were implementing PD relating to mental health; however, further analysis revealed that two of the ten were only doing so this year for the first time in response to the COVID-19 pandemic. Indeed, COVID has highlighted concepts of student anxiety, depression, and trauma. Seven of the ten principals specifically mentioned "trauma", and the PD described by all principals focused on safety to students and faculty regarding outward aggressive symptoms. None of the PD was described as therapeutic, but merely as a method of educating faculty of warning signs of specific mental health difficulties and what to do if those difficulties manifest themselves in aggressive ways.

Regarding the research question, one can speculate that the vast majority of public school districts will soon require some type of faculty training regarding student anxiety, depression, and post-traumatic stress due to the aftereffects of the COVID-19 pandemic (Shah & Shaker, 2020). Principals, however, should continue to promote PD that observes these students from compassionate and empathetic angles, and not merely as powder-keg waiting to be lit. Effective educational leaders do seem to enact PD that informs their faculty on student mental health, however, that information should still be empathetic and student-focused.

Creating a Supportive Organization for Learning

Level 1: Research Question 1. The SEMELF framework postulates that effective educational leaders intentionally design learning environments to be developmentally healthy, promoting strong long-term relationships between students and faculty. Socially and emotionally healthy individuals communicate clearly, listen well, negotiate conflict constructively, and empathize with diverse perspectives (Hamedani & Darling-Hammond, 2015). What actions do these principals take in promoting such relationships?

The Ready to Lead survey resulted in 100% of the principals rating the positive relationship building between teachers and students as a "very major benefit" or "somewhat major benefit" of social-emotional learning, suggesting that they were all well aware of the benefits of social-emotional learning on student-teacher relationships. In interviews, the word "trust" was used by 80% of the principals in describing what was important for these relationships: trust was a common factor in what principals sought to foster within their school building. All counselors and teachers who were interviewed agreed that their principal promoted good student-teacher relationships. Because the

concept of trust was mentioned so frequently, it may be worthwhile to add the concept of trust to the SEMELF framework when describing the sought qualities of student-teacher relationships.

Level 2: Research Question 2. Reports suggest that students with mental health disorders are more likely to be disciplined than any other group (Trader et al., 2017). Students struggling with anxiety, depression, or trauma of other forms are more likely to act out against peers or authority figures (Merikangas et al., 2010); this inevitably leads to discipline within the school setting. Students at-risk of serious mental health concerns who receive traditional, punitive forms of discipline spend less time in the classroom and less desire to succeed academically (Rothon et al., 2009). The effective educational leader, therefore, understands that alternative forms of discipline, such as conflict resolution, group mediation, and individual counseling should be employed whenever appropriate. These relationship-centered methods, when institutionally applied, are commonly known as "restorative justice" (Fronius et al., 2019) and prevent the alienation of at-risk students through traditional punitive measures.

Survey results indicated that 100% of the participants believed that social-emotional learning can decrease student discipline rates, but what about students who do require discipline? Nine of the 10 principals described the methods of restorative justice as their primary disciplinary methods for non-violent student conflicts. In addition, 90% of counselors also described restorative justice methods in significant detail. Group discussions, counseling, and conflict mediation were the most commonly referred to methods of resolving pervasive student problems, and they were performed by the counselor 80% of the time (one principal claimed to personally perform these methods).

While one school still used traditional and punitive methods, 90% did not, which supports the SEMELF framework's insistence on restorative justice techniques in addressing disciplinary concerns.

Level 3: Research Question 3. Leaders who are effective at creating a supportive learning organization for students with mental health disorders understand that negative stigma that these students face can adversely influence their mental health even further (Timlin-Scalara et al., 2003). Being known as the "crazy kid" or "weirdo" creates a self-fulfilling prophesy in many of these students, (Jacobson et al., 2007), and a leader's success at Level 3 management depends on their ability to fight these stigmas. Results from the semi-structured interviews, however, showed that 40% of the principals denied the existence of these stigmas in their schools. Those that did acknowledge the stigmas focused on their efforts to provide empathy for the students, have one-on-one discussions with faculty and other students regarding the students with MHD, and educate the school as a whole on principles of tolerance and diversity.

Stigmas are pervasive and toxic to any environment, and can be based on many different things, including religion, class, race, and sexuality. Interestingly, although all principals were prompted to discuss stigmas based on mental health, one quickly turned the discussion to a lack of racial stigma in her school while the other denied noticing mental health stigma but instead focused on the stigma that transgendered individuals face at her school. The SEMELF framework is centered around student social-emotional and mental health, and not other forms of identity, but these principals seemed to pivot away from talking about mental health stigma in favor of discussing other stigmas.

Stigmas faced by racial minorities and transgendered individuals are widely documented, researched, and condemned by the educational community, yet stigmas faced by students with mental health disorders may not receive the same amount of attention. These interviews may support the hypothesis that mental health stigma is more overlooked than other stigmas, and may be a topic for further research.

Connecting with External Partners

Level 1: Research Question 1. Current research suggests that educational leaders who utilize the support of parents and external partners increase student achievement (Bryk et al., 2010; Curry & Adams, 2014; Sebring et al., 2006). Students with positive paternal involvement (Baker, 2017) and maternal involvement (Whittaker et al., 2011) have increased cognitive and social-emotional skills; students with chaotic home environments are statistically less likely to have these cognitive and social-emotional skills (Bobbitt & Gershoff, 2016). Effective educational leaders, according to SEMELF, therefore promote the social-emotional health of their students by also promoting it with their families.

All principals who were interviewed discussed the importance of being well-connected with their students' families. Being well-connected through social media, frequent telephone calls, community events, and home visits were the most frequently discussed methods. Emails were generally frowned upon as communication methods. Through these connections, most principals discussed how it allows them to help the families in the social-emotional realm, and how the burden of outreach belongs on the school faculty rather than the parents. Principals discussed their efforts in ensuring that

teachers regularly communicated with parents over not just academics, but the general well-being of their children.

Being well-connected with parents is vitally important, yet it does not adequately fulfill the SEMELF requirement of educating and advocating for social-emotional health directly to the families. The principals being interviewed did not fulfill this requirement. It is possible that direct advocacy for social-emotional health in families is too difficult of an issue to breach for most educational leaders, as one principal discussed. Perhaps direct and regular communication is all that is needed to maintain student social-emotional health. Regardless, the SEMELF framework as it currently stands is not fully supported by the interview data.

Level 2: Research Question 2. According to SEMELF, when the family of a student cannot provide support that the student needs, an extracurricular support system that provides social, emotional, and academic guidance is essential in assisting at-risk students. Effective educational leaders grow community mental health partnerships whenever possible. Not all communities have access to the same quantity and quality of services, with rural schools usually having fewer options (Bobbit & Gedrshoff, 2016), and the interview data from the current study supports this. Indeed, 90% of principals who were interviewed discussed in detail the outside organizations they take advantage of, including private clinics, church programs, social services, and women's shelters. Principals in more populated areas listed more resources than principals in rural areas, with principals in the rural areas frequently lamented their scarcity of options. Counselors were equally involved in the partnerships and often had more direct communication with the agencies than the principals, describing their relationships as generally beneficial and

productive. These results support the SEMELF Level 2 component of the "connecting with external partners" domain.

  Level 3: Research Question 3. In accordance with SEMELF, effective principals see parental involvement in 504 and IEP plans as opportunities for mutually beneficial collaboration. As was the case with the Level 1 component of the "creating a supportive organization for learning" domain, the common theme among the respondents was that of trust. While not all principals used the word trust, all principals referenced the concept of trust, and that IEP and 504 plans are most beneficial when both parents and faculty trust that the other also wants what is best for the student. While some principals and counselors admitted that parents were sometimes adversarial, they also added that such animosity usually did not last after the sense of trust was formed. Indeed, the concept of trust was such a frequent factor in several aspects of the SEMELF framework that future research is necessary on determining the effects of trust on effective educational leadership practices for student social, emotional, and mental health.

Implications

  The current preparation and practice standards for educational leaders provide very little guidance concerning the training needs and responsibilities of effective mental health school leadership. These standards are important to mention because they guide the selection, development, and evaluation of school leaders (Anderson & Reynolds, 2015) and therefore set expectations for practice. The most frequently used standards are the National Educational Leadership Preparation (NELP) standards (preparation standards for both building and district leaders) and the Practice Standards for Educational Leaders (PSEL), which are "model" professional standards that

communicate the expectations of practicing school leaders (National Policy Board for

Educational Administration, 2015; National Policy Board for Educational

Administration, 2018; Young et al., 2016). The NELP building standards are composed

of seven standards, divided into 22 sub-standards. The PSEL standards consist of ten

standards, broken down into an immense 83 sub-standards. The standards are diverse and

daunting yet reflect the complexities of modern school leadership. The standards include

multiple aspects of the career, from promoting academic achievement to efficiently

operating and managing a building.

What these standards do not include, however, are awareness and guidance for

student social, emotional, and mental health. The PSEL standards barely mention student

social and emotional health; the term "emotional needs" is listed three times in the PSEL

standards with no definition or elaboration and is combined with other needs, "i.e. "build

and maintain a safe, caring, and healthy school environment that meets the academic,

social, emotional, and physical needs of each student" (PSEL Standard 5a). Social and

emotional health is not mentioned at all in the NELP standards.

Furthermore, out of these 105 combined PSEL and NELP sub-standards used in

graduate programs across the United States, not a single one of them mentions mental

health. Zero standards regard a basic understanding of common mental health disorders,

evidence-based interventions for mental health issues, leading interdisciplinary mental

health programs, or supporting school mental health practitioners exist within current

standards. Because principals are not currently required to be trained on this topic, many

may leave their preparation programs in need of an assisting framework. Therefore, the

implications of an effective framework for educational leaders' actions regarding social, emotional, and mental health could be significant.

As documented in Chapter 2, there is a significant dearth of literature regarding effective practice for school leaders regarding the engagement and support of students with MHD, this gap juxtaposed with the extreme concern of school leaders regarding student mental health issues captured in the NAESP report (Fuller et al., 2018) and only weak allusion to these issues in the professional standards suggests a need to understand what effective leadership for students with mental health disorders looks like in practice, as well as the resources and training needed to support such leadership.

The table is set for an increase in emphasis on student social, emotional and mental health in educational leadership preparation, practice, policy, and research. The field of educational leadership is beginning to acknowledge the need for social and emotional learning and increased mental health support in school systems (Reed, 2018). Rates of anxiety and depression among the student population have steadily increased over the past decade (Pella et al., 2018; Twenge et al., 2019) and have likely only increased exponentially since the COVID-19 pandemic of 2020. One potential silver lining of the pandemic, however, is the national spotlight that has been placed on the social, emotional, and mental needs of these students (Bushwick, 2020). It is likely that the previously discussed lack of social, emotional, and mental health focus on the preparation and practice standards for educational leaders will not last. The question remains for many practitioners, however: what exactly are the beliefs and actions of effective educational leaders in the area of student social and emotional health?

The major implication of this research, therefore, is an answer to this question. The Social, Emotional, and Mental Educational Leadership Framework (SEMELF) combined a valid, reliable and modern unified framework for educational leadership (Hitt & Tucker, 2016) with current theory on social-emotional learning and mental health disorders into a three-leveled framework of effective educational leadership. This study focused on building field-based validity for the framework to test its applicability in real world settings. A basic summary of this research is the investigation of the actions and beliefs of ten principals from some of the best districts in Virginia for student social and emotional health according to the students' own self-reports and the comparison of these actions with those described in the SEMELF framework. The results supported the research questions regarding the actions of educational leaders in the promotion of schoolwide social-emotional learning, the identification of at-risk students, and the support of students with serious mental health concerns, thereby supporting the validity of the SEMELF framework.

Furthermore, the SEMELF framework itself could potentially hold significant implications in guiding educational policy and practice in a post-COVID world. First, implications from what was gained in this research in support of the framework will be discussed. Subsequently, implications regarding the potential for the framework itself will be applied to future research, policy, and practice.

Implications for the Promotion of Schoolwide Social-Emotional Learning

The research suggests that effective educational leaders should implement vision statements within their building that explicitly mention social and emotional learning objectives, and cite specific and measurable goals to monitor the implementation of this

vision and any potential increases in SEL throughout the student body. These leaders can partially fulfill this vision by requiring the direct teaching of SEL strategies within the building, and do so through official SEL curriculums when financially viable. Educational leaders should employ school counselors and teachers in ensuring that social-emotional learning is integrated throughout multiple lesson plans. In addition, principals should ensure their own social-emotional wellbeing through their own self-care strategies, model their self-care to their faculty, communicate the need for self-care with their faculty, and encourage the faculty to model their own self-care with their students. Teachers who are socially-emotionally healthy are more likely to build strong and long-term relationships with their students; and effective educational leaders should continually encourage these healthy student-teacher relationships built on mutual trust. This emphasis should not be placed solely on the students' well-being, for students are also products of their home, and strong social and emotional learning methods should also be promoted to parents and caregivers of the students through community outreach and education.

Implications for the Identification of At-Risk Students

Educational leaders who wish to be more effective in identifying students who are at-risk of serious mental health concerns should first recognize that they have mental health experts within their own building, known as school counselors, and utilize their advice and expertise in the formulation and enaction of their schools' SEL visions. While the leaders themselves should also be educated on the basic "red flags" associated with mental health concerns, they should distribute their leadership role to the school counselors regarding the social-emotional and mental health of the students in their

building. Students who are at-risk are most likely to be identified by those who are specially trained to identify students at risk; therefore, counselors have a primary role to play within the school community in this regard. Effective principals should recognize this and not hesitate to distribute leadership to their school counselors in meeting this requirement. They should, likewise, encourage the close collaboration between their counselors, special education teachers, and their district's school psychologists. Effective leaders should not be content with the mental health disciplines within their building to be isolated and unaware of the other discipline's actions. This research suggests that these effective leaders overwhelmingly encouraged multidisciplinary collaboration, which may have resulted in multiple perspectives aware of students in need of extra mental health assistance and ensuring that these students receive the assistance.

Rather than rely on traditional, punitive methods of discipline that result in less time in the classroom for at-risk students, effective educational leaders embrace relationship-centered, non-punitive disciplinary measures based on restorative justice principles whenever possible. A student at-risk of serious mental health concerns is more likely to act inappropriately in the classroom than a student not considered at-risk; it is better that this student be required to talk it out with the counselor than sit in an in-school suspension room. The research confirms that the vast majority of these effective principals prefer non-punitive measures for students involved in non-violent disciplinary infractions, and principals should further educate themselves on the practices and implementation of restorative justice within their own building. Finally, implications for this study is the continued promotion of extracurricular mental health support systems for at-risk students. Very few school buildings are adequately equipped and staffed for every

potential mental health crisis, and the research supported the efficacy of partnerships with external organizations in assisting at-risk students.

Implications for Assisting Students with Mental Health Disorders

Students with mental health disorders often require additional attention in managing and alleviating their symptoms, and current research supports the efficacy of interdisciplinary mental health leadership teams in this regard. The use of these teams should be promoted further, yet also promote these teams to employ preventative and proactive management of mental health issues rather than the reactive and defensive focus of "threat assessments". This does not discount the importance of threat assessment teams, or the advantages that they can provide for students with mental health disorders. Research suggests that threat assessment teams can possibly prevent unnecessary discipline and school dropout (Cornel & Sheras, 2006) while providing schools with a less punitive and more constructive problem-solving approach to student threats (Stohlman et al., 2019). Threat assessment is a vital component of schools, and an unfortunate reality in the management of many students with mental health disorders, but a tonal shift can perhaps be beneficial when promoting these teams in favor of empathy and case management for these students, not merely observing for and handling "threats". In addition, this research supports the theory that effective educational leaders take advantage of evidence-based support systems for students with mental health disorders, both within the school building and within the community. Whether the support comes from school psychologists or a partnership with local private clinical psychologists, effective principals recognize that these students need evidence-based interventions and

best research practices from somewhere; if it cannot be found within their building there must be access to it outside of their building.

As professional development focused on student mental health becomes more common following the COVID pandemic, the implications of this research show that principals should continue to promote such professional development if and when the pandemic has passed. Student anxiety, depression, and post-traumatic stress will not disappear if the novel coronavirus disappears, and effective principals must continue to teach their faculty on the identification and basic symptom management techniques of students struggling with these issues. In addition, all faculty should have a basic understanding of other types of mental health disorders such as conduct disorder and autism, to promote empathy to those students struggling with such disorders. Empathy is also a necessary component in combatting the stigma that these students often face within their own school building, and effective educational leaders recognize that pervasive stigmas faced by these students are no more tolerable than stigmas based on class, race, or sexuality. Implications of the SEMELF framework include the increased recognition of these stigmas and the promotion of tolerance within the school community in ensuring that these students are not assigned the labels of "crazy" or "weird". Finally, this research should further foster trust-centered relationships between schools and families regarding the management of 504 plans and IEP plans. Effective educational leaders value the input of families regarding the scholastic achievement of their students, and this research overwhelmingly supports the belief that effective principals do not view parental involvement as burdens or barriers.

Implications for Research

The SEMELF framework was established on the foundations of well-grounded theory and literature, but the framework itself needs further research in establishing validity. The selective sampling of ten highly-performing schools, and interviews from the principals of these ten schools, resulted in data that were triangulated to an extent that establishes initial robustness for the framework. In other words, the principals from these ten schools generally responded in ways that seemly fit within the framework, yet this data is grossly insufficient in validating the framework. While this study was a good and necessary first step, questions of the framework's validity and generalizability remain.

Researchers interested in furthering this field should first test this framework's validity using larger and random samples of schools. This study supports the robustness of the framework for well-performing schools, but what of the interactions between principal's adherence to the framework and student social-emotional and mental health? Correlations between different leadership actions dictated by the framework and measurable outcomes of student mental health (such as absentee rates, discipline rates, and referral rates) would provide considerable support (or lack thereof) to the validity of the framework. Regarding culturally responsive leadership, what interactions do the race, class, and gender of students have on the correlations between principals' adherence to the framework and student mental health? Is this framework generalizable to many settings and cultures or merely the dominant ones?

The SEMELF framework requires much higher sample sizes in more diverse settings (from both high-performing and low-performing schools) in establishing more

concrete validity. If such validity is established, the implications on policy and practice could be substantial.

Implications for Policy

The COVID-19 pandemic has resulted in an excellent opportunity for policymakers to debate and implement educational policy directed at ameliorating threats to the social, emotional, and mental health of faculty and students. Initial reports suggest that rates of student anxiety and depression are increasing due to the novel coronavirus (Shah & Shaker, 2020). Hybrid and online-only instruction is likely widening the achievement gap for disadvantaged students (Bushwick, 2020); this includes the difficulties in meeting the needs for students with mental health disorders. Policymakers will be under significant public pressure to address these concerns, hopefully amplifying the fields of student social, emotional, and mental health for the significant future.

SEMELF suggests that Level 1 strategies should be implemented and engrained among all students. While previous research suggests that systemic SEL curriculums result in many positive outcomes for students (Low et al., 2019), this study supported the troubling claim that many schools, even high-performing ones, do not implement these curriculums due to budgetary restrictions or lack of accountability from their district. In addressing this problem, state education agency officials and others can lobby legislatures to both: a) provide necessary funding for SEL curriculums in all primary schools, and b) mandate reporting on some measure of SEL to the district. These measures would both incentivize district administrators in implementing SEL curriculums while also providing them with the financial means to do so. While "give the schools more money for yet another program" is an easy and cliché response to a problem, and it must be recognized

that many states and districts have serious revenue generation and shortfall issues (Renter & Kobler, 2012), the positive benefits of increased student achievement and decreased disciplinary rates (Darling-Hammond, 2019; Low et al., 2019) could provide long-term benefits to these districts.

A second avenue of policy initiatives implicated from this framework is the enhanced legislative focus on mental health stigma when enacting equity and social justice policy. Without discounting the dire effects of racial, religious, sexual, and gender stigmas, policymakers should acknowledge that mental health stigma, the perception that individuals with mental health disorders are weak, flawed, dangerous, or socially incompetent (Chandra & Minkovitz, 2006), is no less damaging. Although anecdotal, the four principals and three counselors in this study who denied the existence of mental health stigma in their schools was concerning. While each of these participants could recall a student with a serious mental health concern in their building, they denied any negative stigma directed towards them by faculty or students. While it is technically possible that they work in a perfect school filled with fully enlightened and empathetic individuals, it is far more likely that they just could not see, or did not want to see, the stigma faced by these students. Equally concerning were the two cases of principals who immediately shifted the conversation away from mental health stigma and towards other types of stigmas. All of these cases suggest that, although state and district legislatures are at least somewhat addressing the existence of stigmas based on other forms of identity, stigmas faced by students suffering from social, emotional, and mental health problems is acutely underrepresented in policy. In a post-COVID world, legislatures must acknowledge the crippling effects of anxiety, depression, trauma, and other forms of

mental illness while also addressing the unfair stereotypes and stigmas that only worsen these students' lives.

Implications for Principals

Principals have exceptional influence over school culture and conditions (Fuller et al., 2011), yet the complexity of their jobs is profound. A principal might meet with the school board, call parents regarding their children's truancy, conduct teacher observations, and fix a jammed office printer all before lunchtime. They are looked to as models of behavior, the first to contact when a problem arises, and both a leader and a servant at the same time. What principals are not, however, are experts on pediatric social-emotional and mental health, nor is it reasonable to expect them to be. Due to the vast expectations of their careers, principals can benefit significantly from a relatively simple and logical framework, organized in a structure that they are already familiar with, that succinctly guides them in best-practice techniques regarding student health: the SEMELF framework.

SEMELF, if further validated and updated, would provide practitioners with concise yet substantial guidelines that relate domains of their careers that they are already familiar with (establishing vision, building professional capacity, etc.) with topics they may not be specifically trained in (student social-emotional learning, identifying mentally at-risk students, and managing mental health disorders). The framework can lead practitioners towards avenues in which they can further educate themselves, such as restorative justice , cognitive-behavioral therapy, and SEL curriculums. In short, SEMELF can provide practicing educational leaders with a "cheat sheet" that fills a long-existing gap in their already extensive preparation and licensure process, and filling this

gap may make a substantial difference in the mental, as well as academic, success of their students.

Implications for School Counselors

SEMELF maintains that school counselors play vital roles in a healthy social-emotional environment and are the first line of defense preventing Level 1 students from becoming Level 3 students. Close and respectful professional relationships between the principal and counselor were commonly described in this study's interviews. This is, however, often the exception rather than the rule: a prominent theme in school counselor focus groups is that their administrations' definitions of their roles and responsibilities either excludes student mental health services or is too ambiguous to facilitate defined roles (Suldo et al., 2010). Administrators guided by SEMELF, however, understand the importance of the school counselor's job within the building: include counselors in the goal setting process, and provide counselors with leadership roles in the planning and implementation of SEL curriculums. This in turn can improve relationships between principal and counselor, modeling better interpersonal relationships within the school culture as a whole.

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Limitations

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While Chapter 1 listed several limitations of the present study, it is helpful to discuss them here as well, especially with respect to the preceding sections on possible implications for practice regarding the promotion of the Student Emotional and Mental Educational Leadership Framework.

- The SEMELF framework is a theory in need of supporting data, rather than the result of data. This order reversal is not uncommon in descriptive research, yet

still undermines the unbiased goal of research in that the researcher hoped to confirm the framework or slightly modify it rather than reject it outright.

- Only highly-performing public schools regarding student social-emotional health in the Commonwealth of Virginia were examined. Findings may not be generalizable to underperforming schools, charter schools, private schools, or schools outside of Virginia.

- This study's descriptive purpose and intention to strengthen a foundational framework led to methodological decisions that stressed a purposeful selection of non-random schools, preferring an in-depth investigation into relatively few schools rather than a broad overlook of many schools.

- This research, as with most research, was limited by the biases of the researcher and participants. The researcher was biased in favor of strengthening his framework, while the participants may have been biased in favor of promoting their own professionalism or school climate.

- The data from the VDCJS School Climate survey can estimate the overall social-emotional health of a school climate, but it cannot measure why. It is possible that some of these schools have socially, emotionally, and mentally healthy students in spite of, not because of, the leader's actions. Conversely, it is likely that many educational leaders make exceptional decisions regarding student social, emotional, and mental health yet still struggle to make an impact due to external factors outside of their control, such as the socioeconomic status of their community.

- The COVID-19 pandemic of 2020 unexpectedly impacted the process of data collection. Reliability is affected due to the inability to replicate the unique period of time in which these data were obtained. While these data are an important insight to this period of educational history, the generalizability of these findings may be decreased.

- Self-report data (such as the 2018-2019 VDCJS School Climate survey), interview data (from the semi-structured interviews of principals, counselors, and teachers), and data from Likert items (such as the Ready to Lead survey) are subject to several types of bias, including (a) positivity bias where participants are more likely to share what they think the researcher wants to hear, (b) perception bias where the participants' opinions shift due to current circumstances, particularly related to COVID, and (c) recall bias where participants are asked to discuss experiences that occurred in the past and recollections have varying degrees of accuracy.

Recommendations for Future Research

The descriptive nature of this study was intended to better understand a currently underrepresented aspect of educational leadership research: the beliefs and behaviors of educational leaders that promote positive student social, emotional, and mental health. Given the dearth of literature on this topic and the lack of focus on this issue in current leadership standards and frameworks, the purpose of this study was to juxtapose a currently-recognized educational leadership framework with a three-tiered MTSS, with the topics of social-emotional learning and mental health as the foundational pillars for each tier. The result is a newly-established framework that

now has rudimentary validity established within real-world practice, leaving many avenues for future research.

1. *The necessity of measurable SEL goals in vision statements.* While principals in this study all incorporated their clear visions for student SEL within their schools, only two included specific goals with measurable factors. There is certainly a difference between "school is love" and "100% of faculty can identify at least five students who are not from their classroom by name, personal story, and personal interest". Does this contrast in vision statements influence student social-emotional health outcomes? One teacher specifically stated that although she has never seen her principal's vision statement of "relationships first" written down and has never been held accountable to any measurable standard for it, it was so well incorporated throughout the school and by her principal's actions that she saw no need for a measurable standard. Further research could compare student social-emotional health between schools that (a) do and (b) do not hold their faculty accountable to set standards of measurable SEL goals and schools that do not.

2. *An in-depth comparison between "mental health leadership teams" and "threat assessment teams".* The potential benefits of employing mental health leadership teams are already well established in the literature (Kovaleski & Glew, 2006; Reilly, 2015; Markle et al., 2014). While the standard objectives of these teams include conducting needs assessments, communicating to all staff proper mental health protocols, and researching programs that can benefit the school (Bahr & Kovaleski, 2006), few of the teams described in this study actually performed

these functions. Five of the eight principals appeared to confuse their threat assessment teams for mental health leadership teams, or at least they considered them synonymous. Threat assessment teams investigate and respond to student threats of violence; they determine whether an individual poses a threat after a threat is reported and intervenes with individualized plans. (Strong et al., 2008). Threat assessment was the common factor in of five out of eight teams, inherently labeling the students with mental health disorders as either threats or as sources of potential threat. Do students with MHD ultimately benefit from the services of "threat assessment" teams? Do students that quietly and passively suffer from symptoms of MHD get left behind if they are not considered threatening? How does the wellbeing of students with MHD in these schools compare with students in schools where mental health leadership teams take a more proactive and less defensive approach?

3. *Factors contributing to the use of official systemic SEL curriculums.* Education has its share of industry, and social-emotional learning is no exception. Major, well-funded organizations publish curriculums that have benefitted from independent research touting their efficacy (Low et al., 2019). These packaged curriculums can be expensive yet effective when implemented schoolwide (Prothero, 2019). The significant majority of principals in this study, although using some form of SEL curriculum, did not use a commercial curriculum package, citing their expense and lack of universal applicability to their school as the primary reasons. While counselors using MindUP spoke well of the program and the ease of using a well-established and proven curriculum, other counselors

without such programs also spoke about appreciating being able to create and customize their own programs that are tailor-made to their school's culture and current situations. Further research could explore the use of these two methods, the benefits and limitations of each, and the overall student social-emotional health of students under these separate models.

4. *In-depth exploration of mental health support systems for rural schools.* If a student's parents have to drive 40 miles to access the nearest family counseling center, they may be less likely to take advantage of the potential services. One cannot have a Big Brother or Big Sister without Big Brothers Big Sisters. Rural schools, indeed, struggle with access to outside resources to a greater extent than urban and suburban schools (Harmon & Schafft, 2009). Interviews with principals, counselors, and teachers in rural areas confirmed the lack of availability of programs and support systems for social, emotional, and mental wellbeing in their areas, and while most schools partnered with what was available, the quantity of resources did not compare to those of urban schools. An exploratory analysis of mental health support systems for students with MHD in rural vs. urban districts could influence future policy regarding mental health resource allocation.

5. *Analysis of the increased awareness of student mental health in a post-COVID environment.* The initial methodology of this study was constructed when virtual public schooling was extremely rare, "social distancing" was not a commonly heard phrase, and the image of an entire classroom of pupils wearing facemasks was more likely to be seen in a dystopian science-fiction film than in real life. The

methodology was initially submitted as this researcher sat in an emergency room, unknowingly stricken with COVID-19. Over the following six months, the world, and therefore the field of education, changed drastically.

The challenging questions of whether to open in-person education and how to best utilize virtual education have resulted in a myriad of new topics in educational research. How is student equity compromised when students in unsafe home situations are forced to stay there, or homes without internet access or transportation asked to stream video feeds? How can attendance be enforced virtually, or testing performed, in a fair and equitable way? For purposes related to this study, how are students and teachers responding emotionally to this "new normal"? The potential for research opportunities is currently great, and one silver lining of this pandemic may be an uptick in programs that seek to positively influence student social-emotional health. Principals can no longer overlook anxiety, depression, and trauma when they can be found in so many of their students and faculty. Comparing the frequency and quality of these SEL and mental health programs between the years 2019 and 2021, for example, could shed light on the increased awareness of social-emotional and mental health, or lack thereof, that results from this pandemic.

6. *Measurement of mental health stigma in comparison with class, racial and sexual stigmas.* One unexpected result from this study was the insistence from several principals that there was no stigma faced by student with MHD in their schools. Another interesting caveat was how two principals immediately pivoted to the discussion of stigmas related to race and sexuality. It is possible that these pivots

occurred because these principals were more prepared to talk about racial and sexual stigmas due to their unfamiliarity with the topic of mental health stigmas. The vast majority of principal preparation programs currently place focus on issues of social justice, implicit bias, and principles of equity (Clark & Zygmunt, 2014). However, the previously discussed lack of attention placed on mental health may suggest that prejudices, stigmas, and discrimination based on mental health is not focused on in these programs. How prevalent is mental health stigma in public schools? Do principals who immediately discipline students using racial or sexual slurs overlook instances when a student with MHD is called "crazy"? Can implicit bias based on MHD be incorporated with current training that focuses on other forms of implicit biases? As the field of education continues to strive toward equitable treatment for all students, more research is needed on the prevalence, effects, and prevention of mental health stigma.

Conclusion

Humanity's understanding of mental health has increased exponentially over the past sixty years, and the wrongs committed in this field during the first half of the 20th century cannot be overstated. Permanent institutionalization in asylums, forced sterilizations, lobotomies, and even eugenics (under Stalin and Hitler) were performed on those whose mental functions deviated from the norm (Hothersall, 1990). President John F. Kennedy, whose sister Rosemary was lobotomized in 1941 due to her learning difficulties and sexual promiscuity, began the progress of better empathizing with those suffering from mental health difficulties with legislation in 1963 that ultimately led to the Individuals with Disabilities Education Improvement

Act of 2004, the federal mandate central to the current state of mental health programs in American public schools (Algozzine et al., 2012). Knowledge of social, emotional, and mental health has increased exponentially over the past decades, yet prevalence rates rise: adolescent depression, anxiety, trauma, and suicide rates continue to increase (Miron et al., 2019; Twenge et al., 2019) and the recent COVID-19 pandemic will likely cause these rates to increase further.

Educational leaders seeking guidance regarding their difficult careers have many valid frameworks of effective educational leadership available to them (Hitt & Tucker, 2016; Leithwood, 2012; Murphy et al., 2006; Sebring et al., 2006), but none until now have incorporated student social-emotional and mental health. The Social, Emotional, and Mental Educational Leadership Framework (SEMELF) was established specifically to provide educational leaders with a valid framework providing three levels of increasing support that incorporates current literature on social-emotional learning and mental health. This framework, although backed by literature from respected academics in the field and valid research, required an investigation on its initial field-based validity. Using data provided by principals in the top-rated Virginia public schools regarding student self-reports of social-emotional health, the SEMELF framework continues to show its potential promise.

In summation, the SEMELF framework bases itself off the proven effectiveness of MTSS (Franklin et al., 2017), the established validity of the unified framework for effective educational leadership (Hitt & Tucker, 2016), the current focus on student social-emotional learning (Osher et al., 2016), and the evidence-based interventions of mental health disorders (Melin & Weist, 2011). These fields combine to fill a gap

in literature and practice for educational leaders; specifically providing guidance regarding effective actions for educational leaders that improve schoolwide social-emotional health, identify students in social-emotional crises, and management of treatment for students with mental health disorders. Previous reports indicate educational leaders' growing rates of concerns in this topic (Fuller et al., 2018), and their concerns will likely increase in the new post-COVID world. SEMELF has the potential to guide educational leaders in actions that can provide hope to students feeling hopeless, calm to students in fear, and relief to those suffering from a mental condition through no fault of their own. The continued education of school leaders in this field is of the utmost priority in ensuring future generations of citizens who are well-adjusted to an ever-changing society.

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Appendix A: Educational Leader Semi-Structured Interview Protocol

Educational Leader Semi-Structured Interview Protocol

<u>**Project Title:**</u> Educational Leadership and Student Social, Emotional, and Mental Health

Thank you for participating in this interview to provide information about the structure, operations, and effectiveness of your school's approaches to assisting the social-emotional and mental health of your students. Before we start, I'd like to provide some background on my work and answer any questions you might have for me. I am a fourth-year PhD student in educational administration and supervision at the University of Virginia under the supervision of Dr. Coby Meyers, professor of educational administration and supervision at UVA's Curry School of Education.

I am interested in learning about how educational leaders effectively influence the social-emotional and mental wellbeing of their students, both directly and indirectly. The goal of this interview is to better understand your specific philosophy, strategies, and actions that may influence student social-emotional learning and mental health.

Your participation in this study will consist of an interview lasting approximately 50 minutes. You will be asked a series of questions about your leadership methods and how they may or may not apply to students with varying degrees of need regarding mental health. You are not required to answer the questions. You may pass on any question that makes you feel uncomfortable. At any time, you may notify me that you would like to stop the interview and your participation in the study. There is no penalty for discontinuing participation. As a reminder, this interview will be recorded; however, your name will not be recorded. Your name and identifying information will not be associated with any part of the report of the research. All of your information and interview responses will be kept confidential. Any names of people and/or places will be anonymized. I will not share your individual responses with anyone else except a professional transcription service, which adheres to the highest standards of professional ethics.

Before we can continue, I need to gain your consent to conduct the interview. Please review this form and let me know if you have any questions.

Thank you. Do you have any questions before we begin?

Interviewer:_____

Interviewee_____

Location_____ Date_____/_____/_____

Time Start: _____ AM / PM   Time End: _____ AM / PM

Establishing and Conveying the Vision

The first topic focuses on the establishment of goals and setting of expectations for your school's faculty, students, and general culture.

1. What is your overall vision regarding the social and emotional learning of your students?
    a. (If answer is ambiguous) Probe: What are some of your specific goals regarding the social and emotional learning of your students?
    b. (If only refers to himself/herself) Probe: Did you collaborate with anyone when first establishing these goals? How did your vision and goals first originate?
    c. (If does not refer to implementation) Probe: Who are your most important allies in implementing these goals?
2. Does your school have a mental health leadership team?
    a. (If yes): What roles are represented on this team, and in your opinion, what do you think this mental health leadership team accomplishes?
    b. (If no): In your opinion, do you feel there is a need for a mental health leadership team at your school?

Facilitating High-Quality Learning Experience for Students

The second topic asks about the organizational aspect of your leadership.

3. Does your school currently employ a SEL (social-emotional learning) curriculum?
    a. (If yes): Do you know the basic structure of the curriculum?
        i. (If does not discuss implementation) Probe: Who implements the program?
    b. (If no, proceed to next question).
4. What are some "red flags" that make you concerned about the social, emotional, or mental health of a student in your school?
    c. (If answer is ambiguous) Probe: How are they addressed, and by whom?
5. What support systems might a student with a mental health disorder within your school currently take advantage of?

Building Professional Capacity

Let's now talk about how educational leaders build the professional capacity of their faculty and staff.

6. Do you practice self-care when it comes to your own social, emotional, and mental health?
    a. (If yes, yet ambiguous) Probe: What are some specific ways you practice self-care?

7. Discuss the inter-disciplinary relationship between your school's school counseling, school psychology, and/or special education departments.
   a. (If ambiguous) Probe: Do you see them working together, or mostly keep to themselves?
8. Have you ever implemented professional development that included the topic of mental health disorders?
   a. (If yes): What was the basic format of this professional development, and did you measure any results of this PD?
   b. (If no, proceed to next question).

Creating a Supportive Organization for Learning

In many ways, schools are communities-within-communities. Let's briefly talk about your school's internal community.

9. Describe how the initial relationship between student and teacher likely forms within your school.
10. When non-physical conflicts between students arise, how are they typically addressed?
11. Think of one student in your school with special mental health needs. Can you anonymously discuss any stigmas he or she may face within the school community?

Connecting with External Partners

Finally, let's briefly talk about the community that exists outside of your school.

12. What are some ways you and your faculty reach out to parents and families about non-academic matters?
    a. (If ambiguous) Prompt: If a student has problems not related to his or her grades, what is a typical method of communication with the family or caregivers?
13. If you suspect that a family needs assistance in a social-emotional, psychological, or other way relating to mental health, how might you respond?
14. What role do parents play in the creation and implementation of a typical student's 504 plan? An IEP plan?

Demographics and Closing

Thank you so much! Just a few more quick demographic questions before we finish up.

15. What was your career path to your current position? What roles within school systems have you previously held?
16. How long have you been in your current position?
17. How many years have you been at your current school?
18. Finally, is there anything else you'd like to tell me related to the study's questions that I haven't asked you?

Again, thank you so much for your time. I know how valuable your time is and truly appreciate you giving me so much of it. If you have any questions about this study, please feel free to contact me at any time.

Appendix B: Teacher Semi-Structured Interview Protocol

Teacher Semi-Structured Interview Protocol

<u>**Project Title:**</u> Educational Leadership and Student Social, Emotional, and Mental Health

Thank you for participating in this interview to provide information about the structure, operations, and effectiveness of your school's approaches to assisting the social-emotional and mental health of your students. Before we start, I'd like to provide some background on my work and answer any questions you might have for me. I am a fourth-year PhD student in educational administration and supervision at the University of Virginia under the supervision of Dr. Coby Meyers, professor of educational administration and supervision at UVA's Curry School of Education.

I am interested in learning about how educational leaders effectively influence the social-emotional and mental wellbeing of their students, both directly and indirectly. The goal of this interview is to better understand the specific philosophy, strategies, and actions of your principal that may influence student social-emotional learning and mental health.

Your participation in this study will consist of an interview lasting approximately 50 minutes. You will be asked a series of questions about your principal's leadership methods and how they may or may not apply to you and your students with varying degrees of need regarding mental health. You are not required to answer the questions. You may pass on any question that makes you feel uncomfortable. At any time, you may notify me that you would like to stop the interview and your participation in the study. There is no penalty for discontinuing participation. As a reminder, this interview will be recorded; however, your name will not be recorded. Your name and identifying information will not be associated with any part of the report of the research. All of your information and interview responses will be kept confidential. Any names of people and/or places will be anonymized. I will not share your individual responses with anyone else except a professional transcription service, which adheres to the highest standards of professional ethics.

Before we can continue, I need to gain your consent to conduct the interview. Please review this form and let me know if you have any questions.

Thank you. Do you have any questions before we begin?

Interviewer:_____

Interviewee_____

Location_____ Date_____/_____/_____

Time Start: _____ AM / PM   Time End: _____ AM / PM

Establishing and Conveying the Vision

The first topic focuses on the establishment of goals and setting of expectations for your school's faculty, students, and general culture.

1. Does your educational leader have an overall vision regarding the social and emotional learning of your students?
    a. (If answer is ambiguous) Probe: What are some of your educational leader's specific goals regarding the social and emotional learning of your students?
    b. (If only refers to the leader) Probe: Did your leader collaborate with anyone when first establishing these goals?
    c. (If does not refer to implementation) Probe: Who implements these goals?
2. Does your school have a mental health leadership team?
    a. (If yes): What roles are represented on this team, and in your opinion, what do you think this mental health leadership team accomplishes?
    b. (If no): In your opinion, do you feel there is a need for a mental health leadership team at your school?

Facilitating High-Quality Learning Experience for Students

The second topic asks about the organizational aspect of your leadership.

3. Does your school currently employ a SEL (social-emotional learning) curriculum?
    d. (If yes): Do you know the basic structure of the curriculum?
        i. (If does not discuss implementation) Probe: Who implements the program?
    e. (If no, proceed to next question).
4. What are some "red flags" that make you concerned about the social, emotional, or mental health of a student in your school?
    f. (If answer is ambiguous) Probe: How are they addressed, and by whom?
5. What support systems might a student with a mental health disorder within your school currently take advantage of?

Building Professional Capacity

Let's now talk about how your educational leader builds the professional capacity of his or her faculty and staff.

6. Do you practice self-care when it comes to your own social, emotional, and mental health?
    a. (If yes, yet ambiguous) Probe: What are some specific ways you practice self-care?
7. Discuss the inter-disciplinary relationship between your school's school counseling, school psychology, and/or special education departments.

a. (If ambiguous) Probe: Do you see them working together, or mostly keep to themselves?
8. Have you ever participated in professional development that included the topic of mental health disorders?
  c. (If yes): What was the basic format of this professional development, and was it meaningful for you?
  d. (If no, proceed to next question).

Creating a Supportive Organization for Learning

In many ways, schools are communities-within-communities. Let's briefly talk about your school's internal community.

9. Describe how you initially form relationships with your students, and describe what your typical student relationships are like.
10. When non-physical conflicts between students arise, how are they typically addressed?
11. Think of one student in your school with special mental health needs. Can you anonymously discuss any stigmas he or she may face within the school community?

Connecting with External Partners

Finally, let's briefly talk about the community that exists outside of your school.

12. What are some ways you reach out to parents and families about non-academic matters?
  b. (If ambiguous) Prompt: If a student has problems not related to his or her grades, what is a typical method of communication with the family or caregivers?
13. If you suspect that a family needs assistance in a social-emotional, psychological, or other way relating to mental health, how might you respond?
14. What role do parents play in the creation and implementation of a typical student's 504 plan? An IEP plan?

Demographics and Closing

Thank you so much! Just a few more quick demographic questions before we finish up.

15. What was your career path to your current position? What roles within school systems have you previously held?
16. How long have you been in your current position?
17. How many years have you been at your current school?
18. Finally, is there anything else you'd like to tell me related to the study's questions that I haven't asked you?

Again, thank you so much for your time. I know how valuable your time is and truly appreciate you giving me so much of it. If you have any questions about this study, please feel free to contact me at any time.

Appendix C: School Counselor Semi-Structured Interview Protocol

School Counselor Semi-Structured Interview Protocol

<u>**Project Title:**</u> Educational Leadership and Student Social, Emotional, and Mental Health

Thank you for participating in this interview to provide information about the structure, operations, and effectiveness of your school's approaches to assisting the social-emotional and mental health of your students. Before we start, I'd like to provide some background on my work and answer any questions you might have for me. I am a fourth-year PhD student in educational administration and supervision at the University of Virginia under the supervision of Dr. Coby Meyers, professor of educational administration and supervision at UVA's Curry School of Education. I am also a former school counselor of seven years.

I am interested in learning about how educational leaders effectively influence the social-emotional and mental wellbeing of their students, both directly and indirectly. The goal of this interview is to better understand the specific philosophy, strategies, and actions of your principal that may influence student social-emotional learning and mental health.

Your participation in this study will consist of an interview lasting approximately 50 minutes. You will be asked a series of questions about your principal's leadership methods and how they may or may not apply to you and your students with varying degrees of need regarding mental health. You are not required to answer the questions. You may pass on any question that makes you feel uncomfortable. At any time, you may notify me that you would like to stop the interview and your participation in the study. There is no penalty for discontinuing participation. As a reminder, this interview will be recorded; however, your name will not be recorded. Your name and identifying information will not be associated with any part of the report of the research. All of your information and interview responses will be kept confidential. Any names of people and/or places will be anonymized. I will not share your individual responses with anyone else except a professional transcription service, which adheres to the highest standards of professional ethics.

Before we can continue, I need to gain your consent to conduct the interview. Please review this form and let me know if you have any questions.

Thank you. Do you have any questions before we begin?

Interviewer:_____

Interviewee_____

Location_____ Date_____/_____/_____

Time Start: _____ AM / PM   Time End: _____ AM / PM

Establishing and Conveying the Vision

The first topic focuses on the establishment of goals and setting of expectations for your school's faculty, students, and general culture.

1. Does your educational leader have an overall vision regarding the social and emotional learning of your students?
    a. (If answer is ambiguous) Probe: What are some of your educational leader's specific goals regarding the social and emotional learning of your students?
    b. (If only refers to the leader) Probe: Did your leader collaborate with anyone when first establishing these goals?
    c. (If does not refer to implementation) Probe: Who implements these goals?
2. Does your school have a mental health leadership team?
    a. (If yes): What roles are represented on this team, and in your opinion, what do you think this mental health leadership team accomplishes?
    b. (If no): In your opinion, do you feel there is a need for a mental health leadership team at your school?

Facilitating High-Quality Learning Experience for Students

The second topic asks about the organizational aspect of your leadership.

3. Does your school currently employ a SEL (social-emotional learning) curriculum?
    g. (If yes): Do you know the basic structure of the curriculum?
        i. (If does not discuss implementation) Probe: Who implements the program?
    h. (If no, proceed to next question).
4. What are some "red flags" that make you concerned about the social, emotional, or mental health of a student in your school?
    i. (If answer is ambiguous) Probe: How are they addressed, and by whom?
5. What support systems might a student with a mental health disorder within your school currently take advantage of?

Building Professional Capacity

Let's now talk about how your educational leader builds the professional capacity of his or her faculty and staff.

6. Do you practice self-care when it comes to your own social, emotional, and mental health?
    a. (If yes, yet ambiguous) Probe: What are some specific ways you practice self-care?
7. Discuss the inter-disciplinary relationship between your school's school counseling, school psychology, and/or special education departments.

      b. (If ambiguous) Probe: Do you see them working together, or mostly keep to themselves?

8. Have you ever participated in professional development that included the topic of mental health disorders?
    e. (If yes): What was the basic format of this professional development, and was it meaningful for you?
    f. (If no, proceed to next question).

Creating a Supportive Organization for Learning

In many ways, schools are communities-within-communities. Let's briefly talk about your school's internal community.

9. Describe how you initially form relationships with your students, and describe what your typical student relationships are like.
10. When non-physical conflicts between students arise, how are they typically addressed?
11. Think of one student in your school with special mental health needs. Can you anonymously discuss any stigmas he or she may face within the school community?

Connecting with External Partners

Finally, let's briefly talk about the community that exists outside of your school.

12. What are some ways you reach out to parents and families about non-academic matters?
    c. (If ambiguous) Prompt: If a student has problems not related to his or her grades, what is a typical method of communication with the family or caregivers?
13. If you suspect that a family needs assistance in a social-emotional, psychological, or other way relating to mental health, how might you respond?
14. What role do parents play in the creation and implementation of a typical student's 504 plan? An IEP plan?

Demographics and Closing

Thank you so much! Just a few more quick demographic questions before we finish up.

15. What was your career path to your current position? What roles within school systems have you previously held?
16. How long have you been in your current position?
17. How many years have you been at your current school?
18. Finally, is there anything else you'd like to tell me related to the study's questions that I haven't asked you?

Again, thank you so much for your time. I know how valuable your time is and truly appreciate you giving me so much of it. If you have any questions about this study, please feel free to contact me at any time.

Appendix D: Educational Leader Coding Scheme

1. Establishing and Conveying the Vision

1.1 Describes an established vision for student social-emotional learning

1.1.1 Articulates specific goals

1.1.2 Mentions school mental health professionals or teachers in vision and/or

goal development

1.2 School has a mental health leadership team

1.2.1 Mental health leadership team is professionally diverse

1.2.2 Mental health leadership team meets regularly

2. Facilitating High-Quality Learning Experience for Students

2.1 Describes an established SEL curriculum

2.1.1 School mental health professionals implement curriculums

2.1.2 Teachers implement curriculums

2.2 Identifies >1 warning signs of mental disorders

2.2.1 Uses mental health staff in addressing warning signs

2.3 Lists support systems available on-site for students with MHD

3. Building Professional Capacity

3.1 Practices psychological self-care

3.1.1 Mentions the need to model self-care behavior for faculty and/or teachers

3.2 School mental health professionals are integrated and collaborate

3.3 Previous or ongoing professional development has focused on mental health

4. Creating a Supportive Organization for Learning

4.1 The learning environment actively promotes healthy student-teacher relationships

4.1.1 Gives examples of long-term student-teacher relationships

4.2 Conflicts between students are handled using restorative justice methods

4.3 Discusses stigmas faced by students with MHD

4.3.1 Identifies efforts in destigmatizing MHD

5. Connecting with External Partners

5.1 Regularly reaches out to families regarding non-academic or psychological concerns

5.1.1 Seeks input from families regarding their student's non-academic or psychological concerns

5.2 Seeks assistance from outside agencies

5.2.1 Can readily identify specific outside agencies used

5.3 Parents or caregivers play active roles in 504 plans

5.3.1 Parents or caregivers play active roles in IEP plans

Appendix E: Teacher Coding Scheme

1. Establishing and Conveying the Vision

1.1 Describes an established vision for student social-emotional learning

1.1.1 Articulates specific goals

1.1.2 Mentions school mental health professionals or teachers in vision and/or

goal development

1.2 School has a mental health leadership team

1.2.1 Mental health leadership team is professionally diverse

1.2.2 Mental health leadership team meets regularly

2. Facilitating High-Quality Learning Experience for Students

2.1 Describes an established SEL curriculum

2.1.1 School mental health professionals implement curriculums

2.1.2 Teachers implement curriculums

2.2 Identifies >1 warning signs of mental disorders

2.2.1 Principal is involved in addressing warning signs

2.3 Lists support systems available on-site for students with MHD

3. Building Professional Capacity

3.1 Believes their educational leader practices psychological self-care

3.1.1 Witnesses educational leader modeling self-care behavior

3.2 School mental health professionals are integrated and collaborate

3.3 Previous or ongoing professional development has focused on mental health

4. Creating a Supportive Organization for Learning

4.1 The learning environment actively promotes healthy student-teacher relationships

    4.1.1 Gives examples of long-term student-teacher relationships

4.2 Conflicts between students are handled using restorative justice methods

4.3 Discusses stigmas faced by students with MHD

    4.3.1 Identifies efforts in destigmatizing MHD

5. Connecting with External Partners

5.1 Principal regularly reaches out to families regarding non-academic or

psychological   concerns

    5.1.1 Principal Seeks input from families regarding their student's non-academic

or   psychological concerns

5.2 Principal seeks assistance from outside agencies

    5.2.1 Can readily identify specific outside agencies used

5.3 Parents or caregivers play active roles in 504 plans

    5.3.1 Parents or caregivers play active roles in IEP plans

Appendix F: School Counselor Coding Scheme

1. Establishing and Conveying the Vision

1.1 Describes an established vision for student social-emotional learning

1.1.1 Articulates specific goals

1.1.2 Mentions school mental health professionals or teachers in vision and/or

goal development

1.2 School has a mental health leadership team

1.2.1 Mental health leadership team is professionally diverse

1.2.2 Mental health leadership team meets regularly

2. Facilitating High-Quality Learning Experience for Students

2.1 Describes an established SEL curriculum

2.1.1 School mental health professionals implement curriculums

2.1.2 Teachers implement curriculums

2.2 Identifies >1 warning signs of mental disorders

2.2.1 Principal is involved in addressing warning signs

2.3 Lists support systems available on-site for students with MHD

3. Building Professional Capacity

3.1 Believes their educational leader practices psychological self-care

3.1.1 Witnesses educational leader modeling self-care behavior

3.2 School mental health professionals are integrated and collaborate

3.3 Previous or ongoing professional development has focused on mental health

4. Creating a Supportive Organization for Learning

4.1 The learning environment actively promotes healthy student-teacher relationships

    4.1.1 Gives examples of long-term student-teacher relationships

4.2 Conflicts between students are handled using restorative justice methods

4.3 Discusses stigmas faced by students with MHD

    4.3.1 Identifies efforts in destigmatizing MHD

5. Connecting with External Partners

5.1 Principal regularly reaches out to families regarding non-academic or psychological concerns

    5.1.1 Principal Seeks input from families regarding their student's non-academic or psychological concerns

5.2 Principal seeks assistance from outside agencies

    5.2.1 Can readily identify specific outside agencies used

5.3 Parents or caregivers play active roles in 504 plans

    5.3.1 Parents or caregivers play active roles in IEP plans

Appendix G: Initial Study Consent to Participation Form

Consent to Participate in a Research Study

<u>**Project Title:**</u> Educational Leadership and Student Social, Emotional, and Mental Health

Thank you for participating in this interview to provide information about the structure, operations, and effectiveness of your school's approaches to assisting the social-emotional and mental health of your students. Before we start, I'd like to provide some background on my work and answer any questions you might have for me. I am a fourth-year PhD student in educational administration and supervision at the University of Virginia under the supervision of Dr. Coby Meyers, professor of educational administration and supervision at UVA's Curry School of Education.

I am interested in learning about how educational leaders effectively influence the social-emotional and mental wellbeing of their students, both directly and indirectly. The goal of this research is to better understand the specific philosophy, strategies, and actions of educational leaders that may influence student social-emotional learning and mental health.

Your participation in this study will consist of an online survey requiring approximately 50 minutes, and an online interview lasting approximately 50 minutes. You will be asked a series of questions about your leadership methods and how they may or may not apply to you and your students with varying degrees of need regarding mental health. You are not required to answer the questions. You may pass on any question that makes you feel uncomfortable. At any time, you may notify me that you would like to end your participation in the study. There is no penalty for discontinuing participation. Survey responses will be saved and interviews will be recorded; however, your name will not be recorded. Your name and identifying information will not be associated with any part of the report of the research. All of your information, survey, and interview responses will be kept confidential. Any names of people and/or places will be anonymized. I will not share your individual responses with anyone else except a professional transcription service, which adheres to the highest standards of professional ethics.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

M. Scott Richardson	Dr. Coby Meyers, Advisor
The Curry School of Education	The Curry School of Education
The University of Virginia	The University of Virginia
msr5g@virginia.edu	cvm2x@virginia.edu

Questions about Your Rights as a Research Subject

Dr. Tonya Moon
Chair, Institutional Review Board
UVA's Curry School of Education
(434) 924-0823
trm2k@virginia.edu

Giving of Consent

I have read and understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. I certify that I am at least 18 years of age.

_____   _____

Name (Typed)   Date

Appendix H: Ready to Lead Survey

M. Scott Richardson, fourth-year PhD student in educational administration and supervision at the University of Virginia, under the supervision of Dr. Coby Meyers, professor of educational administration and supervision at UVA's Curry School of Education, is conducting this survey to hear the views of elementary and secondary school principals about ways to improve the education system. We would really appreciate the chance to get your opinions on a few questions. This survey is being conducted for research purposes only. You will not be sold anything, and we guarantee that your individual responses will be kept completely confidential. Mr. Richardson would like to thank Hart Research Associates and Civic Enterprises, creators of this survey, and the Collaborative for Academic, Social, and Emotional Learning (CASEL) for their support in making this survey possible.

Form Which form is this?

Form A... 1
Form B... 2

QS1 Are you currently working as a principal at an elementary or secondary school?

Yes, working as a principal.. 1
....**CONTINUE**
No, not working as a principal 2   **TERMINATE**

QS2a Which of the following best describes your school?

Regular public school 1
Public magnet/optional school 2
Public charter school 3
....
....**CONTINUE**
Private or religious school 4   **TERMINATE**
Other type of school 5   **TERMINATE**

QS2b At what kind of school do you currently work?

Preschool 1   **TERMINATE**
Elementary school 2
Junior high school 3
Middle school 4
High school 5
K-8.. 6
K-12 7   **CONTINUE**
College or university 8   **TERMINATE**
Another type of school 9   **TERMINATE**
Do not currently work at a school 0   **TERMINATE**

QS3 Counting this year, how many years altogether have you worked as a principal?

Less than 1 year 1   **TERMINATE**

1 to 2 years 2
....
....**CONTINUE**
3 to 5 years 3
6 to 10 years 4
11 to 15 years 5
16 to 20 years 6
More than 20 years 7

QS4   Are you…?

Male 1
Female 2

QS5   For statistical purposes, in what year were you born? **(INSERT RESPONSE BOX. ALLOW RANGE FROM 1900 TO 1999.)**

QS6a   For statistical purposes only, would you please indicate whether you are from a Hispanic or Spanish-speaking background?

Yes, Hispanic 1   **SKIP TO Q1**

No, not Hispanic
.... 2   **CO NTINUE**

(ASK ONLY OF RESPONDENTS WHO DO NOT SAY HISPANIC IN QS6a.)
QS6b   And what is your race?

White 1
Black/African American 2
Asian 3
Other 4

Q1   Below are four goals that schools try to achieve with their students. For each one, please indicate how much emphasis, if any, you think should be placed on this goal at your school. **(RANDOMIZE ITEMS. Modified 10754a-12a)**

Developing students' knowledge and skills in key content and subject areas such as language arts, history, science, and math.
Developing students' ability to apply knowledge and skills to real-world situations.
Developing students' critical thinking and reasoning abilities.
Developing students' social and emotional skills.

A great deal of emphasis 1
A fair amount of emphasis 2
Some emphasis 3
Little emphasis 4
No emphasis at all 5

Q2   Still thinking about this list of four goals, please indicate how successful your school is at achieving each one. **(DISPLAY ITEMS IN SAME ORDER AS IN Q1. 10754c)**

> Developing students' knowledge and skills in key content and subject areas such as language arts, history, science, and math.
> Developing students' ability to apply knowledge and skills to real-world situations.
> Developing students' critical thinking and reasoning abilities.
> Developing students' social and emotional skills.

> Very successful 1
> Fairly successful 2
> Somewhat successful 3
> Not too successful 4
> Not successful at all 5

Q3   Below is a description of social and emotional learning. Please read it over carefully and then answer the question underneath it.

Social and emotional learning (SEL) is the process through which people acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Social and emotional learning focuses on knowledge, attitudes, and skills in five competency areas:

1) Self-awareness, such as knowing your strengths and weaknesses
2) Self-management, such as being able to stay in control and persevere through challenges
3) Social awareness, such as understanding and empathizing with others
4) Relationship skills, such as being able to work in teams and resolve conflicts
5) Responsible decision making, such as making ethical and safe choices

Thinking about this definition of social and emotional learning as a whole, how important do you think it is for schools to promote the development of these social and emotional skills as part of students' in-school experience? **(10754a-14a)**

> Very important 1
> Fairly important 2
> Somewhat important 3
> Not too important 4
> Not important at all 5

Q4   Still thinking about this definition of social and emotional learning and the skills you just read--self-awareness, self-management, social awareness, relationship skills, and responsible decision making--please indicate how much of a benefit, if any, you think a larger focus on social and emotional learning would have on each of the following. **(RANDOMIZE ITEMS. Modified 10754b-15)**

Students' achievement in academic coursework.
Students' ability to move successfully through the K-12 school system and stay on track to graduate.
Preparing students to get to and through college.
Preparing students for the workforce.
Students becoming good citizens as adults.
Promoting a positive school climate.
Relationships between teachers and students.
Relationships among students and the amount of bullying in school.

Very major benefit 1
Somewhat major benefit.. 2
Only a minor benefit 3
No real benefit 4

Q5   To what extent do you think these social and emotional skills are teachable in a school setting? **(10754b-16)**

They are definitely teachable 1
They are probably teachable 2
They are probably not teachable 3
They are definitely not teachable 4

Q6   How much emphasis does your school district place on developing students' social and emotional skills?

A great deal of emphasis 1
A fair amount of emphasis 2
Some emphasis 3
Little emphasis 4
No emphasis at all 5

Q7   How personally committed are you to developing students' social and emotional skills in your school?

Very committed 1
Fairly committed 2
Somewhat committed 3
Not that committed 4
Not committed at all... 5

Q8   Which of the following best describes your school when it comes to having a school-wide program for teaching students social and emotional skills? **(DO NOT RANDOMIZE PUNCHES.)**

My school has developed a plan for teaching students social and emotional skills and is systematically implementing it school-wide.. 1   **CONTINUE**
My school has developed a plan for teaching students social and emotional skills with partial
 Implementation 2   **CONTINUE**
My school is in the process of developing a plan for teaching students social and emotional
 skills but it is not yet complete 3   **SKIP TO Q10a**
My school is not really considering developing a plan for teaching students social and
 emotional skills 4   **SKIP TO Q10a** ....

(ASK ONLY OF RESPONDENTS WHO SAY <u>SCHOOL HAS PLAN AND IS AT LEAST PARTIALLY IMPLEMENTING IT</u> *(Q8 PUNCHES 1:2)*. SHOW BOTH QUESTIONS ON SAME SCREEN WITH TWO SEPARATE TEXT BOXES. RESPONDENTS ONLY REQUIRED TO ANSWER FIRST PART OF QUESTION.)

Q9   Please describe how social and emotional skills are being taught in your school. Please be as specific as possible in your description, including naming any programs your school is using.

          ....
          ....

          In addition to a formal program on social and emotional learning, if teachers or staff are engaging in any other practices to develop students' social and emotional skills, please also describe those here.

          ....

(ASK EVERYONE.)
Q10a   Please indicate the extent to which each of the following statements applies to your school. **(RANDOMIZE ITEMS.)**
          1.   The teaching of social and emotional skills is integrated throughout the academic curriculum.
          2.   We have a separate and specific curriculum, apart from academics, for teaching students social and emotional skills.
          3.   All teachers are expected to teach students social and emotional skills.
          4.   Counselors and school psychologists are primarily responsible for developing students' social and emotional skills.
          5.   It is up to each individual teacher's discretion whether or not to teach students social and emotional skills in his or her classroom.
          6.   My school's central district leadership requires all schools to have a clear plan for teaching students social and emotional skills.
          7.   We partner with parents to promote social and emotional learning.

8. We work with out-of-school-time providers to promote social and emotional learning.
9. We have a planning team in place for the purpose of implementing and evaluating social and emotional learning.

Fully applies to my school 1
Applies to my school, with some exceptions 2
Applies only in a limited manner to my school.. 3
Does not apply at all to my school... 4

Q10b   Which of the following people, if any, are actively engaged in developing students' social and emotional skills in your school? *Please check all that apply*. **(ALLOW MULTIPLE RESPONSES. RANDOMIZE PUNCHES 1-8.)**

Teachers 1
Counselors 2
School psychologists 3
Principal and school administrators 4
Before-and-after-school staff 5
Coaches or extracurricular activity leaders 6
Parents 7
School social workers 8
Other (PLEASE SPECIFY:_____) 9   **(MUST RESPOND TO CONTINUE)**
None of these 0   **(SINGLE PUNCH ONLY)**

Q11   Please indicate how well each of the following describes your school. **(RANDOMIZE ITEMS.)**

1. My school regularly evaluates whether adequate resources are being devoted to social and emotional learning.
2. My school has developed a clear vision statement that prioritizes social and emotional learning for all students.
3. The central office leaders of my school's district provide guidance and support for social and emotional learning.
4. There is a coordinated professional development program that addresses social and emotional learning.
5. My school has comprehensive, developmentally appropriate learning standards that describe what social and emotional skills students should know and be able to demonstrate at each grade level.
6. My school has a long-term plan to support students' social and emotional learning.
7. My school has implemented an evidence-based program for teaching students social and emotional skills.

Describes very well 1
Describes fairly well... 2
Describes somewhat well.. 3
Does not describe that well 4
Does not describe at all... 5

Q12   Below are some potential challenges schools might face in trying to implement the teaching of social and emotional skills. Please indicate how much of a challenge, if at all, each one of these is for your own school. **(RANDOMIZE ITEMS. 10754b-19b)**

1. Teachers not having enough time.
2. Teachers needing more training to support students' social and emotional skill development.
3. Lack of consensus among teachers that social and emotional skills should be taught in school.
4. Lack of reinforcement of these skills outside of school.
5. Not a priority for your school district.
6. Issues around the ability to measure social and emotional skills.
7. Resistance from parents who believe that social and emotional skills should be taught at home, not in school.
8. Lack of funding dedicated to support social and emotional learning.

A very big challenge 1
A fairly big challenge 2
Somewhat of a challenge 3
Not much of a challenge.. 4
Not a challenge at all... 5

Q13   How well prepared do you think the teachers in your school are to successfully teach students social and emotional skills?

Very prepared 1
Fairly prepared 2
Somewhat prepared 3
Not very prepared... 4
Not at all prepared.. 5

Q14   Which one or two of the following do you believe are most important to ensuring that schools are successful in developing students' social and emotional skills? **(RANDOMIZE PUNCHES 1-7. ACCEPT UP TO TWO RESPONSES. 10754b-20)**

Additional professional development for teachers 1
Increased priority from district administration 2
State guidelines describing the social and emotional skills students should have
 3
Including social and emotional skill development in teacher evaluations 4
Sharing research-based strategies about effective ways to promote students' social and emotional skills 5
Assessment data on students' social and emotional skills that can be used to guide and improve practices 6
Dedicated planning time for teachers to plan social and emotional lessons.. 7
None of these.. 8 **(SINGLE PUNCH ONLY)**

Q15   Below are some statements about social and emotional learning. For each one, please indicate whether you believe it is definitely true, probably true, probably not true, or definitely not true. **(RANDOMIZE ITEMS. 10754b-22a)**

(BOTH FORMS)

Teaching social and emotional skills in school will improve students' academic performance, such as by increasing standardized test scores or GPAs.

Students' development and acquisition of social and emotional skills can be accurately measured and assessed.

Teachers should be held accountable for students' development of social and emotional skills.

Social and emotional skills should only be taught to students with social and emotional problems.

Most teachers in my school naturally teach social and emotional skills to their students and do not need a formal curriculum.

(FORM A)

Social and emotional skills should be taught at home, not in school.

Students from all types of backgrounds--both affluent and poor--would benefit from learning social and emotional skills in school.

The teachers in my school would be receptive to a greater emphasis on teaching social and emotional skills.

Social and emotional skills should be part of how students are assessed annually.

Teaching social and emotional skills in school will reduce absenteeism and improve students' attendance.

Teaching social and emotional skills in school will make learning more engaging and enjoyable for students.

(FORM B)

While social and emotional skills should primarily be taught at home, schools also have an important role to play.

It is important to teach social and emotional skills in high-poverty schools, but it is not as important in more affluent schools.

Schools already are being asked to do too much and do not have time also to prioritize teaching social and emotional skills.

Schools should be rated in part based on if and how they are improving students' social and emotional skills.

Teaching social and emotional skills will help students take more responsibility for their own learning and development.

Teaching social and emotional skills in school will improve student behavior and reduce the need for disciplinary referrals.

Definitely true 1
Probably true 2
Probably not true 3
Definitely not true 4

(SHOW ON SEPARATE SCREEN.)
Now moving on to the final topic in the survey…

Q16 How familiar are you with current assessments that are available for measuring students' social and emotional skills?

> Very familiar 1
> Fairly familiar 2
> Somewhat familiar 3
> Not that familiar 4
> Not familiar at all 5

Q17 How much do you think the teachers in your school know about how to use data from assessments of students' social and emotional skills to improve their instruction?

> A great deal 1
> A fair amount 2
> Some 3
> Not that much 4
> Nothing 5

Q18 How worthwhile do you think it is to include evaluations of students' social and emotional skills on student report cards? **(10754b-23b)**

> Definitely worthwhile 1
> Probably worthwhile 2
> Probably not worthwhile 3
> Definitely not worthwhile 4

Q19a Which of the following, if any, do you currently use to assess students' social and emotional skills? *Please check all that apply.* **(RANDOMIZE PUNCHES 1 THROUGH 5. ACCEPT AS MANY AS APPLY.)**

> Student self-report 1
> Teacher rating scales of students 2
> Performance assessment on a specific task or problem 3
> Behavioral observation in a normal classroom setting 4
> Administrative records on disciplinary actions 5
> Other (PLEASE SPECIFY_____) 6   **(MUST RESPOND TO CONTINUE)**
>
> My school does <u>not</u> assess students' social and emotional skills .... 7 **(SINGLE PUNCH/SKIP TO Q22)**

(ASK ONLY OF PRINCIPALS WHO ARE CURRENTLY USING ASSESSMENTS, Q19a P1:6.)
Q19b Do you currently use assessments to assess social and emotional skills with…?

> All students 1

Only some students, based on age or grade level 2
Only some students, based on other criteria 3

(ASK ONLY OF PRINCIPALS WHO ARE CURRENTLY USING ASSESSMENTS, Q19a P1:6.)

Q20   Which of the following, if any, describe how your school uses assessments to evaluate students' social and emotional skills? *Please check all that apply.* **(RANDOMIZE PUNCHES 1 THROUGH 7. ALLOW MULTIPLE RESPONSES.)**

My school reports data from social and emotional assessments to the district 1
My school is held accountable for students' social and emotional skills based on the assessment data 2
Parents receive data (such as ratings on report cards) on their child's social and emotional skills 3
Teachers use data from social and emotional assessments to improve instruction 4
Teachers are evaluated based on data from social and emotional assessments 5
Data from social and emotional assessments is used to determine which students need interventions 6
Assessments are used to evaluate the effectiveness of programs designed to develop students' social and emotional skills 7
None of these 8   **(SINGLE PUNCH)**

(ASK ONLY OF PRINCIPALS WHO ARE CURRENTLY USING ASSESSMENTS, Q19a P1:6.)

Q21   How useful do you think the assessments that you are currently using are for evaluating students' social and emotional skills?

Very useful 1
Fairly useful 2
Somewhat useful 3
Not that useful 4
Not useful at all 5

(ASK EVERYONE.)

Q22   Assuming you had access to valid and reliable assessments for measuring students' social and emotional skills, how important do you think it is to do each of the following? **(RANDOMIZE ITEMS.)**
1. Report data from social and emotional assessments to your district.
2. Hold schools accountable for students' social and emotional skills based on the assessment data.
3. Share data with parents (such as ratings on report cards) on their child's social and emotional skills.
4. Use data from social and emotional assessments to improve teachers' instruction.
5. Evaluate teachers based on data from social and emotional assessments.
6. Use data from social and emotional assessments to determine which students need interventions.
7. Use data to evaluate the effectiveness of programs designed to develop students' social and emotional skills.

Very important 1
Fairly important 2
Somewhat important 3
Not too important 4
Not important at all 5

Q23   Do you believe that the development of social and emotional skills definitely should be, probably should be, probably should not be, or definitely should not be explicitly stated in your state's education standards? **(10754b-24)**

      Definitely should be 1
      Probably should be 2
      Probably should not be 3
      Definitely should not be 4

(SHOW ON A SEPARATE SCREEN.)
FACTUALS: The next few questions are for statistical purposes only.

QF1   What is the best way to describe the area in which your school is located?

      A large city 1
      A small city 2
      A suburb 3
      A small town 4
      A rural area 5

QF2   Is your school currently rated as low-performing in terms of students' reaching the state or district standards or has it recently (within the last five years) been rated as low-performing?

      Currently rated as low-performing 1
      Recently rated as low-performing, but not currently 2
      Not currently or recently rated as low-performing 3

QF3   Approximately how many students are enrolled in your school?

      Less than 100 students 1
      100 to 249 students 2
      250 to 499 students 3
      500 to 749 students 4
      750 to 999 students 5
      1,000 to 1,999 students 6
      2,000 to 2,999 students 7
      More than 3,000 students 8

QF4   In what state do you work? **(INSERT DROP-DOWN MENU WITH STATES AND D.C.)**

QF5   Approximately what percentage of the students in your school are eligible for free or reduced-price lunch?

      Less than 20% 1
      20% to 39% 2
      40% to 59% 3
      60% to 79% 4
      80% to 100% 5

(ASK EVERYONE. RESPONSE NOT REQUIRED.)
QF6   If you have any comments you'd like to add about this topic or this survey, please enter them in the space below.

....
....

(ASK EVERYONE. RESPONSE NOT REQUIRED.)
QF7   If you would like to be entered in the drawing for one of four $250 Amazon gift cards, please enter the best phone number and/or email to contact you.

....
....

(SHOW ON A SEPARATE SCREEN.)

Thank you for completing this survey.