THE ROLE OF MIDDLE TENNESSEE STATE UNIVERSITY SCHOOL PSYCHOLOGY ALUMNI IN SCHOOL-BASED MENTAL HEALTH SERVICES

By

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This thesis is dedicated to my late brother, Reginald Louis Burke, Jr. It has been a tough journey without you, but I know that your spirit has been my strength through it all. Although I had a very tough week with finishing my thesis the week prior, on May 31, 2020 I woke up in an excellent mood. I did not question why; I just continued my daily routine. While driving to put the finishing touches on the results section of my thesis, a purple helium balloon landed on my car. I knew it was you. That day, the weather was perfect. As I sat outside daydreaming about you, I blurted out, "My heart is so happy right now!" Immediately after making that statement, the wind started blowing the trees. I knew it was you.

Dreek, I am finally done!

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ABSTRACT

The purpose of this study was to examine how Middle Tennessee State University's school psychology alumni are utilizing skills related to NASP graduate training standards 2.4 and 2.6. These training standard focus on skills a school psychologist have to provide school-based mental health services. Participants included 48 MTSU school psychology alumni who answered online survey questions about barriers, stressors and resiliency strategies related to providing mental health related services in schools. Results showed that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing skills taught related to NASP graduate training standards 2.4 and 2.6. Respondents reported a higher barrier rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and interventions) than from district, building and personal factors. Results did not show a relationship between stressors and years of experience or a difference between internal and external protective factors.

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CHAPTER I: INTRODUCTION

Overview

The role of a school psychologist as we know of it today has not always been defined as such. The origin of school psychology is tied to various historical sociocultural events that served to improve the lives of children including mandatory schooling, the establishment of courts designed for juveniles, the establishment of child labor laws and an increase of institutions created to serve children (Fagan & Wise, 2007). A school psychologist's first role was to assess children with possible disabilities and provide special education services (Fagan & Wise, 2007). The National Association of School Psychologist (NASP, 2014) describes the current role of school psychologists as providers of direct support and interventions to students, consultants to teachers and families and as collaborators with school administrators and community providers. More specifically, school psychologists help schools improve academic achievement, create safe and positive school climates, strengthen family- school partnerships, support diverse learners, improve school-wide assessment and accountability and promote positive behavior and mental health (National Association of School Psychologists, 2014).

NASP, the world's largest professional organization of school psychologists, states that "[School psychologists] apply expertise in mental health, learning and behavior to help children and youth succeed academically, socially, behaviorally and emotionally" (National Association of School Psychologists, 2014, p. 2). Since the establishment of the role of school psychologists, theoretical practices, assessments and interventions have changed based on research findings of effective practices, new

assessments, effective interventions and laws established to protect the educational rights of children (Duchnowski, 1994).Thus, with the changes in needs of individual students, student populations, teachers, schools, districts and even at the state-level (e.g., eligibility requirement, implementation of the MTSS, RTI^2, etc.), the role of a school psychologist is continuously changing.

The term school psychology first appeared in English literature in 1898. Although the role of a school psychologist was not yet established, the school psychologist was known as the gatekeeper of special education services. Lightner Witmer was the first person to be appointed with the title school psychologist in 1915. Although Witmer is known for the first child guidance clinic in America in clinical psychology, his goal was to prepare psychologists to help teachers to solve the learning problems of children (Bardon & Bennett, 1974). The role of school psychologists was first conceptualized at the Thayer Conference in 1954. At the 9-day conference held in West Point, New York, the role, functions, training and the required level of education of school psychologists was consensually established (Fagan & Wise, 2007). It was decided at the Thayer Conference that a doctoral degree was the education standard required that qualified one to practice as a school psychologist. The American Psychological Association (APA) still upholds this standard, while NASP requires school psychologists to practice with an Ed.S (Educational specialist) and/or a doctoral degree.

The Expanding Role of School psychologists in Mental Health Services

During World War II, mental health concerns of children rose in prevalence. In 1941, Some children were evacuated from their homes, separated from their parents and

experienced the deaths of parents and other family members (Santavirta, Santavirta & Gilman, 2018). After World War II, some children lived with parents who were experiencing depression and mood disorders from the war and had to learn how to cope with the many life changes the war caused (Santavirta, et. al., 2018). In response to children's growing mental health needs, teacher training institutions made courses in mental health and child growth and development mandatory (Bardon & Bennett, 1974). Concerned teachers reached out to psychologists and psychiatrists for support so that they could better aid children with emotional problems. Bardon and Bennett (1974) stated that by the early 1950's the mental health movement was strong. There was a rising need for psychologists inside the school as many children who were born after World War II exhibited maladaptive behaviors. Today, mental health concerns of school-aged children are still prevalent (Gresham, 2005).

At the Future of School Psychology Conference in 2002 held at Indiana University, it was stressed that school psychologists need to be "awakened" to a changing role (Sheridan & D'Amato, 2004). School psychologists met to identify major problems that they were facing in schools and discussed solutions. As the importance of providing mental health services to students was a major topic during this conference (Miller, 2010), conference attendees strategized how prevention and intervention services could be implemented to maximize the benefits children received in school. School is the ideal setting to provide universal and preventive services that affect children's mental health (Meyers & Swerdlik, 2003), particularly as the number of students in school with mental health needs has increased. Walker, Ramsey, and Gresham (2004) mediated that mental

health problems are experienced by approximately 20 percent of children in the United States each year.

The No Child Left Behind Act (2002) and the Patient Protection Affordable Care Act of 2010 (ACA) recognizes school psychologists as providers of school-based mental health service (National Association of School Psychologists [NASP], 2015). More recently, Every Student Succeeds Act (ESSA) emphasizes and funds the attempt to meet students' needs concerning mental and behavioral health. ESSA also recognizes school psychologists as providers of school-based mental health services, who are qualified to provide the expansive range of school psychological services (NASP, 2016). Furthermore, school psychologists who maintain competencies, knowledge, and skills across the 10 NASP training domains are qualified to provide mental and behavioral health services in schools (National Association of School Psychologists, 2015). These services include counseling and mental health evaluations of interpersonal issues and family problems, when they are interfering with students' academic functioning.

The Importance of Mental Health Services in Schools

"Mental health is not simply the absence of mental illness but also encompasses social, emotional and behavioral health and the ability to cope with life's challenges" (NASP, 2016, p. 1). Mental and behavior wellness are directly linked to factors such as: student achievement, positive school climate, an increase in high school graduation rates and the prevention of risky behaviors, disciplinary incidents and substance abuse (Costello, Mustillo, Erankli, Keeler & Angold, 2003). One out of five children and adolescents will experience a significant mental health problem during their school years,

which is approximately 20 percent of children in the United States (United States Department of Health and Human Services, 2000). By the age of 16, one in three children and adolescents will have been diagnosed with one or more mental health disorders (Costello et. al., 2003). The United States Department of Health and Human Services (1999) found that 90% of children who commit suicide had a mental health disorder. Students have easy access to schools. Anglin (2003) identified the best natural setting for mental health prevention and treatment services as the school setting. It is ideal for mental health needs to be addressed in the school setting where most children spend a great portion of their time.

Additionally, schooling in America is accessible to all students no matter their disability, race, ethnicity, or social economic status. Juszczak, Melinkovich and Kaplan (2003) found that students were more likely to visit school-based health centers for mental health needs than centers within the community. In rural communities, schools may be the only providers of mental health services (National Association of School Psychologists, 2016). Schools for many children have become the primary providers of mental health services, as children are more likely to seek counseling when services are available in schools (Farmer, Burns, Philip, Angold, & Costello, 2003; National Association of School Psychologists, 2016).

Although schools have been found to be the ideal setting to provide mental health services to students, the mental health needs of students are not being met. Kataoka, Zhang and Wells (2002) found that 76.1% of Caucasians, 76.5% of African American, and 88.4% of Hispanic youth mental health care needs are not met. If mental health needs

are left unmet, possibilities of costly negative outcomes that are related to academic and behavior problems increases. As a result, children who suffer with mental illness and do not receive early identification and interventions are at greater risk for poor academic functioning, delinquency, drop-out, substance abuse, unemployment, poverty and suicidal behavior (Costello et. al., 2003; Fergusson & Woodward, 2002). Children with any mental health disorder are at a greater risk of having mental illnesses and impaired functioning as adults (Costello et al., 2003).

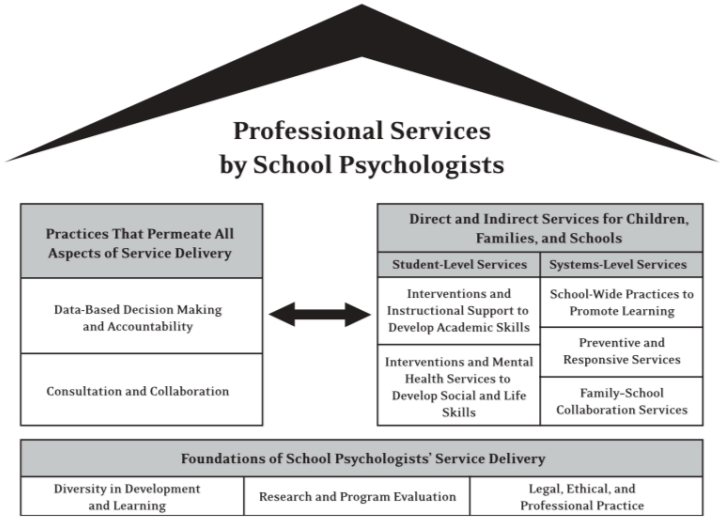
Educationally, children with social-emotional difficulties suffer in their academics, behaviorally and interpersonally, in turn, impacting themselves, their parents, peers, teachers and school (Gresham, 2005). The need for children's mental health services has been advocated for since World War II and continues to be advocated for by NASP. This is reflected in the NASP position statement on the role expansion of school psychologists.

NASP Standards and Trainings in Mental Health Services

Graduate students who attend a National Association of School Psychologists (NASP) approved program receive training in many areas. The NASP practice model encompasses training in data-based decision making, consultation and collaboration, direct and indirect services for students, families and school, diversity in development and learning, research and program evaluation and legal, ethical and professional practices. See Figure 1.

Figure 1

Model of Comprehensive and Integrated Services by School Psychologists



Note. Reprinted from NASP Standards for Graduate Preparation of School Psychologists (NASP, 2010)

More specific to the current thesis research, school psychologists receive training in mental health and behavioral interventions, prevention and intervention services and consultation and collaboration (National Association of School Psychologists, 2014). Training in these areas is covered under NASP training standards 2.4 and 2.6 (National Association of School Psychologists, 2010).

Per Standard 2.4, stated in the NASP Standards for Graduate Preparation of school psychologists (NASP, 2010), school psychologists provide intervention and mental health services to develop social and life skills. “School psychologists have knowledge of biological, cultural, developmental and social influences on behavior and mental health; behavioral and emotional impacts learning and life skills; and evidence-based strategies to promote social-emotional functioning and mental health” (NASP, 2010, p.6). An example of school psychologists implementing the training they have acquired through their NASP approved program would be developing appropriate social-emotional, behavioral and mental health goals or services and interventions for children with diverse abilities, disabilities, backgrounds, strengths and needs driven by assessments and other data collection methods (NASP, 2010).

Standard 2.6 states, “School psychologists have knowledge of principles and research related to resilience and risk factors in learning and mental health, service in schools and communities to support multitiered prevention, and evidence-based strategies for effective crisis response” (NASP, 2010, p.6). One example of a school psychologist implementing the trainings they have acquired through their graduate program from this standard is to promote an environment that enhances learning, mental and physical well-being and resilience for the children they serve. (NASP, 2010).

Both standards 2.4 and 2.6 additionally state a school psychologist must also collaborate with teachers, parents and professionals in the community to maintain an effective and supportive leaning environment for children and others. According to the NASP graduate standards (2010), an example of a school psychologist collaborating with

parents, teachers, and professionals in the community would be contributing to, designing, implementing or evaluating prevention programs that integrate home, school and community resources and promoting learning, mental health, positive school climate and safety and physical well-being of all children and families.

School psychologists that attend programs that implement NASP graduate training standards are trained to provide mental health services. Additional research is needed to examine if NASP graduate training standards are being utilized once graduates enter the field of school psychology and how often they are used.

Prevalence of Mental Health Services Provided in Schools

A large number of students require mental health services for many prevalent disorders (Hirman, 2010). Mental health services are usually divided between the school counselors, school psychologists and school social workers. Although the role is shared, school psychologists are responsible for providing school-based preventions and universal interventions, as well as early identification of students with mental health and behavior concerns (NASP, 2006).

Fagan and Wise (2007) reported that school psychologists spend most of their time in assessment related duties and less of their time involved in direct intervention and consultation. Similarly, Miller (2010) found that psychoeducational assessment and special education services consumed the majority of school psychologists' time. Bramlett, Murphy, Johnson, Wallingsford and Hall (2002) conducted a study with three hundred and seventy NASP members to examine where they allocate their time in the field. They found that school psychologists spend 46% of their time on assessments, 16%

of their time in consultations and only 8% of their time was spent counseling. More specifically, 6% of the 16% of the time spent for consultation was providing mental health consultations (Bramlett et. al., 2002).

Relevant to mental health services, Friedrich (2010) found that in a school where school psychologists work 40 hours per week, they mostly provide mental health services by consulting with school faculty (4.10 hours), followed by assessemnts of social-emotional-behavior (2.93 hours), problem solving teams consultations (2.41 hours), counseling individuals (2.16 hours) and behavior interventions (2.00 hours). School psychologists spend the least amount of time providing family counseling (0.05 hours), followed by parent's in-services training (0.08 hours), counseling services for adults (0.12 hours), and assessments and interventions for suicide (0.15) (Friedrich, 2010). Friedrich found that school psychologists spend relatively 50 percent of their 40-hour work week providing mental health services. Eklund, Meyer, Way and Mclean (2017) found that on average school psychologists spend approximately 4.89 hours per 40-hour work week providing school-based mental health services. The discrepancy of these two research studies could be due to population of participants. Friedrich (2010) participants include 226 NASP practitioners across the nation, while Eklund et., 2017) participants included 192 school psychologists in a western state. Additional research is needed to address the discrepancy in previous literature of the amount of time school psychologists spend providing mental health services. School psychologists are equipped to provide mental health services and school psychologists are providing some mental health services; however, mental health needs of children are being unmet (Eklund et. al., 2017).

Barriers

Many studies have found that most school psychologists have a desire to provide mental health services (Hanchon & Fernald, 2013; Suldo, Friedrich & Michalowski, 2010). Brown, Holcombe, Bolen and Thomas (2006) found that school psychologists prefer to spend more time providing direct and indirect interventions such as individual and group counseling. In addition, Dickison, Prater, Heath and Young (2009) found that school psychologists were most satisfied helping students during counseling and appreciated opportunities to provide counseling services. However, previous studies found many barriers that prevent school psychologists from providing mental health services including: (a) scheduling concerns or not having enough time to provide mental health services with the primary focus being on assessments and academic interventions, (b) a lack of support from district and school administrators, (c) student to school psychologist ratio, (d) teacher's perception of the importance of academics over mental health services and (e) a lack of desire to provide mental health services (Fagan & Wise, 2007; Gilman & Medway, 2007; Eklund et. al., 2017; Hanchon & Fernald, 2013).

Suldo et. al. (2010) found that school administrators often excluded school psychologists from providing mental health services because there was an ample number of other individuals (e.g., the school counselor and school social worker) in the school who could provide mental health services. Eklund et. al. (2017) surveyed school psychologists in the western states and found that the primary barrier was that mental health services were provided by another professional at the school.

Reinke, Stormont, Herman, Puri and Goel (2011) conducted a study to understand teachers' perceptions of the mental health needs, roles and barriers in their schools. They found that teachers supposed that school psychologists should have a greater role in screening children for mental health concerns, conducting behavioral assessments and teaching social emotional lessons in the classroom. Teachers believed that school psychologists should play a supportive role through consultation by helping them develop and implement interventions for children in need of mental health services (Reinke et. al., 2011). Reinke et. al. (2011) found that the teachers' perceptions of the barriers to providing mental health services in their schools were an insufficient number of mental health service providers, lack of training and lack of funding for school-based mental health.

In a perceptions of school psychologists role expansion survey, Warner (2018) found that fewer than 40% of school psychologists in the Middle Tennessee area perceived that administrators and teachers at their assigned schools understood the expanding role of school psychologists. Using a Likert scale of *strongly disagree*, *somewhat disagree*, *neutral*, *somewhat agree* and *strongly agree*, 62.3% of school psychologists either strongly disagreed, somewhat disagreed or were neutral about their belief that school administrators understand the expanding role of school psychologist. Approximately 73% of school psychologists either strongly disagreed, somewhat disagreed or were neutral about their belief that teachers understand the expanding role of school psychologists. Gilman and Medway (2007) found that 71% of teachers believed school psychologists are assessors and school counselors were responsible for providing

psychological services. Warner (2018) found that the school psychologists (60.5%) also strongly disagreed, somewhat disagreed or were neutral about their beliefs that counselors in their assigned schools viewed school psychologist as capable of providing mental health services to students.

Splett, Fowler, Weist and McDaniel (2013) discussed barriers to and enablers of school psychologists providing mental health services. Although the researchers believe that school psychologists are able to provide quality mental health services, they believe this is affected by school psychologists' time-consuming responsibilities and assignment to multiple schools. Friedrich (2010) also found that many school psychologists believe insufficient time and poor integration into school sites is a barrier to providing mental health services. Another barrier found was reports of low self-efficacy to provide mental health services (Splett et. al., 2013). Friedrich (2010) found that school psychologists believed they did not have sufficient knowledge/skills relevant to mental health service provision. School psychologists reported a lack of confidence in providing mental health services because of a lack of content knowledge and applied experiences (Splett et. al., 2013). Splett et. al. (2013) found that because school psychologists spend a great amount of time conducting assessments for placement, the perception of their role as a mental health service provider is often forgotten by school personnel.

To summarize, time-consuming responsibilities, insufficient resources in the district, perception of the role of school psychologists by administration and other school personnel, limited opportunities for professional developmental, and lack of confidence in trained skills were found to be barriers to school psychologists providing mental health

services (Friedrich, 2010 & Splett et al., 2013). Previous literature agrees with the aforenamed barriers that prevent school psychologists from providing mental health services; however, additional research is needed to identify the most prominent barrier.

Stressors of School psychologists

The potential role of school psychologists can be expansive and may result in high rates of stress. Leung and Jackson (2014) stated that diminished professional effectiveness, dampened enthusiasm, and lowered confidence throughout a school psychologist's career can be caused by multiple factors of stress and burnout. School psychologists' original idealism of having life-altering influences on the lives of children can be altered by stressors of the job. (Leung & Jackson, 2014). Leung and Jackson (2014) identified potential stressors of school psychologists to include inadequate administrative support, resistance from consumers, perceptions of limited impact on students and intensity of the workload.

Due to the demands of the career, school psychologists may experience emotional exhaustion syndrome (Reiner & Hartshorne, 1982), also known as, burnout (Huberty and Huebner, 1988). Reiner & Hartshorne (1982) found that the causes of emotional exhaustion syndrome were excessive caseloads, not having enough time to fulfill the job's responsibilities, inadequate perceptions of the role, unclear expectations and excessive demands. Similarly, Huberty and Huebner (1988) found similar factors that cause school psychologists to experience burnout including: job and role definition, time pressure, external pressure and internal pressure. Leung and Jackson (2014) stated that school psychology is one of the most demanding jobs in the school because practitioners

are placed in high stakes situations (e.g., assigning educational labels to students, placing students in restrictive environments), that requires them to make decisions that have significant ramifications in the lives of children. Particularly, novice school psychologists in their first 8 years of practicing are more likely to experience stress than midcareer and veteran practitioners (Leung & Jackson, 2014). Novice school psychologists are often overwhelmed as they have difficulty saying "no." They seem to have a desire to serve and to prove their competence (Leung & Jackson, 2014).

Research has shown that novice school psychologists may experience many stressors and are more at-risk to experience burn-out. The current study seeks to explore if the stressors (e.g., resistance from consumers, inadequate administrative support, heavy caseload, excessive demands and intensive caseload) of novice school psychologists are linked to the amount of experience they have in the field of school psychology.

Resiliency of School Psychologists

Fletcher and Sarkar (2013) defined psychological resilience as the role of mental processes and behaviors in promoting personal assets and protecting oneself from potential negative effects of stressors. Maudling, Peters, Roberts, Leonard & Sparkman (2012) found that a high level of resiliency can help school leaders' function at the highest possible level in the most difficult circumstances. School psychologists' resilience is nurtured through protective factors that increases the likelihood for greater experiences of professional effectiveness, enthusiasm and confidence (Leung & Jackson, 2014). Protective factors include both internal (e.g., personality traits, skills, strengths) and external factors (e.g., support system). NASP emphasizes three protective factors to

help school psychologists manage their career: (a) inner direction, (b) sharpen the saw, and (c) the love of learning. Inner direction means that one has a strong sense of self-awareness (Leung & Jackson, 2014). Sharpen the saw means balancing the responsibilities (Leung & Jackson, 2014). Love of learning is essentially having the drive to continue developing professionally (Leung & Jackson, 2014).

There are no current studies on the resiliency of novice school psychologists. Research is needed to identify if novice school psychologists have the protective factors to overcome the potential stressors of the job.

Purpose of the current study

The current study explored how Middle Tennessee State University's school psychology alumni are utilizing skills taught related to NASP graduate training standards 2.4 and 2.6. The current study sought to identity barriers to providing mental health services. The current study also examined if average stressor ratings of school psychologists decrease over time. There are no current studies assessing the resiliency of school psychologists to overcome the barriers and stressors of providing mental health services. The current study sought to compare internal and external protective factors of school psychologists. The current study specifically focused on the school psychology alumni of Middle Tennessee State University (MTSU), as MTSU has been a NASP approved program since 1991.

Hypotheses

1. MTSU's school psychology alumni will report spending less than 50% of their 40-hour work week in the field utilizing each individual skill taught related to NASP graduate training standards 2.4 and 2.6.
2. MTSU's school psychology alumni will report a higher barrier Likert rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and interventions) than for district, building and personal factors.

3. MTSU school psychology alumni will report that average stressors ratings from such factors: role expectation, support, important decision-making and insufficient time decrease as experience increases.
4. MTSU's school psychology alumni will report having a higher average number of internal protective factors that help them overcome potential stressors than external protective factors.

CHAPTER II: METHOD

Participants

The data used to analyze the current study came from Middle Tennessee State University (MTSU) school psychology alumni that volunteered to complete an online survey that was provided as a link through MTSU School Psychology Listserv, MTSU School Psychology Facebook page and an alumni address list provided by the psychology department's executive aide. Participants included school psychology alumni from MTSU only.

Measures

The survey was developed by the primary researcher. The participants accessed the survey through the Qualtrics website using the following link: https://mtsu.ca1.qualtrics.com/jfe/form/SV_0vR7aQxoFXDVepn. The survey consisted of 14 questions. The responses consisted of a mixture of multiple-choice questions, short-answer questions and 5-point Likert-scaled questions. The survey was comprised of five different sections: (1) demographic information, (2) time spent providing school-based mental health services, (3) barriers to providing school-based mental health services, (4) stressors and (5) protective factors.

I created the demographic information section to obtain general information from the participants that would be useful for interpreting the results from the rest of the survey. The time spent providing school-based mental health services and barriers to providing school-based mental health services sections were originally created by Friedrich (2010). I requested permission from Shannon Suldo, Ph.D., Friedrich's

dissertation chair to use and modify their survey and permission was granted. I modified this survey to only include items pertinent to the NASP training standards 2.4 and 2.6 (National Association of School Psychologists, 2010). The items from the Friedrich (2010) survey that did not pertain to NASP training standards 2.4 and 2.6 were excluded from the current survey. I created the fourth and fifth sections based on the what I identified in the current literature as stressors of school psychologists and the importance of resiliency. See Appendix A for a copy of this survey.

Section I: Demographic Information. This section of the survey asked 4 specific questions related to current practice, location and years of experience. These questions were in the form of multiple choice and short answer.

Section II: Time Spent Providing School-Based Mental Health Services. This section of the survey was used to address Hypothesis I: MTSU's school psychology alumni will report spending less than 50% of their 40- hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. The first question in this section of the survey measured how much time the participants are spending providing school-based mental health services during a 40-hour work week. This question contained 8 sub-items that represent a skill taught in the MTSU school psychology program related to NASP graduate training standards 2.4 and 2.6 and include: individual counseling, group counseling, consultation to parents/caregivers, consultation to school staff, consultation to community service providers, prevention services, direct or indirect support to behavioral interventions and Inservice training to parents and/or school staff. Rating options for subitems on the Likert scale were 1 = *less than or equal*

to 5 hours per week (≤ 12.5%), 2 = *less than or equal to 10 hours per week (≤ 25%)*, 3 = *less than or equal to 15 hours per week (≤ 37.5%)*, 4 = *less than or equal to 20 hours per week (≤ 50%)*, 5 = *more than 20 hours per week (50%<)*. The second question in this section measured how much time the participants would prefer to spend providing mental health services. Rating options for the Likert scale were 1= *less than or equal to 5 hours per week (≤ 12.5%)*, 2 = *less than or equal to 10 hours per week (≤ 25%)*, 3 = *less than or equal to 15 hours per week* (≤ 37.5%), 4 = *less than or equal to 20 hours per week (≤ 50%)*, 5 = *more than 20 hours per week (50%<)*. The third question in this section examined the need for different categories of mental health services in the participants' school(s). This question was in a multiple-choice format and participants were able to select all choices that applied.

Section III: Barriers to Providing School-Based Mental Health Services. This section of the survey was used to address Hypothesis II: MTSU's school psychology alumni will report a higher barrier Likert rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and interventions) than for district, building or personal factors. There were 4 questions within this section, with each question containing subitems.

The first question in this section of the survey measured the extent to which the participants believed that district-level factors present a barrier in their provision of mental health services in their schools. The second question in this section of the survey measured the extent to which the participants believe that building-level factors present a barrier in their provision of mental health services in their schools. The third question in

this section of the survey measured the extent to which the participants believe that role factors present a barrier in their provision of mental health services in their schools. The fourth question in this section of the survey measured the extent to which the participants believe that personal factors present a barrier in their provision of mental health services in their schools. A Likert scale was used for all the question within this section. Rating options for the Likert scales were 1 = *No a Barrier*, 2 = *Slight Barrier*, 3 = *Moderate Barrier*, 4 = *Significant Barrier*, 5 = *Extreme Barrier*.

Section IV: Stressors. This section of the survey was used to address Hypothesis III: MTSU school psychology alumni will report that average stressor from such factors as: role expectation, support, important decision-making and insufficient time decrease as experience increases. There was one question in this section with sub-items. This question asked the respondents to rate sub-items containing possible stressor that they believe they are experiencing. A Likert scale was used for this question. Rating options for the Likert scale were 1 = *Not a Stressor*, 2 = *Slight Stressor*, 3 =*Moderate Stressor*, 4 = *Significant Stressor*, 5 = *Extreme Stressor*.

Section V: Protective Factors. This section of the survey was used to address Hypothesis IV: MTSU's school psychology alumni will report having a higher average number of internal protective factors that help them overcome potential stressors than an average number of external protective factors. There were two questions in this section. Both of the questions within this section were in a short answer format. In the first question, the participants were asked to list internal protective factors that they possess that aids in their resiliency to potential stressors of the school psychology profession. The

second question asked participants to list external protective factors that they possess that aids in their resiliency to potential stressors of the school psychology profession.

Procedure

I sent recruitment emails for potential participants through MTSU school psychology Listserv: schoolpsychologymtsu@lists.mtsu.edu and I posted recruitment information on the MTSU School Psychology Facebook Page. I also sent emails to Alumni's personal and work email addresses that were found through google searches. The latter method of recruitment was completed by obtaining a list of MTSU school psychology alumni from the psychology department's executive aide.

The recruitment information sent through the above outlets included a cover letter addressed to school psychology faculty, alumni and current students. The recipients were asked to complete the survey if they met the inclusion criteria and/or forward the information to recipients who meet the inclusion criteria. See Appendix B for a copy of the cover letter sent to potential participants. The recruitment emails contained an embedded hyperlink that opened to the web browser to the survey. Once selected, the participants were automatically directed to https://mtsu.ca1.qualtrics.com/jfe/form/SV_0vR7aQxoFXDVepn were they completed the survey. All data entered in to the Qualtrics survey site by participants were recorded, stored and managed in a secure database. The online survey was available for approximately six weeks. All participant data was extracted from the Qualtrics database and imported into Microsoft Excel to prepare pertinent data for statistical analysis in SPSS Statistics version 26.

CHAPTER III: RESULTS

Respondent Demographics

The sample of respondents (*n* = 48) were practicing in a various states, such as: Colorado, Georgia, Indiana, Kentucky, Louisiana, Maryland, North Carolina, Oregon, South Carolina, Tennessee and Utah. Of the total number of school psychologists who responded (*n* = 48),72.92% (*n* = 35), were practicing school psychology in Tennessee. Majority of the respondents 95.83% (*n* = 46), were currently practicing school psychology. Forty-Four school psychologists, 91.67%, were currently practicing school psychology in the school setting and (*n* = 4), 8.33% were not currently practicing school psychology (e.g., retired, changed job title). Participants years of experience ranged from 0 year of experience to 36 years of experience. Table 1 contains the demographics for MTSU school psychology alumni.

Table 1
Demographic Information of School Psychology Alumni Respondents

Variables	*N*	%
Position		
Currently Practicing	46	95.83
Not Currently Practicing	2	4.17
Setting		
School	44	91.67
Non-School Setting	4	8.33
Years of Experience		
0 – 4 years	21	43.75
5 – 8 years	10	20.83
9 – 12 years	6	12.50
13 – 16 years	5	10.41

Table 1
Demographic Information of School Psychology Alumni Respondents

Variables	*N*	%
17 – 20 years	2	4.17
21 – 24 years	2	4.17
25 – 28 years	1	2.08
29 – 32 years	0	0.00
33 – 36 years	1	2.08
Current State of Practice		
Colorado	1	2.08
Georgia	1	2.08
Indiana	1	2.08
Kentucky	1	2.08
Louisiana	1	2.08
Maryland	1	2.08
North Carolina	3	6.25
Oregon	1	2.08
South Carolina	1	2.08
Tennessee	35	72.92
Utah	1	2.08
No response	1	2.08

Hypothesis 1

It was hypothesized that MTSU's school psychology graduates spend less than 50% of their 40- hour work week in the field utilizing skills taught related to NASP graduate training standards 2.4 and 2.6. This hypothesis was tested using question 5 of the survey, which contained 8 sub-items. Using Excel, Cronbach's alpha was calculated to measure the internal consistency reliability of the 8 sub-items within question 5 on the survey that asked about the time MTSU school psychology graduates spent utilizing skills taught related to NASP graduate training standard 2.4 and 2.6. Cronbach's alpha for the 8 sub-items that make up question 5 was $r = 0.75$, indicating acceptable reliability.

To test hypothesis 1, an average rating response score across participants for each sub-item of question 5 was calculated using SPSS Statistics version 26. Each subitem contained one of the following skills: individual counseling, group counseling, consultation to parents/caregivers, consultation to school staff, consultation to community service providers, prevention services, direct or indirect support to behavioral interventions and in-service training to parents and/or school staff, respectively. Response options were coded 1,2,3,4 or 5(*1 = less than or equal to 5 hours per week (≤ 12.5%), 2 = less than or equal to 10 hours per week (≤ 25%), 3 = less than or equal to 15 hours per week (≤ 37.5%), 4 = less than or equal to 20 hours per week (≤ 50%), 5 = more than 20 hours per week (50%<*). One-sample *t* tests (α = .05) were used to test hypothesis 1. An average score that is less than 4 for each subitem would indicate support for hypothesis 1.

For the individual counseling sub-item, the mean of the sample from the survey (M = 1.06) was compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -81.47, p <.001. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in individual counseling activities.

For the group counseling sub-item, the mean of the sample from the survey (M = 1.06) was compared to the hypothesized mean (M = 4). A one sample t test was run and

indicated that the mean of the sample group differed from the expected mean; t (46) = -81.47, p <.001. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in group counseling activities.

For the consultation to parents/caregivers' sub-item, the mean of the sample from the survey (M = 1.85) was compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -13.60, p < .001. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in consultation to parents and caregivers.

For the consultation to school staff sub-item, the mean of the sample from the survey (M = 2.51) was compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -8.81, p < .001. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 10 hours per week in consultation to school staff.

For the consultation to community service providers sub-item, the mean of the sample from the survey (M = 1.26) compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -31.01, $p < .001$. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in consultation to community service providers.

For the prevention services sub-item, the mean of the sample from the survey (M = 1.32) was compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -27.73, $p < .001$. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in prevention services.

For the direct or indirect support to behavioral interventions sub-item, the mean of the sample from the survey (M = 1.89) was compared to the hypothesized mean (M = 4). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; t (46) = -13.03, $p < .001$. These results support the hypothesis that MTSU's school psychology alumni psychology spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training

standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in direct or indirect support to behavioral interventions.

For the in-service training to parents and/or school staff sub-item, the mean of the sample from the survey ($M = 1.26$) was compared to the hypothesized mean ($M = 4$). A one sample t test was run and indicated that the mean of the sample group differed from the expected mean; $t\ (46) = -24.59$, $p < .001$. These results support the hypothesis that MTSU's school psychology alumni spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. More specifically, results show that on average respondents reported spending less than or equal to 5 hours per week in direct or indirect support to behavioral interventions.

Hypothesis 2

It was hypothesized that MTSU's school psychology graduates would have a higher barrier rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and interventions) than for district, building and personal factors. This hypothesis was tested using questions 8, 9, 10 and 11. Using Excel, Cronbach's alpha was calculated to measure the internal consistency reliability for the 4 questions on the survey that asked about barriers for MTSU school psychology graduates. Cronbach's alpha for the 4 questions relating to hypothesis 2 was $r = 0.96$, indicating excellent reliability.

To test hypothesis 2, an average rating response score across participants for questions 8, 9, 10 and 11 were each calculated using SPSS Statistic version 26. Response

options were coded 1,2,3,4, or 5 (1 = *Not a Barrier,* 2 = *Slight Barrier,* 3 = *Moderate Barrier,* 4 = *Significant Barrier*, 5 = *Extreme Barrier*). A significant one-way repeated measures ANOVA between barrier rating scores for question 10 (role factors) and rating scores for questions 8 (district factors), 9 (building factors) and 11(personal factors) would indicate support for hypothesis 2.

A one-way repeated measures ANOVA was conducted to compare the effect of the type of factors on the average barrier rating for district, building, role and personal factors. Mauchly's test indicated that the assumption of sphericity had not been violated, $\chi 2(5) = 3.36$, $p = 0.645$, therefore degrees of freedom were corrected using Huynh-Feldt estimates of sphericity ($\varepsilon = 1.00$). A familywise alpha of .05 was used. The results show that there was a significant effect between type of factor on the average barrier rating for each factor, $F(3,129) = 36.04$, $p = .001$. The Sidak pairwise comparisons are shown in Table 2. The average barrier rating for role factors ($M = 3.64$, $SD = 0.14$) was significantly higher than the average barrier rating for district factors($M = 2.50$, $SD = 0.16$), building factors($M = 2.40$, $SD = 0.12$) and personal factors($M = 2.25$, $SD = 0.14$). These results support the hypothesis that MTSU's school psychology alumni would have a higher barrier rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and interventions) than for district, building and personal factors.

Table 2
Sidak Pairwise Comparisons for Type of Factor Effects on Average Barrier Rating

(I)	(J)	Mean Difference (I-J)	95% CI Lower Bound	95% CI Upper Bound
District	Role	-1.14*	-1.55	-0.72
District	Building	0.10	-0.28	0.48
District	Personal	0.25	-0.21	0.71
Building	Role	-1.24*	-1.60	-0.88
Building	Personal	0.15	-0.27	0.57
Personal	Role	-1.39*	-1.82	-0.95

*. The mean difference is significant at the .05 familywise alpha level.

Hypothesis 3

It was hypothesized that MTSU's school psychology graduates' average stressor ratings from such factors as: role expectation, support, important decision-making and insufficient time are consistent with previous literature in the aspect that these stressors decrease as experience increases. This hypothesis was tested using question 12 of the survey, which contained 15 sub-items. Using Excel, Cronbach's alpha was calculated to measure the internal consistency reliability for the 15 sub-items to question 12 on the survey that asked about stressors for MTSU school psychology graduates. Cronbach's alpha for the 15 sub-items relating to hypothesis 3 was $r = 0.95$, indicating excellent reliability.

To test hypothesis 3, an average rating response score for question 12 was calculated using SPSS Statistic version 26. Response options were coded 1,2,3,4, or 5 (1

= *Not a Stressor,* 2 = *Slight Stressor,* 3 = *Moderate Stressor,* 4 = *Significant Stressor*, 5 = *Extreme Stressor*). Responses from question 3 were also analyzed to test hypothesis 3. Responses were open-ended, allowing participants to enter the number of years of experience. A one-tailed Pearson's correlational analysis was used to examine the relationship between average number of stressors and years of experiences. A familywise alpha of .05 was used. Results did not indicate a relationship between average number of stressors and years of experience, r (42) = -0.07, p = .328. These results did not support the hypothesis that MTSU school psychology graduates' stressors of role expectation, support, important decision-making and insufficient time are consistent with previous literature in the aspect that these stressors decrease as experience increases. Exploratory analyses of the individual items, however, identified insufficient time to fulfil job responsibilities as being positively related to years of experience (see Table 3).

Table 3
Pearson Correlations Between Years of Experience and Individual Stressors

Individual Stressor	*r*	*p (one-tailed)*	*N*
Inadequate administrative support	-0.11	0.237	43
Resistance from teachers	-0.12	0.227	44
Resistance from students	-0.06	0.348	44
Resistance from parents	-0.14	0.187	44
Perception of limited impact on students	-0.19	0.109	44
Intensity of workload	0.15	0.167	44
Heavy caseload (i.e., psychologist to student ratio	0.10	0.250	44
Insufficient time to fulfill job responsibilities	.302*	0.023	44

Table 3
Pearson Correlations Between Years of Experience and Individual Stressors

Individual Stressor	*r*	*p (one-tailed)*	*N*
Inadequate perception of the role by others	0.02	0.454	44
Unclear expectations	-0.10	0.262	44
Making decisions that have significant ramification in the lives of children	-0.08	0.294	44
Assigning educational labels to students	0.05	0.363	44
Difficulty saying "no"	-0.23	0.064	44
Constant altering of schedule	-0.06	0.361	44
Insufficient recognition of your work	-0.05	0.374	44

*$p < .05$.

Hypothesis 4

To test hypothesis 4, an average response score across participants for questions 13 and 14 was each calculated using SPSS Statistics version 26. Participants were asked to list internal and external factors that aid in their resiliency to potential stressors of the school psychology profession. Participants received one point for each factor listed. If the average number of points a respondent received for internal protective factors was greater than the average number of points received for external protective factors, this indicate support for hypothesis 4. It should be noted that nonresponse items were treated as listing 0 factors. A paired-samples t-test ($\alpha = .05$) was used to determine if there was a significant difference between question 13 (internal protective factors) and question 14 (external protective factors). Results indicated that there was not a significant difference between the average rating score for question the internal protective factors ($M = 2.06$,

SD = 1.92) and external protective factors questions (*M* = 1.69, *SD* = 1.60), *t* (47) = 1.58, p = .121. These results did not support the hypothesis that MTSU's school psychology graduates have more internal protective factors that help them overcome potential stressors than external protective factors.

Additional Descriptive Statistics

When asked how much more time you would need to spend providing mental health services in order to effectively meet the needs of students in your school(s), 35.00% (*n* = 14) of MTSU school psychology alumni selected they would need less than or equal to 15 hours per week, 25.00% (*n* = 10) of MTSU school psychology alumni selected they would need less than or equal 10 hours per week, 17.50% (*n* = 7) of MTSU school psychology alumni selected they would need more than 20 hours per week, 12.50% (*n* = 5) of MTSU school psychology alumni selected they would need less than or equal to 20 hours per week, and 10.00% (*n* = 4) of MTSU school psychology alumni selected they would need less than or equal to 5 hours per week.

When asked to select the category or categories of school-based mental health services that is most needed in your school that is not delivered or insufficiently delivered, 26.96% (*n* = 31) of MTSU school psychology alumni selected prevention services, 24.35% (*n* = 28) of MTSU school psychology alumni selected counseling, 21.74% (*n* = 25) of MTSU school psychology alumni selected support for behavioral interventions (e.g., BIPs, FBA), 18.26% (*n* = 21) of MTSU school psychology alumni selected Inservice trainings related to school-based mental health services and 8.70% (*n* = 10) of MTSU school psychology alumni selected consultation.

CHAPTER IV: DISCUSSION

The results of the current study supported Hypothesis 1 and showed that school psychology alumni much spend less than 50% of their 40-hour work week in the field utilizing each skill taught related to NASP graduate training standards 2.4 and 2.6. Friedrich (2010) found that school psychologists spend 50% of their 40-hour work week engaging in the provision of mental health services. This discrepancy could be due to Friedrich (2010) assessing mental health services as a whole, whereas the current study examines specific skills taught related to NASP graduate training standards 2.4 and 2.6 individually. Similar to the current study, Eklund, Meyers, Way and Mclean (2017) found that on average school psychologists spend approximately 4.89 hours per 40-hour work week providing school-based mental health services. All in all, many studies have agreed that school psychologists spent most of their time in traditional special-education gate-keeper roles (Bramlett et. al., 2002 & Fagan & Wise, 2007). It should also be noted that majority of the respondents (65%) for the current survey indicated that they would need to spend an extra 6 or more hours to provide mental health services in order to effectively meet the needs of students in their school(s).

There is a substantial need for school-based mental health services, as the mental health needs of many students are left unmet (Eklund, 2017). The participants in this study have a desire to provide mental health services to their students but indicated that they need more time to effectively meet the needs of their students. Since the 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEIA), the Response to Intervention (RtI) model, now named RtI^2, has been a major component

of the expanded role of school psychologists (Warner, 2018). School psychologists use the RtI^2 model for services related to the traditional special-education gate-keeper roles with a new focus of preventions, intervention and progress monitoring for academic skills. The expanded role of school psychologists could be more focused on the implementation of RtI^2, instead of school-based mental health services. Gresham (2005) proposed that the RTI model be used to serve the unmet needs of school-aged children unserved or underserved with emotional and behavioral difficulties, this includes: universal interventions for all students, selected interventions for students who do not respond to the universal intervention and targeted and intensive interventions for targeted students with severe behaviors.

I am in agreement with Gresham (2005) and believe that school psychologists could dedicated some more of their time to the unserved or underserved children with emotional and behavior difficulties. The RtI^2 model makes responding to these needs more feasible and efficient because students could be identified through universal screenings already in place in many schools and provided services as soon risk factors are noted. Intervention within the RtI^2 model also intensifies as students are more at-risk and/or have greater needs. In collaboration with teachers and other mental health service providers within the school, school psychologists could help decrease the number of unserved and underserved student in their school.

The results of the current study also supported hypothesis 2 and showed that MTSU's school psychology alumni have a higher barrier rating for time-consuming role responsibilities in providing traditional services (e.g., academic assessments and

interventions) than for district, building and personal factors. Many studies identified time-consuming responsibilities, insufficient resources in the district, perception of the role of school psychologists by administration and other school personnel, limited opportunities for professional developmental and lack of confidence in trained skills as barriers to providing school-based mental health services (Eklund et. al., 2017; Fagan & Wise, 2007; Gilman & Medway, 2007; Hanchon & Fernald, 2013 & Splett et. al., 2013).

From practicum courses and informal conversations with school psychologists, I can attest that school psychologists are spending most of their time providing traditional services (i.e., administering assessment, reviewing progress monitoring and benchmarking data, consulting with teachers, conducting IEP team meetings). I also observed that school psychologists in Tennessee, which is where a great portion of the respondents were currently practicing, are heavily invested in their traditional gate-keeper role to special education. This is why I hypothesized that this would be a higher barrier than district factors, building factors and personal factors. It can be said that school psychologists in Tennessee role expansion is weighed more towards RtI^2 as it relates to traditional gate-keeper roles to special education than school-based mental health services.

The results of the current study did not support hypothesis 3; instead results indicated that there was no relationship between average number of stressors and years of experience for MTSU school psychology alumni. This is not consistent with Leung's and Jackson's (2014) statement that novice school psychologists in their first 8 years of practicing are more likely to experience stress than midcareer and veteran practitioners.

Leung and Jackson (2014) stated that novice school psychologists are often overwhelmed as they have difficulty saying "no," because that have a desire to serve and to prove their competence. It should be worth noting that a respondent from the current survey with 13 years of experience listed "learning to say no" as an internal protective factor for question 13 on the survey.

The results of the current study did not support hypothesis 4; instead the results indicated that there was not a significant difference between internal protective factors and external protective factor for MTSU school psychology alumni. Leung & Jackson (2014) believe that resiliency is nurtured through internal and external protective factors that promote professional effectiveness, enthusiasm and confidence. Many of the respondents listed self-care routines, not taking things personally, work-life balance and passion for helping children as internal protective factors. For external protective factors, many respondents listed family, friends, coworkers, supervisors, NASP and TASP (Tennessee Association of School Psychologists). It should be noted that for the external protective factors question, one respondent wrote, "Honestly, this is lacking. I often feel alone on the island, with the other inhabitants having togetherness an [d] me being alone (referencing school building dynamics and the SP being the outsider). Having more opportunity to debrief with other school psychologists would be a tremendous help".

The results from the current study informs me that if I want to see change in the role of a school psychologist and contribute to student's mental health needs being met, I have to be the change. I understand that school psychologists have many roles and the focus is more so on traditional roles; however, I have a duty to ensure that every child's

educational needs are being met. Gresham (2005) explained that children with social-emotional difficulties suffer in their academics. If I am able to serve the child's mental-health needs, I will possibly be able to prevent poor academic functioning, school drop-out, delinquency, substance abuse, unemployment, poverty and suicidal behavior. All of the aforementioned negative outcomes have been identified by previous studies as the consequence for not receiving early identification and interventions for mental illnesses (Costello et. al., 2003; Fergusson & Woodward, 2002).

Limitations

One limitation of this study was that not all of the respondents were practicing school psychology in a school setting and understanding the extent to which school psychologists provide mental health services in the school setting was a core component of the current study. Data from survey results included responses from MTSU school psychology alumni, whether they were currently practicing school psychology and whether they were currently practicing school psychology in a school setting. Depending on when the respondent stopped practicing school psychology and when stop practicing school psychology in a school-setting, factors within schools may have changed. Although only 4.17% of the respondents were not currently practicing school psychology and only 8.33% of the respondents were not currently practicing school psychology in a school setting, this study may not adequately represent the time spent providing mental health services, barriers or stressors.

Another limitation of this study was the survey's format. On question 5 of the survey, all of the sub-items represented hours spent providing mental health services and

it is not statistically appropriate to create averages based on all sub-items. Also, the response options were overlapping when they should have been exclusive. Both of these factors resulted in the hypothesis having to be altered and changed comparing the amount of time participants spent in each of the mental health related services aligned with the sub-items, instead of comparing the amount of time participants spent providing mental health services as a whole.

Some of the participants left some of the question blank, meaning that their experiences were not as fully represented compared to respondents who completed the full survey. It is unknown why some of the question were left blank, but it is the participants right to skip any questions that they do not feel comfortable answering.

Future Research

I did not find any similar research that has been conducted for other universities in Tennessee. It would be beneficial to continue this study and to reach a wider audience of school psychology graduates in Tennessee. There were not many studies found related to stressors of school psychologists and no studies were found related to the resiliency of school psychologists. Additional research is needed in these areas. It would also be beneficial to examine the other graduate training standards related to school-based mental health services outside of standards 2.4 and 2.6. For future research, the current survey and scales would benefit from further development to more precisely measure time spent utilizing school-based mental health services. I would suggest for the questions to be open-ended and exclusive to one another to avoid overlapping responses. I would also

restrict the sample only to alumni currently practicing school psychology in the school setting.

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APPENDICES

APPENDIX A: SURVEY

The Role in School-Based Mental Health Services Survey for MTSU's School Psychology Alumni

Section I: Demographic Information

1. Are you currently practicing school psychology?
   a. Yes
   b. No

2. Are you currently practicing school psychology in a school-setting?

   a. Yes
   b. No

3. Years practicing school psychology in a school setting (including present year)? _____

4. In what state are you currently practicing? _____

Section II: Time Spent Providing School-Based Mental Health Services.

5. On average, how often do you provide each of the following school-based mental health services? (Please Select) 1= *less than or equal to 5 hours per week (≤ 12.5%),* 2 = *less than or equal to 10 hours per week (≤ 25%),* 3 = *less than or equal to 15 hours per week (≤ 37.5%)*, 4 = *less than or equal to 20 hours per week (≤ 50%)*, 5= *more than 20 hours per week (50%<)*

A. During my 40-hour work week, I provide individual counseling	1	2	3	4	5
B. During my 40-hour work week, I provide group counseling	1	2	3	4	5

C. During my 40-hour work week, I provide Consultation to parents/caregivers	1	2	3	4	5
D. During my 40-hour work week, I provide Consultation to school staff	1	2	3	4	5
E. During my 40-hour work week, I provide Consultation to community services providers	1	2	3	4	5
F. During my 40-hour work week, I provide Prevention Services (e.g., suicide, bullying and threat assessment)	1	2	3	4	5

G. During my 40-hour work week, I provide direct or indirect support to behavioral interventions (e.g., Functional Behavioral Assessments, participate on behavior team, behavior intervention plans)	1	2	3	4	5
H. During my 40-hour work week, I provide Inservice training to parents and/or school staff	1	2	3	4	5

6. Please indicate how much more time you would need to spend providing mental health services in order to effectively meet the needs of students in your school. (Please Select) 1= *less than or equal to 5 hours per week (≤ 12.5%),* 2 = *less than or equal to 10 hours per week (≤ 25%),* 3 = *less than or equal to 15 hours per week (≤ 37.5%)*, 4 = *less than or equal to 20 hours per week (≤ 50%)*, 5= *more than 20 hours per week (50%<)*

1	2	3	4	5

7. Please select the category or categories of school-based mental health services that is most needed in your schools that is not delivered or insufficiently delivered.

    1. Counseling
    2. Consultation
    3. Prevention Services

4. Behavioral related services
5. Inservice Training

Section III: Barriers to Providing School-Based Mental Health Services

8. To what extent do you feel each of the following factors present a barrier in your provision of mental health services in your school(s)? (Please Select) 1= *Not a Barrier,* 2= *Slight Barrier,* 3= *Moderate Barrier,* 4= *Significant Barrier*, 5= *Extreme Barrier*

A. My school district does not give me explicit permission to provide mental health service	1	2	3	4	5
B. My school district does not provide professional development relevant to school-based mental-health services	1	2	3	4	5
C. My school district does not support the mental health service provision (e.g., no initiatives that prioritize mental health, lack of sufficient funding and personnel resources.	1	2	3	4	5

D. My school district has insufficient funds for mental health services from district administration	1	2	3	4	5

9. To what extent do you feel each of the following factors present a barrier in your provision of mental health services in your school(s)? (Please Select) 1= *Not a Barrier,* 2= *Slight Barrier,* 3= *Moderate Barrier,* 4= *Significant Barrier*, 5= *Extreme Barrier*

E. I have insufficient support for providing school-based mental health services from school administrators	1	2	3	4	5
F. School staff is not supportive of students receiving mental health services at school.	1	2	3	4	5
G. School staff believe schools are accountable for students' academic success only (vs. behavioral or social wellness)	1	2	3	4	5

H. School staff believes that a school psychologist's primary role is to assessment and provide academic/ learning interventions	1	2	3	4	5
I. The Teachers in my assigned school building(s) are unaware of mental health services that school psychologists can provide	1	2	3	4	5

10. To what extent do you feel each of the following factors present a barrier in your provision of mental health services in your school(s)? (Please Select) 1= *Not a Barrier,* 2= *Slight Barrier,* 3= *Moderate Barrier,* 4= *Significant Barrier*, 5= *Extreme Barrier*

J. I am responsible for being a gatekeeper to special education services	1	2	3	4	4
K. I have too many psychoeducational evaluations to complete	1	2	3	4	4

L. I have an insufficient amount of time between my school sites.	1	2	3	4	4
M. I have too many responsibilities as the school psychologists	1	2	3	4	4
N. There are overlapping responsibilities among mental health professional (e.g., social workers, guidance counselors, psychologists)	1	2	3	4	4

11. To what extent do you feel each of the following personal factors present a barrier in your provision of mental health services in your school(s)? (Please Select) 1= *Not a Barrier,* 2= *Slight Barrier,* 3= *Moderate Barrier,* 4= *Significant Barrier*, 5= *Extreme Barrier*

A. I am experiencing burn out (i.e., emotional/physical toll incurred by providing mental health services)	1	2	3	4	5

B. I have a personal desire to provide traditional services such as assessment	1	2	3	4	5
C. I have insufficient confidence in my ability to provide mental health services	1	2	3	4	5
D. I have insufficient knowledge/skills relevant to mental health service provision (i.e., not enough didactic training or applied experiences)	1	2	3	4	5

Section IV: Stressors

12. Rate each of the following stressors (Please Select) 1= *Not a Stressor,* 2= *Slight Stressor,* 3= *Moderate Stressor,* 4= *Significant Stressor*, 5= *Extreme Stressor*

A. Inadequate administrative support	1	2	3	4	5
B. Resistance from teachers	1	2	3	4	5

C. Resistance from students	1	2	3	4	5
D. Resistance from parents	1	2	3	4	5
E. Perception of limited impact on students	1	2	3	4	5
F. Intensity of workload	1	2	3	4	5
G. Heavy caseload (i.e., psychologist to student ratio)	1	2	3	4	5
H. Insufficient time to fulfill job responsibilities	1	2	3	4	5
I. Inadequate perception of the role by others	1	2	3	4	5
J. Unclear expectations	1	2	3	4	5
K. Making decisions that have significant ramification in the lives of children	1	2	3	4	5
L. Assigning educational labels to students	1	2	3	4	5
M. Difficulty saying no when administrators or school staff ask you to do	1	2	3	4	5

something that is not aligned with your responsibilities as a school psychologist					
N. Constant altering of schedule	1	2	3	4	5
O. Insufficient recognition of your work	1	2	3	4	5

Section V: Protective Factors

13. Short answer: List internal protective factors (e.g., personality traits, skills, strengths) that you possess that aids in your resiliency to potential stressors of the school psychology profession.
14. Short answer: List external protective factors (e.g., support system) that you possess that aids in your resiliency to potential stressors of the school psychology profession.

APPENDIX B: COVER LETTER REQUESTING PARTICIPATION

Dear School Psychology Faculty and Alumni and Current Students,

My name is Re'Khel L. Burke. I am a master's student in the school psychology program at Middle Tennessee State University. I am conducting my thesis research on the role of MTSU's School Psychology Alumni in School-Based Mental Health Services. I am writing to ask for your assistance in reaching out to MTSU school psychology alum in their first 8 years of practice who are eligible to complete a 20-minute, anonymous Qualtrics survey that has been approved by the Middle Tennessee State University Institutional Review Board.

I would greatly appreciate you taking the time to forward this invitation to any school psychologists you may know of who graduated from MTSU between 2011 and 2019 who may not have received this message. If you graduated from MTSU between 2011 and 2019, I would appreciate you considering taking the survey. If you have any questions, please feel free to contact me at Re'Khel.Burke@mtsu.edu.

Access the study (and the consent form with more information)
here: https://mtsu.ca1.qualtrics.com/jfe/form/SV_0vR7aQxoFXDVepn

Study Description & Purpose -
Survey school psychologists to better understand their role in school-based mental health services and how they handle potential stressors of the field.

Target Participant Pool-
School psychologists who are alumni of MTSU school psychology program that are in their first 8 years of practice.

Risks & Discomforts-
There is little to no risk for participating in this study. Stressors may cause participants to think about something unpleasant. It should not cause any major discomfort.

Benefits-
Result may provide an understanding of the expanded role of school psychologists and bring awareness of how school psychologists moderate professional stressors to current graduate students.

Additional Information-
When you enter the survey, you will be asked to give consent for your results to be used for this study.

Compensation-
None

Contact Information-
Re'Khel L. Burke: Re'Khel.Burke@mtsu.edu

I appreciate your assistance,

Yours Sincerely,

Re'Khel L. Burke

Qualtrics Link for Survey -
https://mtsu.ca1.qualtrics.com/jfe/form/SV_0vR7aQxoFXDVepn

APPENDIX C: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

IRB
INSTITUTIONAL REVIEW BOARD
Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

MIDDLE TENNESSEE STATE UNIVERSITY

IRBN007 – EXEMPTION DETERMINATION NOTICE

Thursday, April 09, 2020

Principal Investigator	**Re'Khel L. Burke** (Student)
Faculty Advisor	Monica Wallace
Co-Investigators	NONE
Investigator Email(s)	*re'khel.burke@mtsu.edu; monica.wallace@mtsu.edu*
Department	Psychology
Protocol Title	***The Role of Middle Tennessee State University's Alumini in School-Based Mental Health Services***
Protocol ID	**20-1168**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXEMPT** review mechanism under 45 CFR 46.101(b)(2) within the research category *(1) Educational Settings & Instructional Strategiesnd medical devices* A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	**EXEMPT from furhter IRB review*** **	Date	**4/9/20**
Date of Expiration	**5/31/2021**		
Sample Size	150 (ONE HUNDRED and FIFTY)		
Participant Pool	**Healthy adults (18 or older) - MTSU Alumni**		
Exceptions	Online consent followed by internet-based survey using Qualtrics is permitted (Qualtrics links on file)		
Mandatory Restrictions	1. Participants must be 18 years or older 2. Informed consent must be obtained from the participants 3. Identifying information must not be collected		
Restrictions	**1. All restrictions for exemption apply.** **2. Mandatory active informed consent with age-verification.** **3. NOT approved for in-person data collection.**		
Approved IRB Templates	IRB Templates: Online Informed Consent and Recruitment Email Non-IRB template: Recruitment script		
Funding	NONE		
Comments	Reer to the Post-Approval section for important COVID-19 instructions		

***Although this exemption determination allows above defined protocol from further IRB review, such as continuing review, MTSU IRB will continue to give regulatory oversight to ensure compliance.

Summary of Post-approval Requirements:

The investigator(s) indicated in this notification should read and abide by all applicable post-approval conditions (refer "*Quick Links*" below for more information):

- PI must close-out this protocol by submitting a final report before **4/30/2021**; if more time is needed to complete the data collection, the PI must request an extension. NO REMINDRES WILL BE SENT. **Failure to close-out (or request extension) may result in penalties** including cancellation of the data collected using this protocol or withholding student diploma.
- IRB approval must be obtained for all types of amendments, such as:
  - Addition/removal of subject population and sample size
  - Change in investigators
  - Changes to the research sites – appropriate permission letter(s) from may be needed if the study will be conducted at a non-MTSU location
  - Alternation to funding
- Modifications to procedures must be clearly described in an addendum request form and the proposed changes must not be incorporated without an approval
- The proposed change must be consistent with the approved protocol and comply with exemption requirements
- Research-related injuries to the participants and other events , such as, deviations & misconduct, must be reported within 48 hours of such events to compliance@mtsu.edu

Post-approval Protocol Amendments:

The current MTSU IRB policies allow the investigators to implement minor and significant amendments that would not result in the cancellation of the protocol's eligibility for exemption. ***Only THREE procedural amendment requests will be entertained per year. This amendment restriction does not apply to minor changes such as language usage and addition/removal of research personnel.***

Date	Amendment(s)	IRB Comments
NONE	NONE.	NONE

Post-approval IRB Actions:

Date	IRB Action(s)	IRB Comments
04/09/2020	The Faculty Advisor is given the administrative authority to make the necessary amendments to protect the health and welfare of participants during the COVID-19 National Emergency. The FA must, however, notify the IRB (via simple emails or through standard amendment documentation) after such changes were made. The IRB will audit the amendments and will suggest remedial measures if needed..	COVID-19

Mandatory Data Storage Requirement:
All research-related records (signed consent forms, investigator training and etc.) must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data must be stored for at least three (3) years after the study is closed. Additionally, the Tennessee State data retention requirement may apply (*refer "Quick Links" below for policy 129*). Subsequently, the data may be destroyed in a manner that

maintains confidentiality and anonymity of the research subjects. **The IRB reserves the right to modify/update the approval criteria or change/cancel the terms listed in this notice**. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board
Middle Tennessee State University

Quick Links:

- Post-approval Responsibilities: http://www.mtsu.edu/irb/FAQ/PostApprovalResponsibilities.php
- Exemption Procedures: https://mtsu.edu/irb/ExemptPaperWork.php
- MTSU Policy 129: Records retention & Disposal: https://www.mtsu.edu/policies/general/129.php