



***SUPPORTING STUDENTS WITH  
MENTAL HEALTH CHALLENGES  
THROUGH THE LENS OF A  
COMMUNITY OF PRACTICE***

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## **Acknowledgements and Dedication**

To Colonel Fred Gluck, my grandfather, who continually told me that I had great ideas that could change the world. He always shared how he felt I had a gift of helping others and that I needed to share my ideas with the world. As soon as I graduated college he began asking me, “When are you going to write your ideas down and publish them? Every phone conversation and visit with him resulted in him asking, “Did you publish anything yet?” Grandpa, this Capstone Project is dedicated to you! Thank you for your encouragement, not so subtle nudges, always believing me and pushing me to reach this milestone.

To my Mom and Dad, thank you for continued love and support in everything I do and for providing me with the foundational skills necessary for success as well as the freedom to spread my wings and fly. Everyday you show me what you can achieve through love, kindness, and hard work. You continually remind me that I can do anything I set my mind to and encourage the process. Thank you for raising me with the values of grit and compassion. The best lessons in life I have learned from both of you.

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To the “Student Support Professionals” in the Edgewood District, thank you for your willingness to partner with me for this Capstone Project. I have learned a lot from each of you during this process and am grateful for the time I got to spend with each of you. Your students are lucky to have you all!

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## EXECUTIVE SUMMARY

This capstone project explores the relationships between members of the Department of Special Services, Department of School Counseling, and the school-based social workers within the Edgewood School District. This project aims to provide insights into the level of collaboration that currently exists within a K-12 public school district and identify how each group can work together more efficiently and effectively to support students with mental health needs.

This context was examined through the sociocultural theory lens, which indicates that human learning is a social process (Vygotsky, 1978). More specifically, this project was viewed through the Communities of Practice (CoP) theoretical framework which also suggests that learning is gained through experience and is a result of social processes that require problem solving with other individuals (Stein, 1998). A CoP's purpose is to develop members' capabilities as well as to build and exchange knowledge (Lave & Wenger, 1991; Wenger, 2000; 2011; 2015). I utilized the three dimensions of CoP (Domain, Community, and Practice) as well as the Practice's three structural elements (Joint Enterprise, Mutual Engagement, and Shared Repertoire) as discussed by Wenger (1998) to explore the current relationships between the various individuals identified as the "student support" professionals. The CoP conceptual framework was also utilized to identify ways in which these individuals can work together and learn from one another as a means to meet the mental health needs of their entire student body.

Integrating the organizational context, literature review, and conceptual framework, I generated the following research questions:

1. What does each "student support professional" (members of the Department of Special Services, school counselors, directors, school-based social workers, and mental health

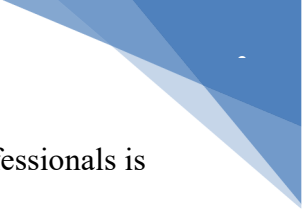


clinicians) understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?

2. How do student support professionals in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?

This project employed a mixed-methods approach. I targeted the twelve individuals identified as the student support professionals (Child Study Team members, school counselors, school-based social workers and the contracted mental health clinician) and interviewed them to understand their perspectives regarding the roles and responsibilities and areas of expertise within each position, the level of collaboration that currently exists between and across departments, and the resources that are available. I also surveyed the twelve individuals to determine the frequency of collaboration that exists between and across departments and buildings and to identify each member's perceived level of responsibility and expertise regarding supporting students with mental health challenges. I conducted observations of meetings with the Department of Special Services and the Department of School Counseling to gauge each member's level of participation within their department meetings. Last, I reviewed the district's Board of Education approved job descriptions to compare with the interview and survey responses regarding each position's roles and responsibilities. My data analysis yielded the following findings:

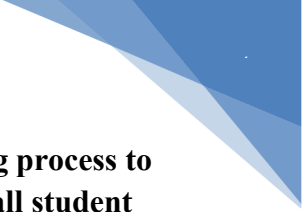
1. BOE job descriptions are not clearly defined, accurate, and/or up to date. This leads to staff members not having a clear understanding of the assigned roles and responsibilities expected of each student support professional.

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2. The level of mutual engagement between various student support professionals is very limited. This hinders the group's ability to foster meaningful collaboration across various departments and schools within this PreK-12 public school.
  3. The student support professionals do not have an established shared repertoire. This limits the interactions and prevents collaboration across schools and departments and reduces collaborative efforts between staff members.
  4. All members of the student support professionals group expressed a desire to develop culture of collaboration. This highlights that the members of the group have a shared interest in the domain of mental health and are open to collaborating with other individuals.
  5. Identified experts utilized the most “air time” in department meetings. This limits opportunities for Legitimate Peripheral Participation (LPP) with the CoP’s Practice dimension and reduces the frequency of meaningful learning opportunities for less experienced staff members.

Aligning my findings and in-depth literature of mental health supports in schools and the structural framework of Communities of Practice, I generated the following recommendations:

**Recommendation 1a: Edgewood School District should update the board of education approved job descriptions and organizational chart to include the positions currently in place and the specific roles and responsibilities identified with each position.**

I recommend that the Administrative Team review all of the BOE approved job descriptions and District Organizational Structure Chart as a means to update each position’s roles and responsibilities to reflect the current expectations of each position, which includes a shared responsibility of providing mental health support to all students.



**Recommendation 1b: Edgewood School District should engage in an onboarding process to explicitly explain the new job descriptions, specific roles and responsibilities of all student support professionals to each member within the various departments.**

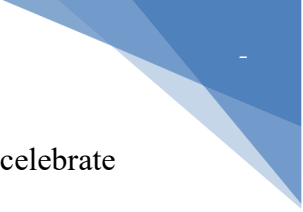
After the updated job descriptions have been adopted by Edgewood’s Board of Education, I recommend that the administration develop and implement an onboarding process to explain the specific roles and responsibilities of all the “student support” positions, specifically with regards to their shared responsibility of supporting students with mental health challenges.

**Recommendation 2: Administrators within Edgewood School District should facilitate the development of a Mental Health CoP and implement monthly meetings between all student support services staff.**

I recommend that Edgewood student support staff form a Community of Practice around the shared domain of supporting students with mental health challenges to increase the level of mutual engagement that exists between the Department of Special Services, Department of School Counseling, and school-based social workers. Through these meetings all individuals will have the opportunity to build relationships, develop a shared repertoire, and increase the level of collaboration with individuals across different departments and building assignments.

**Recommendation 3: Student Support Professionals should develop a shared repertoire by identifying common resources, methodologies, tools, and curricula that all departments and schools can utilize to support students with mental health challenges.**

In an effort to eliminate the current siloed approach to supporting students with mental health challenges, it is recommended that the student support professionals develop common resources, tools, and methodologies based on best practices of supporting students with mental health challenges. As part of the monthly meetings all members should have the opportunity to



discuss any challenges they are dealing with, share suggestions, exchange ideas, and celebrate successes with regards to supporting students with mental health challenges.

**Recommendation 4: Edgewood School District Administration should capitalize on the staff's shared interest in the domain of mental health challenges in school and support the staff members' desire for mutual accountability in helping students in crisis.**

It is recommended that the district highlight the positive practices that are already in place across the district and publicly acknowledge that all 12 individuals have a collective desire to meet as a unit. As a means to support the individuals desire for mutual accountability it is recommended that administration prioritize time for the support staff to meet as a collective group and allow additional time for the group to meet informally outside of the scheduled meetings.

**Recommendation 5: Edgewood School District should increase the frequency of Legitimate Peripheral Participation in the CoP's Practice dimension by providing less seasoned staff with opportunities to share tasks with "experts" across departments, as well as more actively participate within department meetings.**

It is recommended that Edgewood Department of Special Services should provide less seasoned staff with more opportunities to actively participate by requiring them to present on different topics during department meetings as well as pairing them with the identified experts to provide the SEL support to students.

It is noteworthy to recognize some limitations of this project. One of them was that the three building principals did not participate in the study. A second limitation was the impact of the COVID-19 pandemic, which prompted the district to operate in an unprecedented manner. It also hindered my ability to observe the participants in their natural environment.






## **Introduction**


According to the Center for Disease Control (CDC), one in four teens suffer from anxiety and depression, yet only 20% of teens who suffer from mental health challenges receive the help they require. Unfortunately, children and families who struggle with mental illness often do not have access to the treatment they need. According to Mental Health America (2020), 59% of America's youth who suffer from major depression receive no mental health treatment at all. Suicide is now the 2nd leading cause of death for children ages 10-14 (National Institute of Mental Health, 2021). In response to this increase in mental health difficulties, recent studies reflect a trend toward expanding school mental health programs to provide mental health support in schools (Weist, 1997).

The existing literature indicates that in many schools there is a range of preventative and reactive interventions that support students' mental health needs, which include counseling sessions, mindfulness techniques, and coping skills instruction. (Adelman, 1996; Adelman & Taylor 1997, 1999, 2002). Studies also show that multidisciplinary collaboration is required to successfully implement preventative and early intervention programs to support students' emotional needs (Porter et. al, 2000). However, few schools have enough staff or resources to support the large number of students who experience high levels of anxiety and depression. Collaboration between all mental health providers increases the opportunity to maximize resources and increase the number of services and quality of services to all students who struggle with mental health needs. When all mental health professionals work together as a team they are more equipped to provide an effective continuum of care (Weist, 1997; Porter et al., 2000; Adelman & Taylor, 1993).



Both the Department of School Counseling and Department of Special Services in the Edgewood School District strive to provide social-emotional support to students in their district. However, currently each of these student support services departments functions independently, tending to their own assumed responsibilities. The purpose of this project is to first examine the written job descriptions as well as the identified roles and responsibilities of each "student support professional", which includes the school-based mental health clinician, the school-based social workers, school counseling department, and the Department of Special Services within the Edgewood School District as a means to assess each member's understanding of the expectations within each job title. A job description should specifically state the skills, tasks, and experiences that are required by a staff member (Jacobson et. al, 2012). A poorly defined job description makes it challenging for staff members to be successful and hinders the collaboration between multidisciplinary workplace teams (Jacobson et. al, 2012). When there are conflicts and confusion with specific roles of employees, it is difficult for the various staff members to work together. This confusion is often a result of poorly operationalized and defined job tasks (Gates & Akabas, 2007). Without having a sound understanding of the expected roles and responsibilities assigned to each position, individuals will struggle with initiative and engaging in collaborative efforts with members of other departments. Before an individual can collaborate with other individuals in a group, they must first have a clear understanding of each member's roles and responsibilities.

Following the examination of job descriptions, roles and responsibilities, the second purpose of this study is to use the Communities of Practice theoretical framework to further examine the relationships among the "student support professionals", as a means to identify how each group can work together to more efficiently and effectively support students with mental




health needs. Lave & Wenger (1991) coined the term Community of Practice (CoP) and developed a framework to conceptualize learning among members of a group. This framework includes a domain (the common interest), community (the group pursuing the interest), and practice (the way the group engages in activities together). Within the Practice dimension of the CoP framework there are also three structural elements: mutual engagement, joint enterprise, and shared repertoire. When these elements are in place, an effective community of practice can exist (Wenger, 1998). In a CoP the goal of learning can be the reason a community comes together, or it can be a secondary outcome that arises as members share ideas with one another through discussions and shared tasks (Wenger, McDermott, & Synder, 2002). Either way, through this process all individuals gain more knowledge and the group bonds as a unit. Over time members of a CoP build a common perspective on the topic that brought them together in the first place; this strengthens the personal relationships of group members and increases collaboration between the various individuals (Wenger 1998). The purpose of a CoP is to develop members' abilities as well as increase and share knowledge (Wenger 2010, 2011, 2015).

It is also important to note that my partner organization asked to remain anonymous therefore the name "Edgewood" is a pseudonym for the PreK-12 school district I worked with.

### **Organizational Context**

The Edgewood School District is a preK-12 public school district that serves close to 1,200 students and employs approximately 100 teachers in the town of Edgewood, NJ. The vision for the Edgewood school community is one in which all members are focused on the academic, emotional, and social development of each student as an individual, with an emphasis on caring. The district is broken down into three different schools based on academic grades: Prek-3, 4-6, and 7-12. In

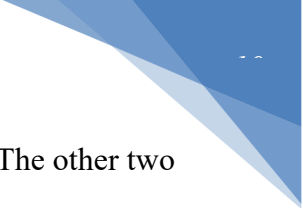


addition to the teaching staff, the district employs various student support professionals which include the following members of the counseling department and department of special services: counselors, child study team (CST) members, related service providers, and other specialists. (Edgewood Program of Studies, 2021).

The Department of School Counseling provides guidance and counseling services to all students. The counselors work comprehensively to address academic development, career development and social/emotional development of their students. The school-counseling department delivers therapeutic services through social and emotional learning (SEL) programs, curriculum, prevention, and response/crisis intervention. The SEL programs serve to promote mental health wellness through teaching students mindfulness techniques, emotional regulation strategies, and coping skills for all students.

These counseling supports include help with personal problems, academic concerns, post high school plans and career development, but very rarely involve addressing students who suffer from major depression or anxiety. According to the Director of Counseling, helping students to reach their potential is the ultimate goal of the school counseling program. However, the members within this counseling department are pulled in many directions as they are responsible for providing a full range of educational opportunities through individual and group counseling sessions, student and parent orientation meetings and bulletins, daily announcements, visitations by school, college and armed services representatives and access to Naviance, a career/college preparation resource (Edgewood Program of Studies, 2021)


The high school counseling department consists of three school counselors and one student assistance counselor (SAC). The Director of School Counseling supports students in grades 7 and 8



and is the leader of the department as she supervises the other high school counselors. The other two counselors support students in grades 9-12 while the SAC supports students in all grades who may require a higher level of therapeutic support. Each elementary school (K-6) is afforded a social worker to deliver counseling services, facilitate social skills lessons, attend IEP meetings, complete social evaluations, and act as the building 504 coordinator. Within the district's organizational structure, there is no one individual who oversees the entire counseling program. The Director of Counseling reports to the high school principal, while the other two counselors and SAC report directly to the Director of Counseling. The social workers based at the two elementary schools report directly to their building principal and are a school-based staff member, they are not a part of the Counseling Department nor are they part of Special Services.

The Department of Special Services is comprised of a team of professionals who provide consultations and evaluations to support students, teachers and parents of students who present with school-related difficulties, including mental health challenges. The members of Special Services include the director of the department as well as the child study team (CST) that is made up of two school psychologists, one social worker, and one learning disabilities teacher consultant (LDTC) who work to support the 205 classified students across the district. Additionally, the District has partnered with an outside mental health agency for the provision of a mental health clinician to serve at a district level. This clinician currently performs risk assessment and supports high risk classified students. The Director of Special Services oversees, supervises, and leads all staff members within this department, across all three schools and all grades preK-12.

In 2018 the Edgewood School District suffered a great loss as one of their students died by suicide. This tragedy significantly impacted the Edgewood community and as a result the district has

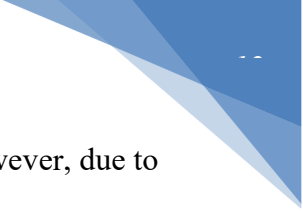


placed an emphasis on social and emotional learning initiatives related to mental health. Therefore, my area of inquiry is directly tied to mental health support in schools and the investigating ways in which the Department of Special Services, Department of School Counseling, and the mental health clinician can work together to more effectively meet the mental health needs of their students.

Through my inquiry I am hoping to help the Edgewood School District better understand the ways in which all student support professionals can work collaboratively to best support the mental health needs of their students.

### **Problem of Practice**


In the United States, the number of students experiencing mental health issues is on the rise. Findings from epidemiological studies of high-income countries show that between 8-18% of school aged children suffer from a psychiatric disorder (Fazel et al., 2014). According to Mental Health American's (MHA) 2020 Youth Data Report, the number of youths who are experiencing severe major depression has increased by 121,000 when compared to the 2019 data set. Furthermore, even more children exhibit a less severe, but still negatively impacting level of anxiety, depression, or emotional challenges that often can lead to educational failure. Due to these mental health challenges students struggle with completing work, attending school, and effectively utilizing coping strategies when they become stressed (Burckhardt et al., 2015). In addition, students who suffer from mental health challenges are also subject to bullying in school, poor peer relationships, and difficulty with social interactions; all of which lead to struggles with academic attainment, cognitive progress and emotional control (Fazel et al., 2014). To address the wide range of student needs, school districts rely on a variety of staff members to support students' mental health. When mental health supports are infused within a school, they can create a continuum of integrated care that improves



both the mental health and academic achievement of students (Fazel et al., 2014). However, due to the recent increase in the number of students who require this level of support paired with school staff members being tasked with multiple responsibilities, students with mental health challenges are often not receiving the level of support they need in order to be successful in school (Porter et al., 2000).

Both the Department of School Counseling and Department of Special Services in Edgewood strive to provide social-emotional and academic support to students in the district. However, despite having two Directors, five school-based counselors/social workers, one student assistance counselor, four child study team members, and one mental health clinician on site, students in the Edgewood School District still struggle with mental health challenges and they are not receiving the level of mental support in school that they need. In 2018 one high school student died by suicide. Over the last five years, there has been a continued increase in the number of student risk assessments and school clearances completed each year.

A risk assessment must be completed by a trained clinician and can be defined as a comprehensive review of a student's psychological (mental) state to determine if they are a danger to themselves or other people. If this evaluation identifies that an individual is at great risk for harming themselves or someone else, then a child must receive the proper mental health care until they are no longer at risk for harming themselves or someone else. Once the mental health professional validates the child is no longer in danger, they issue a school clearance as a means for the student to return to school. The school clearance is the letter that is required for the child to return to school once the immediate threat has been eliminated. The school clearance must be provided by a licensed clinical social worker, psychologist, or doctor who is providing mental health care (Hunter et al., 2013).




In the 2019-2020 school year 20 different students within the Edgewood School District were identified as students who expressed the intention of wanting to cause harm to themselves or another individual and thus required both risk assessments and outside school clearances. This data highlights a 25% increase in the number of risk assessments that lead to school clearances when compared to the data from 2015. Furthermore, the number of school clearances is still on the rise as there have been 14 completed in the 2020-2021 school year and there were still four more months of school as of the writing of this report (Risk Assessment Data, 2021). This increase in the number of Edgewood students struggling with mental health challenges aligns with the national data trends (*Figure 1*). This data also indicates that students in the Edgewood School District are struggling with mental health challenges and require a higher level of care than what they are currently receiving. Therefore, it is important for the Edgewood School district to evaluate the way in which the student support professionals are currently working together to address the mental health challenges exhibited by students in their schools.

Currently the Departments of School Counseling and Special Services as well as the school-based social workers are all operating independently of one another. Each of the three separate groups of student support professionals include trained staff with various levels of experiences and a variety of different skill sets and areas of expertise. However, the limited communication and collaboration is preventing all stakeholders with the opportunity to share knowledge and resources across departments which in turn is impacting their ability to best support students with mental health challenges.

Communication and collaboration across departments and schools is imperative to students' overall well-being and must be present so that there is a continuity in support as students age up and transition into different schools within the district (Fazel et al., 2014; Porter et al., 2000).






In addition, when departments operate within their own silos without open lines of communication and communication resources are not used efficiently, warning signs are missed, students are prematurely referred to special services, and individuals with mental health challenges do not receive the support they need in a timely manner (Porter et al., 2000).

The choice to use the Communities of Practice theoretical framework is based on the idea that when a group of people share a concern or passion about a topic, they can deepen their knowledge and expertise on this topic by interacting with each other on a regular basis. I used the framework to examine the relationships among the student support professionals as a means to identify how each group can work together to more efficiently and effectively support students with mental health needs. It is anticipated that understanding the student support professionals through the lens of Community of Practice will help to better illustrate how groups of people work together toward the common goal of providing mental health support to students, while also highlighting areas of improvement and recommendations for Edgewood School District to more effectively meet the therapeutic needs of their study body.

### **Literature Review**

The literature I reviewed constituted three main areas: mental health challenges in schools, clearly defined job descriptions, and Communities of Practice.

In the past, mental health and education were seen as two different arenas; however now public-school districts are tasked with supporting students socially and emotionally in addition to academically. Therefore, it is important to understand the context in which various staff members across different departments in a public-school work to provide mental health support to students in need.




In order for staff to collaborate with one another to support students with mental health challenges, each staff member must first understand the roles and responsibilities of each individual they are working with. Without having a sound understanding of the expected roles and responsibilities assigned to each position (including their own), individuals will struggle with engaging in collaborative efforts with other staff members. Therefore, it is important to understand the impact clearly defined job descriptions has on staff collaboration.

Communities of Practice (CoP) is a framework that develops individuals' capabilities as they build and exchange knowledge with other members of the group. I intended to examine the relationships and collaboration between members of the various student support services departments in the Edgewood School District. I utilized the Communities of Practice framework as a means to identify how each group works together to support students with mental health needs.

### ***Mental Health Supports in Schools***

Public school districts did not always provide mental health services to their students. The delivery of mental health services in schools began shortly after the American Civil War in alignment with the introduction to the development of studying children, and the start of psychology as a science. As a result of these new developments, American education began to change as it started to identify the specific stipulations under which special educational and school psychological services would occur; through this, mental health services began. (Fagan, 1985). By 1890 schools worked to deliver comprehensive social services that included mental and physical health, social welfare, and vocational preparation programs. During this time social services played an important role in the transformation of education as more students were attending high school. With the

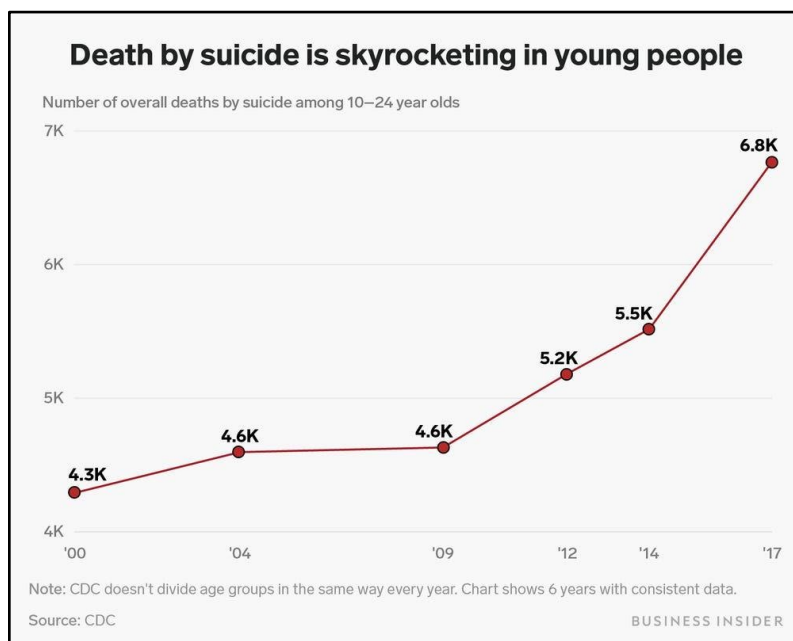


increase in attendance came students from more diverse backgrounds including the middle and working class as well as ethnic and racial minorities (Sedlak, 1997). In 1906 immigrant families were struggling and psychological clinics were revamped as they partnered with schools in large cities to help with social-welfare functions to help reduce truancy and delinquency as well as help rehabilitate poor families by providing relief services for these immigrant families as they became “Americanized”. By 1918, school-based mental health services initiatives became more formalized as teachers, counselors, and school psychologists were viewed as professionals. After World War II, mental health challenges started to rise as many middle-class families suffered from serious emotional problems as a result of the war. Several national studies from the National Education Association (1939, 1948), the American Council on Education (1942), and the National Society for the Study of Education (1953) evaluated the condition of children and highlighted the need for school-based programs to address the increase in behavioral issues and mental health challenges. Following these studies, schools were required to accept responsibility for providing mental health programs as well as counseling for all children (Sedlak, 1997).

As time progressed, the number of children with mental health issues continued to increase. However, national data indicates that by the 1980s there were only minor improvements in the outcomes for at-risk students who struggle with mental health disorders. It was reported these students did not possess the mental health skills necessary to handle the demands required to be successful in school (Sexton, Ryst, Gardner, & Bennet, 2011). The need to provide school-based mental health was finally highlighted in 2002, when President Bush recognized the need for schools to have access to mental health resources. Within his Freedom Commission on Mental Health report, President Bush acknowledged that access to mental health services was essential to supporting students with emotional challenges. Through this report, he also recommended that there be an


improvement in current mental health programs as well as an increase in the number of mental health services provided to students (Sexton et al., 2011).

Despite President Bush’s recommendations, students still continued to suffer from mental illness. According to the World Health Organization (WHO), mental health challenges have increased worldwide over the last 20 years and depression is now one of the leading causes of disability among students (WHO, 2021). A recent study published by the Center for Disease Control (CDC) and the American Psychological Association, also indicates that the rates of mood disorders and suicide-related outcomes have increased significantly over the last decade (*Figure 1*).




*Figure 1: CDC report that highlights the continued increase in death by suicide in students*

According to Mental Health American’s (MHA) 2020 Youth Data report, the number of youths who are experiencing severe major depression has increased by 121,000 when compared to the 2019 data set. The MHA Youth Data report also indicated that over 2.2 million American children are suffering from major depression; yet 59% of these children do not receive any outside mental health treatment. As a result, there has been an increased demand for schools to provide




students with additional mental health support, which can be provided by school employed professionals or outside agencies who contract with schools. This dramatic rise in the number of children who exhibit multiple signs of at-risk behaviors, academic difficulties, and school refusal has outpaced the funding required to meet the need (Fazel et al., 2014). In turn, the responsibility for meeting this need often falls on the school-employed mental health professionals because districts are unable to afford the additional school-based contracted licensed therapists. (Weist, 1997; Porter et al., 2000; Wesist et al., 2000). This poses a problem for school districts as school-employed staff do not possess the level of mental health expertise that licensed clinicians possess. School-employee staff also lack the capacity to provide the level of support high risk students require as they are tasked with many other roles and responsibilities in addition to counseling and mental health support.

Recent studies reflect an increase in expanding school mental health programs. These newly expanded programs provide a wide range of mental health services that include assessments, preventions, social and emotional learning (SEL) prevention/intervention programs, case management, and treatment to students in both special and regular education classrooms in schools (Cavioni, Grazzani & Ornaghi, 2020; Weist, 1997). The existing literature indicates that in many schools there is a range of preventative and corrective activities that support students' needs. However, few schools have enough resources to support the large number of students who experience high levels of anxiety and depression that interfere with their ability to learn and perform in school. Most schools offer only the bare essentials, which include sporadic check-ins and infrequent counseling sessions. Many schools cannot even meet the basic needs of their students (Adelman, 1996).



State mandates often determine how many student support service providers are employed by a district. In some school districts, psychologists, counselors, social workers and other specialists may be organized into central units. While there may be some overlap of regular and special education support within some units, most programs and services that have a specialized focus are relatively autonomous and tend to function in isolation of each other (Porter et al., 2000). Furthermore, the programs and services to support these students are most often planned, implemented and evaluated in a fragmented and piecemealed manner. This approach is also costly and works against developing collaboration and maximizing results. It leads to competition between groups for limited resources, while reducing the resources others may require. This also causes territorial feelings and professional competition between the various groups (Adelman & Taylor 1997, 1999, 2002; Adelman, 1996; Porter et al., 2000).

Porter et al. (2000) acknowledge that preventative and early intervention programs require multidisciplinary collaboration. They found that holding multi-disciplinary team meetings, providing interdisciplinary mental health training, and having an open flexible attitude aide in increasing collaboration between departments. There are various mental health professionals that exist in schools, some employed by the school system (counselors, school psychologists, social workers) and others who are contracted by the school but are employed by outside agencies. Over the last 30 years caseloads have increased significantly and as a result school psychologists and social workers are restricted to working with children who are either currently receiving or being evaluated for special services, while school counselors are assigned to hundreds of students to support all aspects of their schooling, and school-based mental health specialists are allowed to provide ongoing clinical services to a manageable caseload (Fazel et al., 2014; Porter et al., 2000).



School-employed counselors are often responsible for short term interventions as well as the vocational and educational planning of hundreds of students. They serve as the liaison between teachers, parents, administrators, and the school-based mental health professionals. However, with these extensive responsibilities, counselors are often limited to only delivering short-term counseling and educational guidance to the large number of students they serve. Their ability to sustain ongoing interventions to students is limited. Thus, they will refer students who require intensive support to the department of special services or the school-based mental health professionals who can focus on this smaller group of students (Weist, 1997; Porter et al., 2000).

Porter et al. (2000), acknowledge that despite the many benefits of having a school-based clinician to work with at-risk students, potential problems may still arise involving differences in treatment approaches, misinterpretations of school policies, and possible “turf wars” over ownership of a student’s program. Furthermore, there is an increased opportunity for students, parents, and school personnel to engage in pinning one professional against the other because there are various individuals involved in the treatment process and individuals may have different approaches to delivering mental health support. Porter et al. (2000), suggests these problems can be avoided or at least reduced by emphasizing mutual respect between professionals, engaging in ongoing collaboration, and addressing any issues that arise through an established process.

Collaboration between all mental health providers increases the opportunity to enhance and expand the number of services and quality of services to all students who struggle with mental health needs. When all mental health professionals work together as a team to identify the mental health needs of students, provide a continuum of care and integrate care they are extremely effective (Weist, 1997; Porter et al., 2000; Adelman & Taylor, 1993). The next body of literature expands upon the notion of collaboration.




## ***Job Descriptions and Collaboration***

In order for colleagues to collaborate with one another, each staff member must clearly understand the roles and responsibilities within both their own job description and the job description of their colleagues. A job description should specifically state the skills, tasks, and experiences that are required by a staff member (Jacobson et al., 2012). Research shows that when a position lacks a job description, staff members often feel unprepared and left on their own to figure out what they should do (Gates & Akabas, 2007; Jacobson et al., 2012). When staff members do not understand their specific role or the roles of others, they are not sufficiently prepared and as a result are often not sure as to how they should relate to other staff members (Gates & Akabas, 2007; Jacobson et al., 2012; Manning & Suire, 1996). A clearly defined job description provides explicit expectations for all staff members and is critical for an employee's success (Manning & Suire, 1996). Poorly defined job descriptions make it challenging for staff members to be successful and hinders the collaboration between multidisciplinary workplace teams (Jacobson et al., 2012). When there are conflicts and confusion with specific roles of employees, it is difficult for the various staff members to work together. This confusion is often a result of poorly operationalized and defined job tasks (Gates & Akabas, 2007). Without having a sound understanding of the expected roles and responsibilities assigned to each position, individuals will struggle with initiative and engaging in collaborative efforts with other staff members. The next body of literature continues to expand upon the notion of collaboration through the lens of Sociocultural theory.

## ***Sociocultural Theory***

Sociocultural theory suggests that learning is largely a social process. According to Vygotsky (1978), learning is based on interacting with other people. In this theory individuals






form relationships with others to help them learn. These relationships then help individuals facilitate social interactions and enable active participation in learning tasks. This theory is relevant to understanding how the student support professionals at Edgewood engage in the social process of collaboration as a means to develop recommendations for ways in which they are able to better support students with mental health challenges. Through this project I will view the relationships and interactions of the student support professionals through the lenses of Situated Learning and Communities of Practice, two frameworks that stem from sociocultural theory.

### ***Situated Learning and Legitimate Peripheral Participation***


Situated learning stems from sociocultural learning theory and can be defined as knowledge obtained from and applied to everyday situations (Bussey et al., 2003; Hummel, 1993). This theory on learning highlights that knowledge is gained through experience and is a result of social processes that requires problem solving with other individuals (Stein, 1998). Lave & Wenger (1991), believe that learning involves participation in a social practice and is viewed as a situated activity. They also state that learning is, “an integral part of generative social practice in the lived-in world” (p. 35). Learning takes place everywhere and is not limited to isolated situations and controlled environments.

Learning through this social context is also characterized by its process called “legitimate peripheral participation” (LPP) and it can be observed with a CoP’s “Practice” dimension. This notion provides “newcomers” with the opportunity to participate in a community of practice from the onset of entering the “community” and learn the skills as they go. Through this level of participation within the practice dimension, newcomers will be able to learn the basic skills and gain the appropriate knowledge required to move towards a greater level of participation with the group with the end goal of becoming a full participant within the social cultural “practice” (Lave



& Wenger, 1991). According to Bussey et al. (2003), learners enter a community on the “periphery” and over time transition to a more active participatory role as they gain experiences, learn how the community operates, and view themselves as a member of the community. In Fuller & Unwin’s (2003) study of workplace learning in the steel industry, apprentices were given the opportunity to participate in specific activities and work alongside more experienced employees. Their findings indicated that the apprentices who participated in legitimate peripheral participation with a specific restrictive scope in mind reached the level of a “full participant”, whereas other apprentices who were not provided those guidelines and parameters did not.

Legitimate peripheral participation also provides a way to discuss the relationships between “newcomers and old timers” within the CoP’s community as well as talk about activities, identities, and artifacts within their practice (Lave & Wenger, 1991). It also includes the process by which newcomers become part of a community of practice. As a newcomer increases their skill set and builds knowledge they are able to take on larger roles within the community of practice, participating more in the practice dimension as they gain experience. This process of incremental participation will ultimately lead to them becoming a fully participating member of the community over time as they gain more opportunities to actively engage in the practice dimension of the CoP. This notion was also supported by the Hodkinson & Hodkinson’s (2004) study that highlighted newer teachers learning from the more seasoned staff when given the opportunities to spend time in each other's classrooms as well meet as a group and talk through ways of solving problems. Therefore, an effective way to help facilitate and increase learning of less experienced staff may be through the use of legitimate peripheral participation within the CoP’s practice.



Furthermore, Lave & Wenger (1991) & Fuller et al. (2005), believe that legitimate peripherality is very complex and is ingrained within social structures that involve relations of power: as an individual increases their level of participation within a group they are also gaining more power. Similarly, a member of the group with limited participation, who is on the periphery would have less power without the group. Therefore, legitimate peripherality can “be a position at the articulation of related communities. In this sense, it can itself be a source of power or powerlessness, in affording or preventing articulation and interchange among communities” (Lave & Wenger, 1991, p. 36).

Within sociocultural learning theory, learning is viewed as “increasing participation in communities of practice and concerns the whole person acting in the world” (Lave & Wenger 1991, p. 49). Furthermore, viewing learning in terms of participation focuses attention on ways in which the learning is forever evolving and always associated with a relational view of the person, their actions, and the world. Similarly, the theory of social practice, “emphasizes the relational interdependence of agent and world, activity, meaning, cognition, learning, and knowing” (Lave & Wenger 1991, p. 50). This view supports the fact that learning, thinking, and knowing happen in relations among people in an activity within both their socially and culturally structured world.

### ***Communities of Practice***

Lave & Wenger (1991), define Communities of Practice as “groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” The purpose of a Community of Practice is to develop members’ capabilities as well as to build and exchange knowledge (Wenger, 2000). Variations of Communities of Practice (CoPs) have been in existence since the start of human civilization, and while they might not

always be identified or acknowledged, they are present whenever humans are learning from and with one another. Social scientists have utilized variations of this concept for a variety of analytical purposes, but the origin and primary use of the concept has been based in learning theory. Lave & Wenger (1991) coined the term while studying apprenticeship as a learning model. Apprenticeships are typically thought of as relationships between students and masters, but studies of apprenticeship reveal a more complex set of social relationships through which learning takes place (Wenger, 2015). Ethnographic studies of apprenticeships by Lave & Wenger (1991) acknowledge the way in which an individual engages in learning and work practices, which highlights the social nature between knowing and learning. The purpose of a CoP is to develop members' capabilities as well as to build and exchange knowledge (Lave & Wenger, 1991; Wenger, 2000, 2011, 2015).

Within the conceptual framework of a CoP there are three integral dimensions: the domain, the community, and the practice.

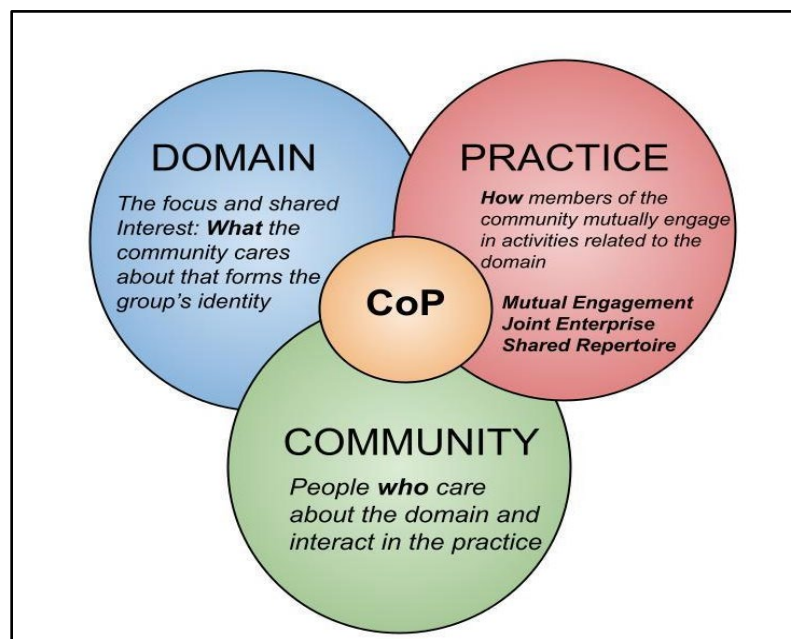

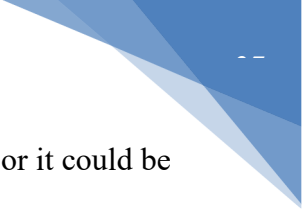


Figure 2: CoP Conceptual Framework




The “domain” is the common interest defined by the group that drives its identity; while the “community” allows the group members to pursue their interests within the domain, engage in conversations, help one another, and share information. Last, the development of a shared “practice” within the community affords the group a way in which the members are able to share their resources, have discussions, and engage with one another as a means to learn and grow. It is also the dimension where legitimate peripheral participation takes place. When these three dimensions are present, there is a community of practice. Individuals within a CoP do not have to work together every day, but rather they meet with each other because they find value in their interactions. A CoP is not defined by the frequency of their meetings, it is defined by their practice and the knowledge they gain during the meetings. During these interactions, individuals share information, advice, and suggestions that help solve problems. Members of a CoP discuss their challenges, current situations, goals, and needs around the common issue, topic, or theme. They also listen to one another as they examine challenges, debate new ideas and search for solutions. As a result of these interactions, learning often takes place. (Wenger, McDermott, & Snyder, 2002; Wenger 2010, 2011,2015).

Communities of Practice use the perspective of situated learning in various ways. For example, a CoP’s model of shared inquiry and learning are centered around problems, issues, and challenges that arise from an actual situation in real world settings as opposed to a more formal curricular driven approach. In addition, within a CoP meaning is developed from situations and activities gained from real life experiences. Moreover, the learning occurs within the context of social interactions with other members of the community who share the same concerns and challenges within the practice (Bussey et. al, 2003; Lave & Wenger, 1991).



The goal of learning can be the primary reason a community comes together, or it could be an ancillary outcome that occurs as members exchange ideas with one another through discussions and activities. For example, a group might start out by meeting to discuss supporting struggling students, but over time they learn the best differentiation techniques and strategies to help students with learning disabilities. Through this learning process all individuals gain more knowledge, and the group creates a stronger bond with one another as they find great value in learning together. This shared knowledge also increases personal satisfaction within each group member as they feel a sense of belonging and take satisfaction in knowing that their colleagues understand their perspective (Wenger, McDermott, & Snyder, 2002). Overtime, members of the CoP develop a common perspective on the topic that brought them together as they create a database of common knowledge, practices, and strategies. Group members also enhance personal relationships with one another and institute ways of collaborating with each other to truly form a community of practice.

While Lave & Wenger (1991) initially developed the CoP framework as a mechanism by which to conceptualize learning, they also indicated that this approach could be used to view new methods of creating knowledge and disseminating it into practice fields. As a result, Communities of Practice has been used as a professional development model to support educators' learning and growth through well documented educational literature (Buysse, Sparkman, & Wesley, 2003; Palinscar et al., 1998; Pugach, 1999; Wesley & Buysse, 2001). Pugach (1999) highlighted that an important aspect of a CoP is creating a learning community *across* various levels of expertise rather than strictly *within* them. Buysse et al. (2003), acknowledge that CoPs are effective way structures to build relationships and improve the way in which information can be passed on to others. Through a CoP all members have the ability to both teach and learn from one another, as all members contribute equally to the CoP's



knowledge base (Palinscar et al.,1998). Therefore, an effective way to help facilitate and increase learning and collaboration between various departments in a school district may be through the use of Communities of Practice (CoP).

The literature discussed above supports the increased need for school districts to provide mental health support to their students. It has also highlighted the many challenges school districts face when trying to fulfill this need through school-based staff members. Utilizing student support staff professionals who have varying skill sets, extensive responsibilities and are based in different departments also impedes the staff's ability to collaborate with one another. This literature also reinforces the impact that clear job descriptions and Communities of Practice have on increasing collaboration between individuals across departments within an organization. It also highlights the value Legitimate Peripheral Participation has on learning.


### **Conceptual Framework**

The conceptual framework used for this inquiry includes the three dimensions (domain, community, practice) as well as the three structural elements of practice that make up an effective Community of Practice. These concepts connect directly with the work of Lave & Wenger (1991) as well as Wenger's independent work over the last two decades. The three dimensions of a Community of Practice are the Domain, Community and Practice. The three structural elements of a CoP's Practice are Mutual Engagement, Joint Enterprise, and Shared Repertoire. Within this section each of these concepts are defined and explained in greater detail.

### **Community of Practice Dimensions and Elements**

#### ***Domain: The Shared Area of Interest***

CoPs have a specific identity that is defined by a shared interest in a particular domain. Being a member of a CoP implies that you have a commitment to this area of interest and that




you value other members' competencies and look to learn from them (Wenger, 2011). The domain is the topic that the community focuses their practice on: a clearly defined domain helps to legitimize the CoP as it confirms the group's purpose to both its members and outside stakeholders. The domain also aids in identifying what the parameters are for the CoP so that all members are able to acknowledge what information is worth sharing and what activities will be worthwhile to pursue (Wenger, McDermott, & Snyder, 2002).

The commitment to the domain is what differentiates a CoP from a group of people simply spending time together. This shared domain between the community creates accountability amongst all group members and gives meaning to the practice. The domain is what brings people together and guides the practice as the community develops questions, organizes information, and shares knowledge (Wenger, McDermott, & Snyder, 2002; Wenger, 2011). For this Capstone Project, the student support professionals will be viewed through a CoP lens, the assumed “domain” for this project is supporting students with mental health challenges in a PreK-12 public school setting.

### ***Community***

The community within a CoP are the people who care about the domain and interact in the practice. Through pursuing their interest in their domain, CoP members participate in collaborative activities, engage in discussions, help one another, and share information (Wenger, 2011, 2015). Through these interactions, individuals build relationships with other members that allow each individual to learn from others in the group. In order to be considered a community of practice the members must learn together and interact with one another, this engagement is what forms the community element in a CoP (Wenger, McDermott, & Snyder, 2002).






For the purposes of this inquiry, the “community” will include members of both the departments of school counseling and special services as well as the school based social workers and contracted mental health clinician. For this study these individuals have been labeled as the “student support professionals” and will be the individuals analyzed within the context of their department and as a community.

### ***Practice***

The practice within a CoP is the mutual engagement of the community members in activities that align with the identified domain. It includes the tools, ideas, information, stories, resources, and ideas that are shared by the community. The practice also builds the community’s body of knowledge that is shared between all members. The body of knowledge gained from the practice can then be utilized as resources that allow the community to engage in learning within the domain (Wenger, McDermott, & Snyder, 2002). Activities within the CoP’s practice can also include tasks that involve the following: problem solving, requests for information, seeking experience, reusing assets, coordination/synergy, discussing developments, documentation projects, visits, mapping knowledge and identifying gaps (Wenger, 1998). Negotiating meaning in the practice leads to the development of the three structural elements of the CoP’s Practice: mutual engagement, joint enterprise, and shared repertoire. (Pyrko, Dorfler & Eden, 2017; Wenger, 1998). Negotiating the meaning of their practice within the community helps members feel a sense of togetherness as they all share a practice around a common domain they all identify with (Pykro et al., 2017).

According to Wenger (1998), the way CoP members gain knowledge through participation in the “practice” leads to the creation of three key elements: mutual engagement,



joint enterprise, and shared repertoire (*Figure 3*). These three elements are integral components within the practice of a CoP (*Figure 4*).

### ***Mutual Engagement***


Mutual engagement can be defined as the ability to build relationships with other members of the community by responding to others actions and participating in activities together. It also represents the interactions between group members that leads to the development of a shared understanding on issues or a problem (Li et al., 2009; Wenger, 1998), as well as the shared ways that members of a community do things together (Li et al., 2009). It is the “how” and the “what” that people do together as part of their practice (Pykro et al., 2017). Mutual engagement requires that individuals within a CoP share the same understanding of professional practice so that their work can benefit both the community and individuals they serve (Moule, 2006).

### ***Joint Enterprise***

Joint enterprise is defined as the process in which people are engaged and working together toward a common goal (Li et al., 2009; Wenger, 1998). It is the development of a common set of problems and topics that members care about (Pykro et al., 2017). This process also requires members of the group to have a shared understanding as to what their community is about and hold each other accountable to the common goal. Through joint enterprise, the community will show collaborative initiative to take action and maintain the drive of the group with the focus on the identified area of inquiry and shared domain (Wenger, 2000).

### ***Shared Repertoire***

Shared repertoire refers to the common resources and jargons that members use to understand meaning and enable learning within the group. The resources include common



language, routines, sensibilities, artifacts, tools, stories, styles etc. (Wenger, 2000). This also includes one's ability to understand and use the shared resources within their practice. (Li et. al 2009; Wenger 1998). The shared repertoire are the concepts and artifacts that the community creates and develops through their practice (Pykro et al., 2017).

For this study the “practices” will include examining the way the departments of special services and school counseling share knowledge, problem solve, and collaborate with other members within their department and assigned building as well as across departments and schools with regards to supporting students with mental health challenges. Within the practice, I will also look at the frequency of staff member participation within department meetings. This study will also dive deeper into the ways in which both departments utilize mutual engagement, joint enterprise, and shared repertoire within their practice. I will analyze the responses to interview and survey questions as a means to identify what specific resources, routines, and tools, if any, are shared between members within the same department as well as between members within different departments or based in different buildings. I will also look to identify how these resources are utilized within the practice of the student support professionals.

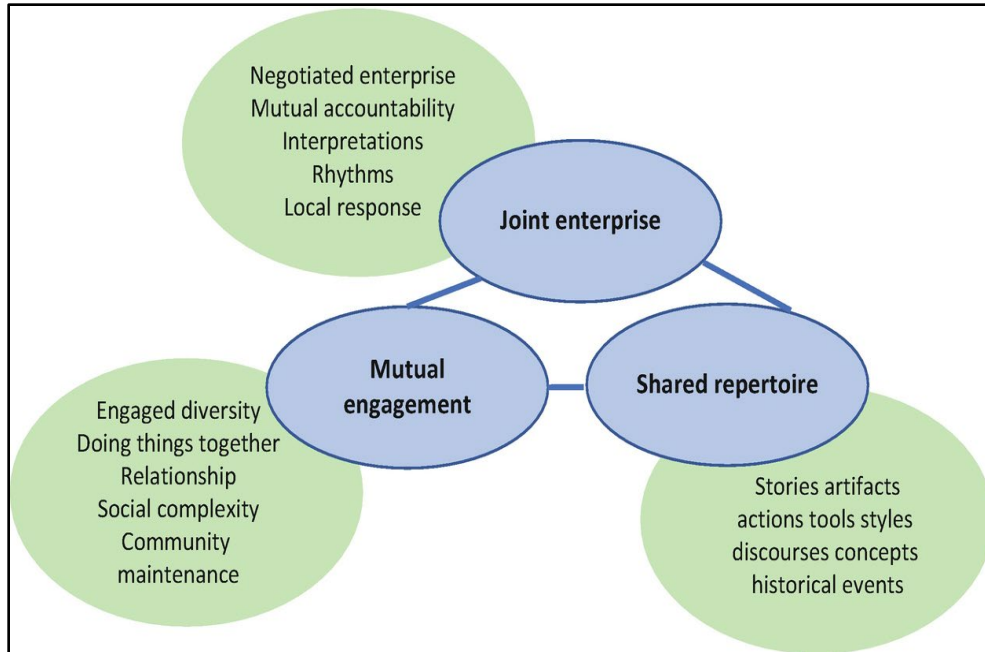


Figure 3: Structural Elements of a CoP's Practice

Source: Wenger, E. (1998). *Communities of practice: Learning, meaning and identity*.

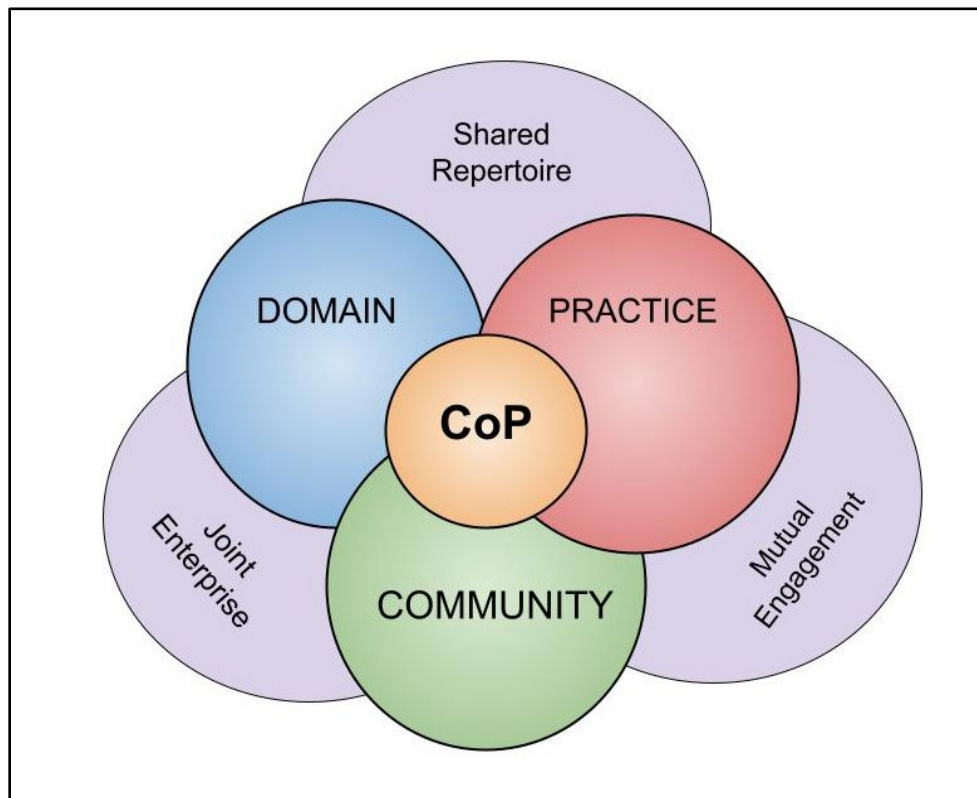


Figure 4: The Connection Between the CoP Conceptual Framework and Structural Elements




## **Research Questions**

The purpose of this inquiry is to examine the relationships among the “student support professionals”, which include the school-based mental health clinician, the school-based social workers, the counseling department, and the Department of Special Services within the Edgewood School District. I have examined these relationships using the Communities of Practice framework as a means to identify how each group works together to support students with mental health needs. The following question will guide the research:

1. What does each “student support professional” (members of the Department of Special Services, school counselors, directors, school-based social workers, and mental health clinicians) understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?
2. How do student support professionals in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?

## **Project Design**

This capstone project utilized a mixed methods approach. The data collected includes both descriptive analysis of quantitative data and qualitative information gathered through participant responses on surveys, through interviews, and during department meeting observations as well as review of district-provided documentation of job descriptions, organizational structure, and risk assessments. Through data collection, analysis, and review of district documentation, I intended to first uncover the perspectives of all student support professionals with regards to their perceptions of each person’s roles and responsibilities in



supporting students with mental health challenges. In order for individuals to get to a point in which collaboration with others is possible, each individual must first have a strong understanding of the roles and responsibilities of all support staff members. Following the job description analysis, I intended to uncover the ways in which the student support professionals work together and collaborate to support the students in the Edgewood School District.

### **Participation Selection and Sampling**

This capstone project utilized purposeful and controlled sampling as the participants were purposefully identified based on their job titles within the Edgewood School District, and categorized as “student support professionals”. These individuals were recruited by emailing participation invitation letters to their professional email addresses requesting their participation in the study (*Appendix A*). Both the Director of School Counseling and the Director of Special Services encouraged their staff members to participate in survey and interview process of the study, but they both reinforced that participation study was optional and not mandatory. It was also emphasized that participation or nonparticipation in the project would not impact the staff member’s relationship with the Edgewood School District. All twelve individuals who were asked to participate in the study completed the survey within three days of receiving the online link and scheduled their one-on-one interview via emailing a convenient date and time within one week of receiving the interview recruitment letter. The twelve participants included: The Director of Special Services, Learning Disabilities Teacher Consultant (LDTC), two School Psychologists, CST Social Worker, Director of School Counseling, two school counselors, Student Assistance Counselor (SAC), PreK-3 school based Social Worker, grades 4-6 school based Social Worker, and contracted Mental Health Clinician (*Table 1*). All twelve participants

agreed to participate, completed the survey, engaged in one-on-one interviews, and attended the various department meetings which were observed.

**Table 1**

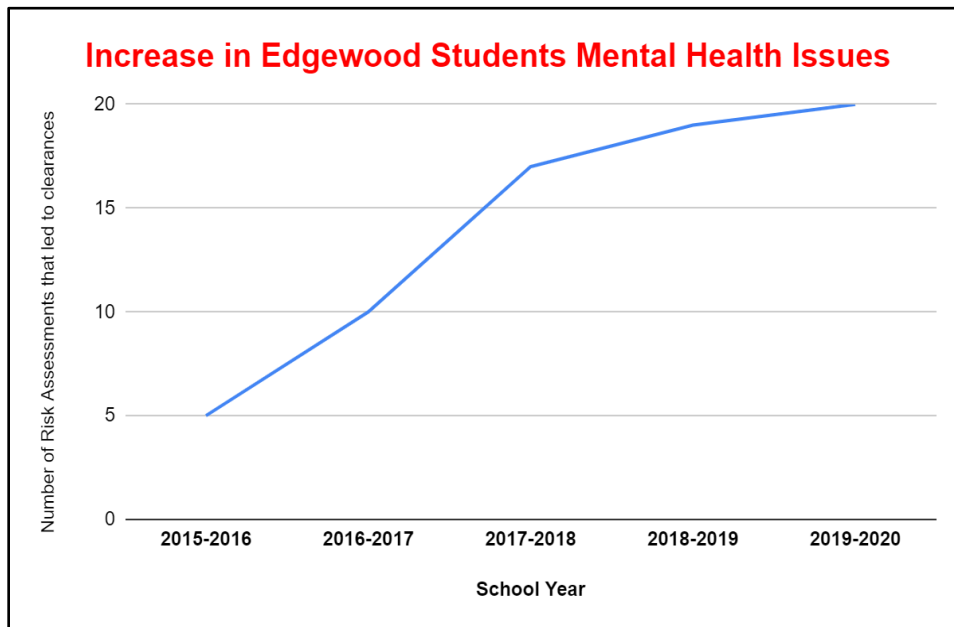
*Edgewood School District Student Support Professionals Broken Down by Department*

<b>Department of Special Services (Participants 1-6)</b>	<b>Department of School Counseling (Participants 7-10)</b>	<b>School Based Staff (Participants 11-12)</b>
Director of Special Services	Director of School Counseling	Social Worker (PreK-3)
School Psychologists (2)	School Counselors (2)	Social Worker (4-6)
Social Worker	Student Assistance Counselor (SAC)	
LDTC		
Contracted Mental Health Clinician		

**Data Collection**

The quantitative data collection included identifying the number of risk assessments and school clearances that have taken place over the last five years including before and after the addition of a contracted mental health clinician. This information was provided by the Director of Special Services who shared access to her records via sharing the google spreadsheets with student names and grades removed. This data was used to help determine the effectiveness of Edgewood’s current model of supporting students with mental health challenges as well as assess the efficacy of the mental health clinician’s roles and responsibilities within the Edgewood School District. The collection of risk assessment data was the first step in the data collection process as it highlighted

the severity of the problem and indicated the increase in the number of risk assessments that were completed over the five-year span (Figure 5).



*Figure 5: Risk Assessment Data that highlights the increase in the number of Edgewood Students exhibiting significant mental health challenges*

Following the risk assessment data collection, additional quantitative data was gathered from participant responses to survey questions that I generated. The 41-question survey was made available to all participants at the start of the 2020-2021 school year via a link to the online Qualtrics Survey. It included items that asked participants to rate, on a 1-4 Likert Scale, their own perceptions on roles and responsibilities with regards to supporting students with mental health needs as well as their perceptions of other mental health professionals' roles and responsibilities. The survey also asked participants to rate the effectiveness of mental health supports currently in place, and to identify the frequency in which each member interacted with other members within and between the various student support services departments. The questions within the survey asked participants to share information regarding current set up and support present within the



mental health domain as well as their involvement in these support systems as a means to assess the level of communication and collaboration that currently exists between the different individuals identified as the student support professionals (*Table 2*).

**Table 2**

*Sample Survey Questions Connections to the Conceptual Framework*

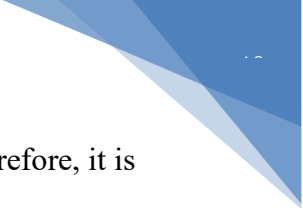
<b>Survey Question</b>	<b>Framework</b>	<b>Research Question</b>
School Counselors do not do enough to provide mental health support to students with an IEP?	CoP Practice Mutual Engagement	What does each “student support professional” understand about the roles that each group plays in supporting students with mental health needs?
It is the role of a school counselor to provide mental health supports to general education students? Special education students?	CoP Practice CoP Domain	What does each “student support professional” understand about the roles that each group plays in supporting students with mental health needs?
It should be a shared responsibility between the counseling department, CST, and clinician to provide mental health support to classified students? General education students?	CoP Practice Joint Enterprise Mutual Engagement	What does each “student support professional” understand about the roles that each group plays in supporting students with mental health needs?
How often do you collaborate with CST members? Counselors? Clinicians? Social Workers?	CoP Practice CoP Community	How do student support professionals in a PreK-12 public school collaborate with one another to best support the mental health needs of their students?
How often do you collaborate with the Counseling Department specifically related to mental health needs?	CoP Practice CoP Domain	How do student support professionals in a PreK-12 public school collaborate with one another to best support the mental health needs of their students?



At the K-6/ 7-12 level I believe there is room for improvement with the way the district works together to provide mental health support?	CoP Domain CoP Practice	How do student support professionals in a PreK-12 public school collaborate with one another to best support the mental health needs of their students?
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Following the data collection of survey responses, qualitative data was gathered through zoom recorded interviews with from school counselors, school based social workers, CST members, and the mental health clinician. The interview questions were developed based on the information gained via the survey and prompted participants to provide more descriptive information regarding their perceptions of all three support staff groups’ roles and responsibilities with regards to supporting all students with mental health challenges. In addition, the questions prompted participants to discuss their views on the collaboration within each department as well as across departments and note the level of expertise within each department. Each question generated from the interview was also categorized under at least one of the CoP major concepts: Community, Domain, and Practice (*Figure 6*).

After the interview data collection was completed additional quantitative and qualitative data was gathered through multiple observations of both the school counseling department and special services department meetings that took place via google meet and were facilitated by the directors of the department. This data was collected to identify the frequency of participation by all staff members as well as to examine the level of legitimate peripheral participation present within each department with a focus on the interactions and exchanges of knowledge between department members. This was important to observe as a means to identify which individuals took on the most active participatory roles within their department meetings (*Figure 10*). Within a CoP, participants



gain more knowledge about the domain and learn by doing through the practice. Therefore, it is important to assess the frequency of participation within department meetings.

Last, the official Board of Education approved job descriptions as well as the district's organizational job chart were reviewed as a means to triangulate the data gathered from the surveys, interviews, and observations. The documents were utilized to compare the participants' survey and interview responses regarding their perceived understanding of each student support professional's roles and responsibility with the actual BOE approved written descriptions (*Table 4*).


## **Data Analysis**

### ***District Documentation Audit: Risk Assessments and School Clearances***

Data analysis began with a review of the district documentation and quantitative data regarding the number of risk assessments and school clearances performed by the district from the years 2015-2021. Through my analysis of the frequency in which risk assessments were required as well as the number of risk assessments that led to the need for a school clearance, I discovered that there was a steady trend of an increase in the number of risk assessments and school clearances performed over the last 5 years (*Figure 5*). This finding highlighted the importance of my problem of practice, as the number of students who struggle with mental health difficulties continues to rise in the Edgewood School District.

### ***Survey Responses***

Quantitative data analysis began by eliminating any incomplete responses from the participant surveys and then sorting the responses by department and position. In my analysis of the 12 participant survey responses, I developed descriptive statistics to understand the amount




of time each participant collaborated with other student support staff members both within and across their department and buildings. I then triangulated this data with the interview response data that was sorted into thematic codes relating to the CoP framework (Domain, Community, Practice) to provide insight into my research question.

I also utilized descriptive statistics, which will be included in the Research Findings discussion, to understand each participant's perception on the roles and responsibilities of each student support professional with regards to supporting both general education and special education students with mental health needs. Within the survey participants were asked to respond on a 1-4 scale noting their level of agreement or disagreement with statements regarding specific staff members' responsibility to provide mental health support to general education or special education students. For example, all participants were asked to rate their level of agreement or disagreement with the statements:

- *It is the role of a guidance counselor to provide mental health support to special education students.*
- *It is the role of a guidance counselor to provide mental health support to general education students.*

These questions were designed to uncover the participants' perceptions of what the roles and responsibilities are for each member identified as a student support staff professional. The survey asked participants to respond to similar statements regarding the roles of the CST members, social workers, and mental health clinician with regards to supporting general education and special education students. The survey also required participants to share their level of agreement or disagreement to the following statements:


- 
- *It should be a shared role/responsibility between guidance, CST, and the mental health clinician to provide support to special education students.*
  - *It should be a shared role/responsibility between guidance, CST, and the mental health clinician to provide support to general education students.*

These questions were designed to uncover the level of a desired joint enterprise each participant possesses with regards to the domain of mental health. I then triangulated this data with the information gathered from the BOE Job Description Audit and the more detailed interview responses to provide insight into the following research question: What does each “student support professional” understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?

### ***Interview Responses***

Qualitative analysis began by organizing my interview questions based on the three communities of practice dimensions: domain, community, and practice. I then transcribed all of the conversations using the transcription application within my Zoom recorded interviews. I then reviewed the transcriptions for errors and made the necessary corrections on the printed sheets. During the subsequent analysis phases I highlighted and color coded the transcripts to identify common themes and topics.

Before I developed the codes, I listened to the interview recordings multiple times. I gained familiarity with the participant, refreshed my memory of the interview context, and noted the specific role and years of experience with each interviewee during my first round of listening. Throughout the second listening session I began to note the transcription corrections and updated the transcription documents to reflect accurate information. Throughout the listening sessions I



was able to identify common themes across the dialogues that helped me later develop the specific codes. I then utilized my transcription document and highlighted key words and phrases that connected to my identified topics: roles, responsibilities, collaboration, problems, resources, and expertise (*Appendix C*). After I identified the common topics, I utilized the transcriptions to pull out specific quotes from each interviewee and recorded them within my code book as a means to finalize the themes and codes. It is to be noted as a means for anonymity due to the very small sample size each participant was given a number 1-12 and are referenced in the findings as Participant 1, Participant 2 etc. The individuals within the Department of Special Services were assigned the numbers 1-6, the Department of Counseling were numbered 7-10 and the school-based counselors were numbered 11-12. Following the coding process, I then linked my findings and themes with Wenger's (1998) Communities of Practice conceptual framework which include both the CoP dimensions (domain, community, and practice) and the practice's structural elements (mutual engagement, joint enterprise and shared repertoire) to shed insight into the following research questions:

- *What does each “student support professional” understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?*
- *How do student support professionals (Departments of Special Services, Counseling, and Mental Health Clinicians) in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?*

**RESEARCH QUESTION 1**

**What does each “student support professional” understand about the roles that each group plays in supporting students with mental health needs?**

- What do you think are the specific roles and responsibilities of the school counselor, clinician, CST members?
- Who determined the roles of responsibilities? Were they clearly defined to by someone? Were they clearly explained to you or assumed?
- What do you think are your specific roles/ responsibilities within the district? Did you assume this or did someone provide you with clear expectations?
- Who determined the roles of responsibilities? Were they clearly defined to by someone? Were they clearly explained to you or assumed?
- With regards to mental health support for general education students who do you think is responsible for providing the support? Who should be?
- With regards to mental health support for special education students who do you think is responsible for providing the support? Who should be?
- What do you think your role is within making the improvements to more effectively support students mental health needs?
- What are some ways your strengths can be better utilized to support students with mental health needs?
- Do you feel there are experts in mental health within your department? In the district? If so, how is their expertise used? How could it be better used?

**CONCEPTUAL FRAMEWORK CODES**

**CoP Domain**

**CoP Community**

**CoP Practice**



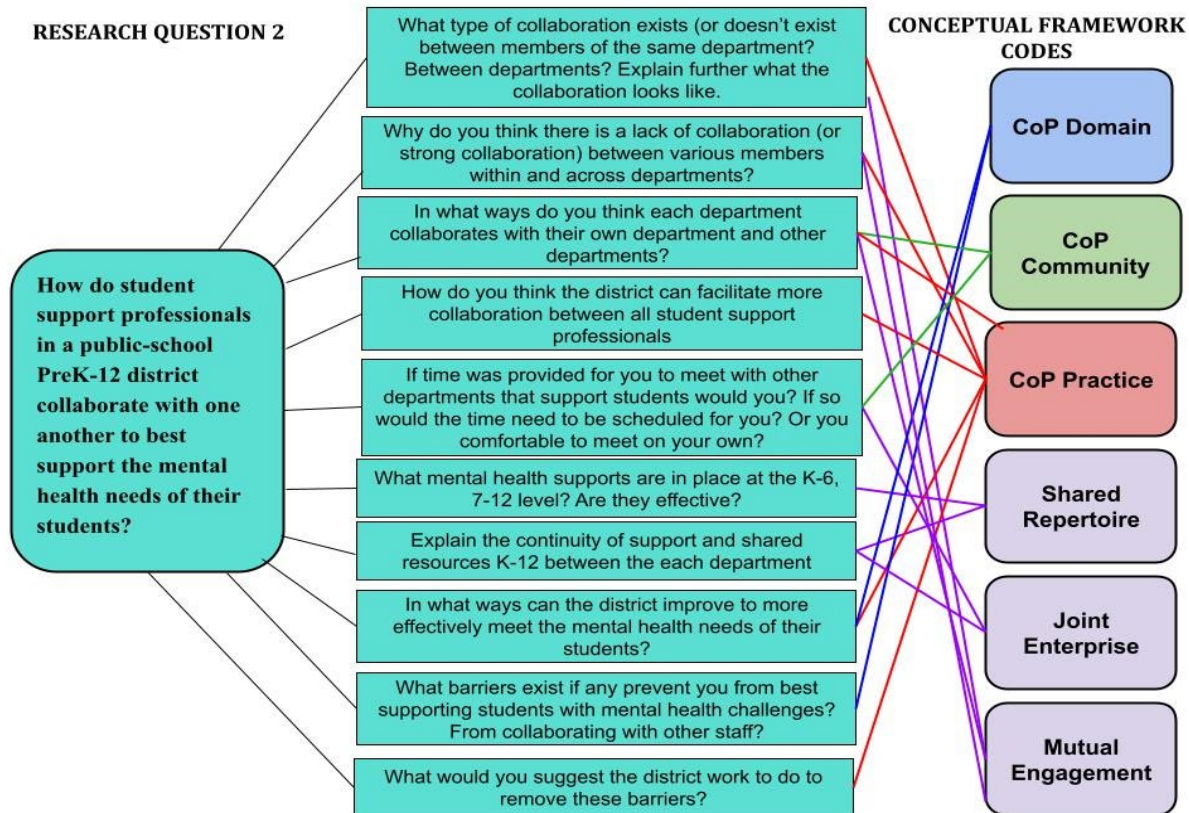
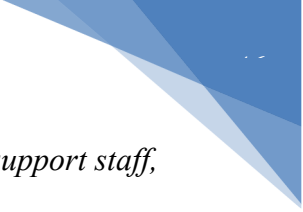


Figure 6: Interview Questions alignment with Research Questions and Conceptual Framework thematic codes.

### Board of Education Job Description Audit

As part of the qualitative data collection, I analyzed the board-approved job descriptions for the positions that have been identified as the “student support professionals” and currently exist within the Edgewood School District. Through this analysis I noted the year that the job description was created, the year it was adopted, and the years (if any) that it has been updated. I also reviewed the explicitly stated roles and responsibilities within each job description and then compared the documented BOE approved responsibilities and roles to the responses generated by each participant during the interview portion of the study as well as to questions within the survey. I then triangulated the data between BOE Job Descriptions, the survey responses, and interview responses to answer the research question: *What does each “student support*





*professional” understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?*

I also reviewed the district’s organizational structure chart (*Appendix B*) to note where each student support professional position fell within the organization structure of the Edgewood School District. Through this analysis, I looked to identify who each support staff member directly reported to. I then triangulated this data with data gathered from the interview questions to also aid in answering the question: *What does each “student support professional” understand about their own role, as well as the roles of other student support staff, with regards to supporting students with mental health needs?*

In order for individuals to effectively be part of CoP, they must first understand the roles and responsibilities of each member of the community. Therefore, within my audit of the BOE documentation I utilized the both “community” and “practice” dimensions of the CoP conceptual framework to inform my analysis.

### ***Department Meeting Observations***

I observed both the Department of School Counseling and the Department of Special Services’ department specific bi-monthly meetings on two separate occasions. During my observations, I identified the amount of time each participant spoke during their respective department meetings and compared the amount of time they spoke (air time) with other members of their department. I also compared the amount of air time each participant utilized to the years of experiences they have working in the Edgewood School District. In my quantitative analysis of the interdepartmental meeting observations I developed descriptive statistics to understand the amount of time each individual participated within their own department’s bimonthly meeting. I then linked my findings to the Lave & Wenger (1991) concept of Legitimate Peripheral

Participation, which acknowledges the importance of active participation within the learning process. Legitimate Peripheral Participation is an aspect of situated learning and falls under CoP’s practice domain. I also reviewed each department’s bimonthly agenda to identify any shared resources, curricular, or tools that exist within the same department. I then compared the agendas between departments to note any common themes as a means to triangulate the data to provide more insight into the following research question: *How do student support professionals in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?*

**Table 3**

***Connection Between Research Questions, Conceptual Framework & Data Collection Methods***

Research Question	Conceptual Framework	Data Collection Method
1. What does each “student support professional” understand about their own role and responsibilities, as well as the roles and responsibilities of other student support staff, with regards to supporting students with mental health needs?	<ul style="list-style-type: none"> <li>● <i>CoP Domain</i></li> <li>● <i>CoP Practice</i></li> <li>● <i>Joint Enterprise</i></li> </ul>	<ul style="list-style-type: none"> <li>● <i>Quantitative Survey</i></li> <li>● <i>Qualitative Interview</i></li> <li>● <i>BOE Job Descriptions</i></li> </ul>
2. How do student support professionals in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?	<ul style="list-style-type: none"> <li>● <i>CoP Domain</i></li> <li>● <i>CoP Practice</i></li> <li>● <i>CoP Community</i></li> <li>● <i>Mutual Engagement</i></li> <li>● <i>Joint Enterprise</i></li> <li>● <i>Shared Repertoire</i></li> </ul>	<ul style="list-style-type: none"> <li>● <i>Quantitative Survey</i></li> <li>● <i>Qualitative Interview</i></li> <li>● <i>Department meeting Agendas</i></li> <li>● <i>Observational Notes from Department meetings</i></li> <li>● <i>BOE Job Descriptions</i></li> </ul>



## Research Findings


The data suggests that there is a disconnect between the Board of Education approved Job Descriptions and the assumed roles and responsibilities of each member of the student support services group which may be impacting the student support services professional's ability to collaborate with one another and most effectively meet students' mental health needs. In addition, the data suggests that student support services professionals engage in various levels of CoP's mutual engagement, joint enterprise, and shared repertoire with some members of the student support services group within their own department, but not with members from other departments. This does not allow for the degree and quality of collaboration that is commensurate with the severity of the problem. Last, the observational data indicates that within the Department of Special services, the "experts" are the individuals who speak the most within the department meeting, preventing less experienced staff from having the opportunity to build their knowledge and skill set through participation.

**Research Question: What does each "student support professional" understand about their own role and responsibilities, as well as the roles and responsibilities of other student support staff, with regards to supporting students with mental health needs?**

***Finding 1: BOE job descriptions are not clearly defined, accurate, and/or up to date. This leads to staff members not having a clear understanding of the assigned roles and responsibilities expected of each student support professional.***

The findings gathered from interview responses indicate that the participants assumed their specific roles and responsibilities through observations of others in the same assigned role or through a conversation with a superior who explained the job's expectations, but no one referenced the approved written job descriptions that were approved by the Board of Education.

Through qualitative data analysis reviewing Edgewood's Board of Education's adopted job descriptions, it was discovered that they all were extremely out of date. The majority of the




job descriptions have not been updated in over 47 years with the most recent job description of the Student Assistance Counselor being adopted in 1988, when that position was created in the district. Furthermore, the current jobs of school counselor, Director of School Counseling, and Director of Special Services do not have formally written descriptions.

Outdated job descriptions make it is extremely difficult for staff members to have a sound understanding of their specific roles and responsibilities, let alone understand the roles and responsibilities of an individual in another department, especially when there are many inaccuracies in the BOE adopted descriptions which include the individual who the staff member reports to and specific performance responsibilities. More importantly, a staff member is unable to clearly understand the roles of each member of the student support services team when a job description does not exist.


Data analysis also revealed that the specific school counselor role does not exist in the adopted descriptions, as it is labeled “Guidance Counselor” which is no longer a position within Edgewood District and is an entirely different role. In addition, there is no mention of the “domain” (mental health support) in the “Guidance Counselors’ performance responsibilities. If the domain is not listed as an expectation in the written job responsibilities, it is unlikely that it will be present in the real-world actions of the counselors. Moreover, there is not a specific Director of Counseling or Director of Special Services job description in any of the BOE documents.

While the Director of Special Services does not have a BOE adopted job description, it is listed in the Organizational Chart that was adopted in 2002 and revised in 2005. However, within this organizational chart it indicates that the Director of Special Services is on the same level as the building principals. Yet, during the interview process the Director indicated that she was




*“technically higher up than the principals in the organizational structure”*. In addition, the organizational chart indicates that the Student Assistance Counselor (SAC) reports to the Director of Special Services. However, through the interview process both the SAC counselor and Director of Counseling shared that the SAC counselor reports to the Director of Counseling. Furthermore, the Organizational Chart utilizes the term “Guidance Counselor” and indicates that they report to the building Principal. It does not mention the school counselor role, nor does it include the Director of Counseling or school based social worker roles.

In comparing this data with the interview responses from the study’s participants I found that each individual shared that no one explicitly explained to them what their exact role and responsibilities were. The school-based social workers (Participants 10 and 11) and Child Study Team (CST) members (Participants 1-6) also shared that some of their responsibilities changed frequently from year to year. More specifically it was discovered that the majority of the participants were *“not really sure”* which specific staff positions should technically be responsible for supporting students with mental health challenges. For example, Participant 1 stated, *“I guess that it should probably be a shared effort, but I don’t really know.”* Participant 9 responded, *“while I think both departments should share the responsibility, that wasn’t how it worked in the Edgewood district.”* In addition, when comparing each departments’ perceptions of the roles and responsibilities of the other departments, many inconsistencies and inaccuracies were found. For example, Participant 7 shared, *“I think the clinician only works with Special Education students, and doesn’t really help general education students unless it’s a risk assessment.”* However, within the interview process the clinician shared, *“I teach a SEL course to all students and push into general education classrooms to deliver the instruction as well as counsel any high-level risk student.”* Furthermore, Participant 5 stated, *“I don’t know.”*



Participant 3 shared, *“I am not really sure”* and Participant 6 admitted, *“I don’t really interact with them so I’m not sure,”* when they were asked about the roles and responsibilities of the members within a department they were not a part of. In addition, Participant 7 shared, *“If everyone was more on the same page with roles and responsibilities and the jobs were clearly defined with what staff members should help what type of students, it would really help with the collaboration.”*

Additionally, the Department of Counseling, school-based social workers and Department of Special Services (which includes the contracted mental health clinician) are currently operating in three very different and separate silos. Each of these three groups of student support staff are operating in the district with varying rules, methods, and approaches to supporting students with mental health challenges and no one has explicitly explained their expected roles and responsibilities. The school-based social workers believe that they are responsible for assisting all students with mental health challenges in their building, which include both Special Education and General Education students, while the counseling department believe they are mostly responsible for general education students and Special Services believes they are mostly responsible for classified students. Participant 11 stated, *“I support all students in my building. I think ideally it is better if everyone works together to support all students both General and Special Ed. I really think it takes a village and everyone should help out. If you have a rapport with a kid you should stay with him and not pass him off if he becomes classified. And we should all work cooperatively.”* Conversely, Participant 9 shared, *“If its lower tier supports that are required then either the other counselor or I will do it. If it is more intense then we go to the SAC. We don't really involve the CST team on anything if it's a gen ed student.”* Similarly, Participant 3 stated, *“When it is a special education student it is usually the CST team*



*who handles it, especially the school psychologist or social worker on the team and the case manager. Even if it is something very minimal the CST team takes responsibility and it's passed to CST from the counselor. But it really should be a combo of both CST and counselors.”* The data from the interviews indicates that the student support professionals currently operate in isolation of one another and do not have a clear understanding of the roles and responsibilities assigned to each student support position. The current organizational set up and the lack of clear job descriptions prevents collaboration across schools and departments and also reduces collaborative efforts between staff members.

A job description should specifically state the skills, tasks, and experiences that are required by a staff member (Jacobson et. al, 2012). Based on the data analysis it was found that the support staff members do not have a clear understanding of their assigned role and responsibilities and the current job descriptions are not up to date or clearly defined (*Table 4*). The literature suggests that poorly defined job descriptions make it challenging for staff members to be successful and hinder the collaboration between multidisciplinary workplace teams (Jacobson et. al, 2012). When there are conflicts and confusion with specific roles of employees, it is difficult for the various staff members to work together. This confusion is often a result of poorly operationalized and defined job tasks (Gates & Akabas, 2007). The literature aligns with my findings and indicates that without having a sound understanding of the expected roles and responsibilities assigned to each student support position, individuals will struggle with initiative and engaging in collaborative efforts with members of other departments. This can be a huge barrier to some of the elements that are essential to developing a functional community that is committed to a common goal.



**Table 4**

***Qualitative Data surrounding Edgewood’s Support Staff Job Descriptions***

<b>Job Title</b>	<b>BOE Adoption Date</b>	<b>Inaccuracies within Descriptions</b>	<b>Relevant Qualitative Data</b>
School Counselor	6/10/74	<ul style="list-style-type: none"> <li>- listed as Guidance Counselor</li> <li>-No mention of mental health</li> <li>-reports to principal</li> <li>-counseling only related to educational and vocational opportunities</li> </ul>	<i>“I’m not really sure who is supposed to be helping with mental health. I think it depends on what the administration says. But if I am asked to help I will do what I think is best.”</i>
Student Assistance Counselor	10/17/88	<ul style="list-style-type: none"> <li>-reports to Superintendent</li> <li>-only mentions drugs or abuse problems</li> <li>-no mention of mental health</li> <li>-access to typewriter</li> <li>-in Org chart under Special Services</li> </ul>	<i>“No one has ever told me what the roles and responsibilities are, I guess CST does special ed but I don’t know if counselors are supposed to help too or not.”</i>
School Psychologist	6/10/74	<ul style="list-style-type: none"> <li>- reports to Superintendent, but serves under principal</li> <li>-assists in counseling students when needed</li> <li>-uses pronoun he</li> </ul>	<i>“When I started, the job descriptions were never explained to me, I think I just figured it out from seeing what others do to know what I am supposed to cover”</i>






LDTTC	6/10/74	<ul style="list-style-type: none"> <li>-reports to building principal</li> <li>-“handicapped students”</li> <li>-cooperate with CST members to detect learning disabilities in terms of physiological disabilities</li> <li>-no mention of mental health</li> </ul>	<p><i>“I kind of just know what to do because I think CST roles for the most part are the same in all districts. I hope I am right, but I guess technically no one told me and I don’t know who is supposed to take the lead on mental health.”</i></p>
School Social Worker	6/10/74	<ul style="list-style-type: none"> <li>-no mention of CST social worker, only school based</li> <li>-reports to principal but member of CST</li> <li>-not in organizational chart</li> </ul>	<p><i>“I don’t really know what they define my role as, it is a lot different this year from last year. I hope I am doing what I am supposed to be doing”</i></p>
Director of School Counseling	No Job Description Created	-Not in Organizational chart	<p><i>“I defined my role and have to remind others what the role is for me and the counselors.”</i></p>
Director of Special Services	No Job Description Created	-Listed on same level as principals in Organizational chart	<p><i>“I just assumed, based on observations and what was in existence when I arrived”</i></p>


**Research Question: How do student support professionals in a public-school PreK-12 district collaborate with one another to best support the mental health needs of their students?**

***Finding 2: The level of mutual engagement between various student support professionals is very limited. This hinders the group's ability to foster meaningful collaboration across various departments and schools within this PreK-12 public school.***

The initial findings gathered from quantitative survey data (*Figure 7*) indicated that there



is some level of collaboration between staff members within the same department as well as members of different departments located in the same school. However, when the level of collaboration between various departments was analyzed further via the more detailed qualitative interview responses, this data indicated that the collective “student support professionals” group actually engages in a very limited level of collaboration which results in a lack of mutual engagement between all members. “Mutual engagement” is defined as the ability to build relationships with other members of the community by responding to others actions and participating in activities together. It also represents the interactions between group members that leads to the development of a shared understanding on issues or a problem (Li et. al 2009; Wenger 1998). While both the Department of Special Services and Department of School Counseling formally meet bi-monthly with members of their own department, they do not meet formally as a collective group or with other student support departments outside of their own on a regular basis. All members of the student support professionals expressed an interest in the domain of supporting students with mental health challenges. Participant 3 stated, “*Yes, I would really like to create a mental health team across the district. I would want to help others too. I think it is really good when you can run ideas by other people and plan together to help all students in our district who suffer from mental health issues.*” Participant 7 shared, “*I think it would be great if there was a way to have a weekly or twice monthly get together with everyone that you say are support staff professionals. It would help a lot. All students get to the high school at some point so we might as well start helping them now.*” However, the lack of meeting as a group decreases opportunities for collaboration. The lack of collaborative opportunities also reduces the group's level of mutual engagement when it comes to supporting students with mental health challenges as staff members are unable to build relationships with one another if




they are not participating in activities together.

Through the data analysis I found that the only formal collaboration that exists between the school counselors and school-based social workers is during the transition meetings at the end of the year where the 6th grade school based social worker meets with the counseling department to discuss the incoming 7th graders; however, the upper elementary and Jr/Sr High School special services case managers do not attend this meeting. Furthermore, there is no interaction between the lower elementary school social workers and the high school department of school counseling. Participant 8 shared, *“I don’t really know what goes on at the lower elementary school, I don’t have any interactions with them”*. Participant 9 stated, *“I don’t know what goes on in the lower grades. I am not even sure her name”*, when asked to comment on collaboration with the school-based social workers. Similarly, Participant 10’s view point aligned with the school counselors as she expressed, *“I don’t ever see the counselors from the high school so we don’t interact at all.”*

There is also limited collaboration between the case managers at the high school and the high school counselors, but it only occurs on an as needed basis. Participant 8 indicated that if the counselors need something they will, *“pick up the phone and ask for help”* and when they do ask for assistance, Participant 9 shared, *“the case manager will always help me. But it’s not like we talk often, only when someone needs something and vice versa”*. Similarly, Participant 3 acknowledged, *“We don’t really interact at all. We don’t have meetings together. We only talk on an as needed basis like if it is related to a student.”*

The strongest levels of collaboration and mutual engagement exist within the same department, between members based in the same building (*Figure 7*). The Department of School Counseling, which is made up of the Director of Counseling, SAC, and two guidance counselors,



meets formally every other week. Participant 8 shared, “*We meet all of the time, we are a close group, and talk to one another multiple times a day*”. Participant 10 agreed, “*We collaborate all of the time, we share ideas constantly, learn from one another, and share ideas constantly*”. Moreover, the CST members report the same level of daily collaboration with their teammates who are based in the same building as evidenced by Participant 4 sharing, “*I collaborate all of the time with the School Psychologist who is in the same building and we meet as an entire team every other week.*” Participant 1 also shared that “*The entire CST team meets two times a month, which also includes the school-based social workers and mental health clinician. Also, I meet with the elementary case managers weekly.*” In addition to the frequent informal discussions both the Departments engage in more formal collaborative efforts through participating in bimonthly meetings with members of their same department. During these department meetings members share information, knowledge, and resources with one another.

In summary, there is not currently a comprehensive concerted effort to support the mental health needs of all students in the Edgewood School District.

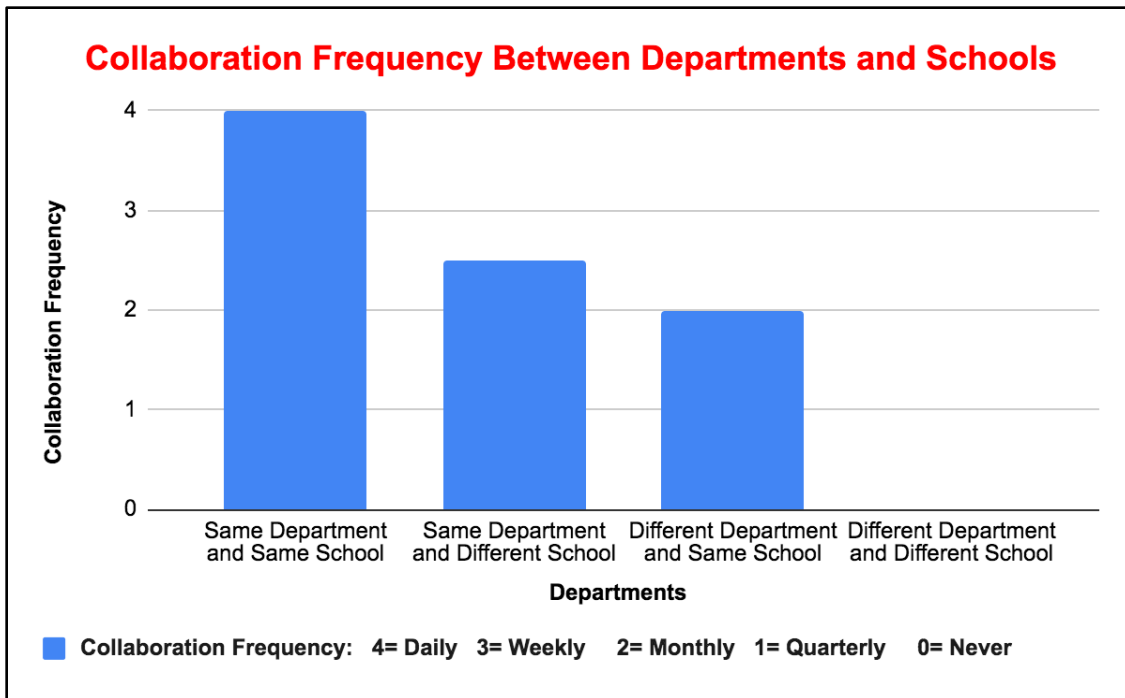
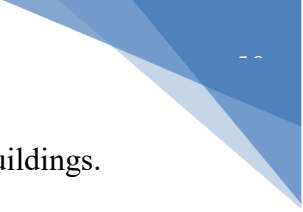


Figure 7: Survey Results data indicating the frequency in collaboration between the various student support professionals


***Finding 3: The student support professionals do not have an established shared repertoire. This limits the interactions and prevents collaboration across schools and departments and reduces collaborative efforts between staff members.***

A “shared repertoire” can be defined as the common resources and language that members use to understand meaning and enable learning within a group. In order for shared repertoire to be in place, the resources should include common language, routines, sensibilities, artifacts, tools, stories, and styles (Wenger, 2000). Through the qualitative data analysis of the interview responses, as well as through analyzing the department agendas, it was found that each department possesses shared resources that are utilized between their own department members. However, there is not a “shared repertoire” across the district that is utilized by all individuals identified as student support professionals.

The qualitative data analysis from interview responses indicate that there are different




Social and Emotional Learning (SEL) initiatives in place across the district’s three buildings. Research shows that there is a documented positive impact of SEL programs on student’s emotional wellbeing and mental health, which includes a reduction of emotional distress such as anxiety, depression, and stress as well as an enhanced self-esteem (Cavioni, Grazzani, & Ornaghi, 2020). The SEL initiatives within the Edgewood District are utilized to provide preventative support to address the mental health needs of all students; therefore, these initiatives are pertinent to this inquiry. Topics taught within the SEL programs in the Edgewood District include mindfulness techniques, emotional regulation skills, coping strategies, mental health check ins, and lessons on character traits that promote mental health wellness. The SEL programs are general education initiatives that are run by school-based social workers, the mental health clinician, the SAC, school counselors and the grades 9-12 Physical Education Department. While these initiatives are in place, the student support professionals, including the majority of special services, are unaware of the programs that are run in the buildings in which they are not based. Therefore, the resources and curricula used within each SEL program are different, reinforcing the lack of a shared repertoire. This is evidenced by Participant 10 indicating, *“I don't know much about the lower grades really, what programs or resources they use and what goes on there. I only know the SEL program and the resources I use with the grade I work with”*. In addition, Participant 3 highlights, *“Social and Emotional support through SEL has been a big push, but there hasn't really been strong collaboration or relationships between the schools. Counselors just handle 7-12, social workers handle their buildings, and CST kind of supports the schools we are in and do the testing and some counseling depending on the school or need. We all use whatever resources we have access to in our department or school. But I think they are different in each building.”* This finding also connects to Finding #1, which



highlights that the Edgewood staff members do not have a clear understanding of the roles and responsibilities assigned to each student support professional. A poorly defined job description makes it challenging for staff members to be successful and hinders the collaboration between multidisciplinary workplace teams (Jacobson et. al, 2012). Therefore, without having a clear understanding of the various job expectations, the Edgewood staff will struggle with developing a shared repertoire of resources to utilize in collaboration with other departments.

Shared repertoire does exist but is limited between the two school-based social workers and the mental health clinician as they collaborate to plan and deliver a social emotional learning (SEL) program to all students in grades 3-6. Each of these individuals are responsible for delivering the SEL learning to a specific grade level and push it into classrooms to deliver the instruction. These three individuals provide the instruction and while the curricula and lessons are different in each school they attempt to align the mental health topics and themes between the two elementary schools as evidenced by Participant 11 sharing , *"I run a SEL special and push into classes in lower grades and we align with what goes on at the 4-6 school so we all are talking about a topic or skill that is the same so kids in lower school can connect with older siblings since they both are learning about the same kind of topics at different grade levels"*.

I also discovered that within the various SEL programs implemented by the district, each grade level had different lessons, terminology, and approaches to delivering the mental health support. In addition, even the platform varied as the high school was delivering their SEL once a month in small groups via a virtual online platform during a Physical Education class, while the lower grades delivered in-person SEL lessons multiple times a week. It is also important to note that the members of Special Services were not involved in any of the SEL lesson planning, development, or implementation.




Last, I found that despite all of the SEL programs and the positive mental health initiatives that are going on across the district K-12, members across schools, and departments are unaware of all of the positive mental health supports that are currently in place within the district. Each department is putting forth a lot of effort to support students' mental health needs but are working in their own silos independent of one another. This is evidenced by student Participant 2 stating, *“I don’t know what goes on at the high school. I don’t know what SEL resources they use or the program.”* and Participant 5 indicating, *“I think they may be doing a SEL program at that school, but I am not exactly sure what it is or what resources they use.”*

These findings align with the literature that highlights that while there may be some overlap of regular and special education support within some units, most programs and services that have a specialized focus are relatively autonomous and tend to function in isolation of each other. This approach is also costly and works against developing collaboration and maximizing results. (Adelman & Taylor 1997, 1999, 2002; Adelman, 1996).

***Finding 4: All members of the student support professionals group expressed a desire to develop culture of collaboration. This highlights that the members of the group have a shared interest in the domain of mental health and are open to collaborating with other individuals.***

Both the qualitative interview data analysis and the quantitative survey data analysis regarding joint enterprise indicated that supporting students with mental health challenges is extremely important. The quantitative survey data analysis also highlighted that all 12 participants *“Strongly Agree (4)”* that supporting students with mental health challenges *should* be a shared responsibility between members of the Department of Special Services, Department of Counseling, Social Workers, and the mental health clinician (*Figure 8*). These findings highlight that all 12 student support professionals have a shared interest in the domain of mental health. The qualitative interview data analysis also corroborated the findings from the survey as





evidenced by Participant 1 stating, *“The responsibility should really be a combo of counselors and CST members”* and Participant 2 stating, *“It really should be a whole group effort to help all students. It shouldn’t be just one person or one group.”* Participant 11 also agreed with the other 11 participants as she shared, *“I think ideally it is better if everyone works together to support all students both General Education and Special Education students.”*

The findings also indicate that all 12 participants are willing to engage in a regularly monthly meeting with all members who are labeled “student support professionals” as evidenced by Participant 12 stating, *“I would love to meet with everybody as one solid unit!”* and Participant 4 sharing, *“I would definitely meet as a whole group, I think if we can meet about the mental health needs of students once a month it would be great.”* This data was supported by the survey results in which all 12 participants “Strongly Agreed (4).” to the following question: *“I would be willing to delegate time to meetings with members outside my department and school to discuss students who are struggling with mental health challenges. (Figure 9).* These findings indicate that all 12 participants have a strong desire to engage in joint enterprise with the other individuals across departments and schools. Joint enterprise is critical for a CoP to be effective as it is the process in which members of the community are engaged and working together toward the identified common goal. Without joint enterprise, collaboration and mutual accountability between CoP members cannot exist (Wenger, 1998).

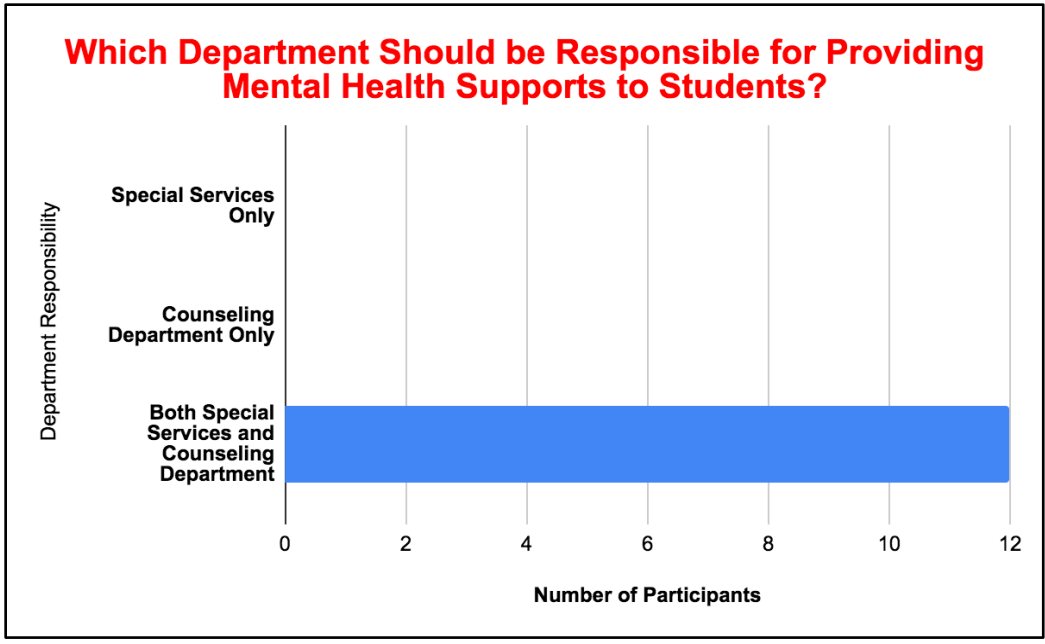


Figure 8: Quantitative Survey Data indicating the desire for Joint Enterprise with regards to supporting all students who experience mental health challenges

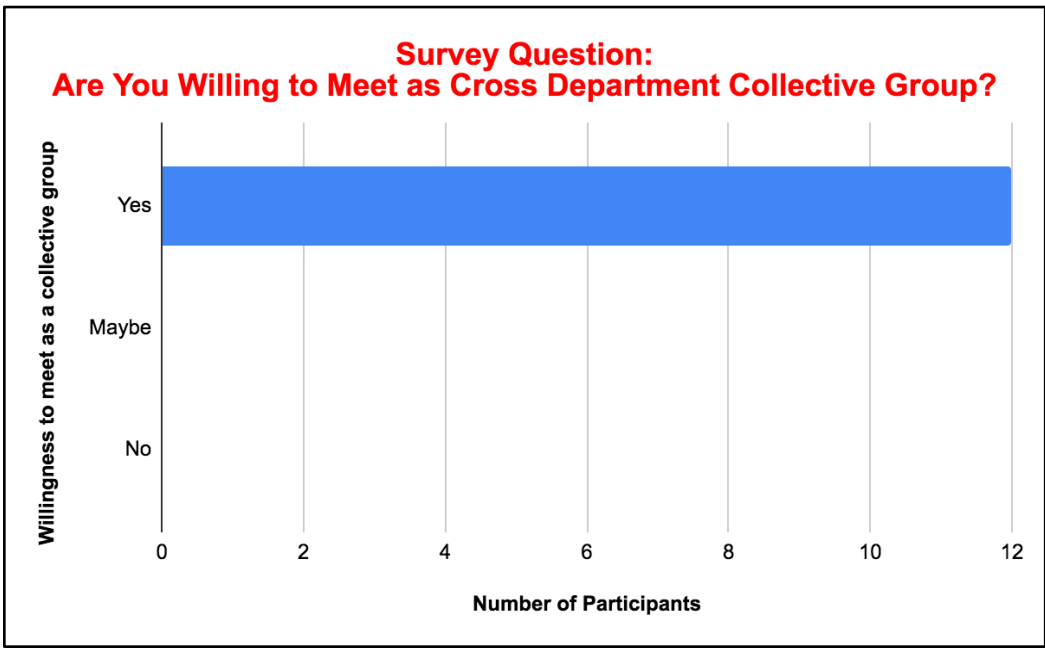



Figure 9: Quantitative Survey Data indicating the desire for Joint Enterprise and participants willingness to meet as a collective group.


**Finding 5: Identified experts utilized the most “air time” in department meetings. This limits opportunities for Legitimate Peripheral Participation (LPP) within the CoP’s Practice**



*dimension and reduces the frequency of meaningful learning opportunities for less experienced staff members.*


Legitimate Peripheral Participation (LPP) takes place within the “Practice” dimension of a CoP. The findings gathered from quantitative and qualitative observational notes indicate that there is an unequal division of participation minutes within the departments’ “practice” during their bimonthly department meetings, specifically within the Department of Special Services. Prior to the meeting the director shares the agenda with the entire CST which includes the case managers, social workers, and mental health clinician, all who participated in the survey and interview process, as well as the other related service providers on the team. The agenda includes the specific topics the director will discuss throughout the course of the meeting that include topics such as staffing needs, programming and placement, SEPAC meetings, student concerns and referrals.

During the two, 60-minute observations of their department meetings, which last roughly two hours and occur every other week, the amount of time each individual participated in the meeting was recorded (Figure 10). The director, who was identified by all 12 student support staff members as an “expert” in the field, was observed speaking for 73% percent of the time (43.8 minutes) during the first department meeting and 60% of the time (36 minutes) during the second department meeting. Within the second meeting the most seasoned CST member, also identified by all 12 participants as an “expert” in the field, spoke for 15% of the time during the first meeting (9 minutes) and 32% of the time (19.2 minutes) during the second meeting. Therefore, these two experts controlled both meetings, speaking for a combined 88% of the first sixty-minute meeting (52.8 minutes) and for 92% of the second sixty-minute meeting (55.2 minutes) leaving only 12% (7.2 minutes) of the first meeting and 8% (4.8 minutes) in the second



meeting for other individuals to participate in the conversation (*Figure 10*). The other 10 individuals in attendance had very limited opportunities for active participation in the meeting. They sat quietly on screen as the director went over each point on the agenda and the school psychologist elaborated on certain topics. These inactive participants were also often observed looking off camera and at their phone, especially toward the end of the 60-minute observation. This data was triangulated with the Department Agendas and a second interview with the Director. Through this triangulation, it was found that the Director sets the agenda ahead of time and is the point person taking the lead to address each topic during the meeting. Through the second interview the Director indicated she was aware of this discrepancy in “air time” and also admitted that she was “*struggling to find ways to engage other staff members and especially those new to the district, so that they will participate more in Department meetings.*” She also stated, “*I am really open to any suggestions or recommendations that will help with getting more of my team to participate in the meetings.*” She also questioned, “*I wonder if the other departments have the same challenges.*”


The findings indicate that the Special Services individuals with the most experienced, deemed “experts” within the department participated the most in the conversation and the more “novice” CST members, those with 1 or 2 years of experience working in the district, even the contracted mental health clinician, engaged in a more observational role and had very limited opportunities to participate in the discussion. Legitimate peripheral participation and increasing the amount of time an individual actively participates in the practice dimension within a CoP, provides a way to discuss the relationships between “newcomers and old timers “as well as talk about activities, identities, artifacts, and communities of knowledge and practice” (Lave & Wenger, 1991, p.29). It also includes the process by which newcomers become part of a



community of practice. Within the Department of Special Services, the director has 20 years of clinical experience, while her team and even the mental health clinician only have between 1-4 years of experience overall and within the district. Her team is composed mostly of “newcomers”.

The quantitative data from the observational notes of the Department of School Counseling meetings revealed that this department engages in a much more balanced division of participation between the director, two counselors, and SAC. Prior to their meeting the director shares the agenda and specifies what counselor will present information on the specific topic. As a team they go through the topics on the agenda and each individual takes the lead on their assigned topics presenting the information to the group and then other individuals ask questions, share insight, or comment on the subject matter prior to transitioning to the next topic. It is important to note that all members of this department have at least 7 years of experience working in the Edgewood District, and the newest member to their department is the Director. Therefore, the imperative to support newcomers is not as high as for the School Counseling Department.

During the first meeting, the director, who was also identified by the counselors and high school CST as an “expert” started off the meeting spoke for 30% of the time (18 minutes), the other two counselors spoke for 20% of the time (12 minutes) and 21% of the time (12.6 minutes) and the SAC, another identified “expert” spoke for 29% of the time (17.4 minutes). The second meeting which had a major focus on mental health (May is Mental Health Awareness Month), also had a balance of participation between all members of the high school counseling department. Within the second meeting the SAC counselor, in charge of the mental health components participated the most as she spoke on three different topics for a total of 30% of the time (18 minutes), while the director also covered three topics she participated for 27% of the



time (16.2 minutes). The other two counselors were each assigned one topic to present on and participated for 21% of the time (12.6 minutes) and 22% of the time (13.2 minutes) during the second meeting (*Figure 10*).

The balanced levels of participation and organization within the counseling department's department meetings support Lave & Wenger's (1991) situated learning theory and Stein's (1998) work which highlights that learning knowledge is gained through experience and is a result of social processes that require problem solving with other individuals. The learning that takes place during the counseling meetings is authentic and is derived from real world problems, issues and topics that are important to the counseling department. This set up aligns with Bussey et al. (2003) and Lave & Wenger (1991) beliefs that learning is centered around problems, issues, and challenges that arise from an actual situation in true practice settings. In addition, within a CoP meaning is developed from situations and activities gained from real life experiences. Within the counseling department the learning occurs within the context of their social interactions with other members of the community who share the same concerns and challenges within the practice. This is supported by (Stein, 1998; Lave & Wenger, 1991) who state that learning is based in daily activities and is the result of the social process that involves problem-solving and collaborating with others.

It is important to note that the Department of Counseling is based in one building, and all members share the same office space, while the Department of Special Services covers all grades PreK-12 and members are based in the three different buildings across the district, Additionally, all members of the Counseling Department have between 7-12 years of experience working with each other in the Edgewood School District and the newest member of their department is the Director who joined the team when they created her position 7 years ago. In comparison to the

student support staff members within the Department of Special Services who have only worked in the Edgewood District for a range of 1- 4 years. While the Special Services Director has 20 years in the field of School Psychology, this is only her third year in the district as well.

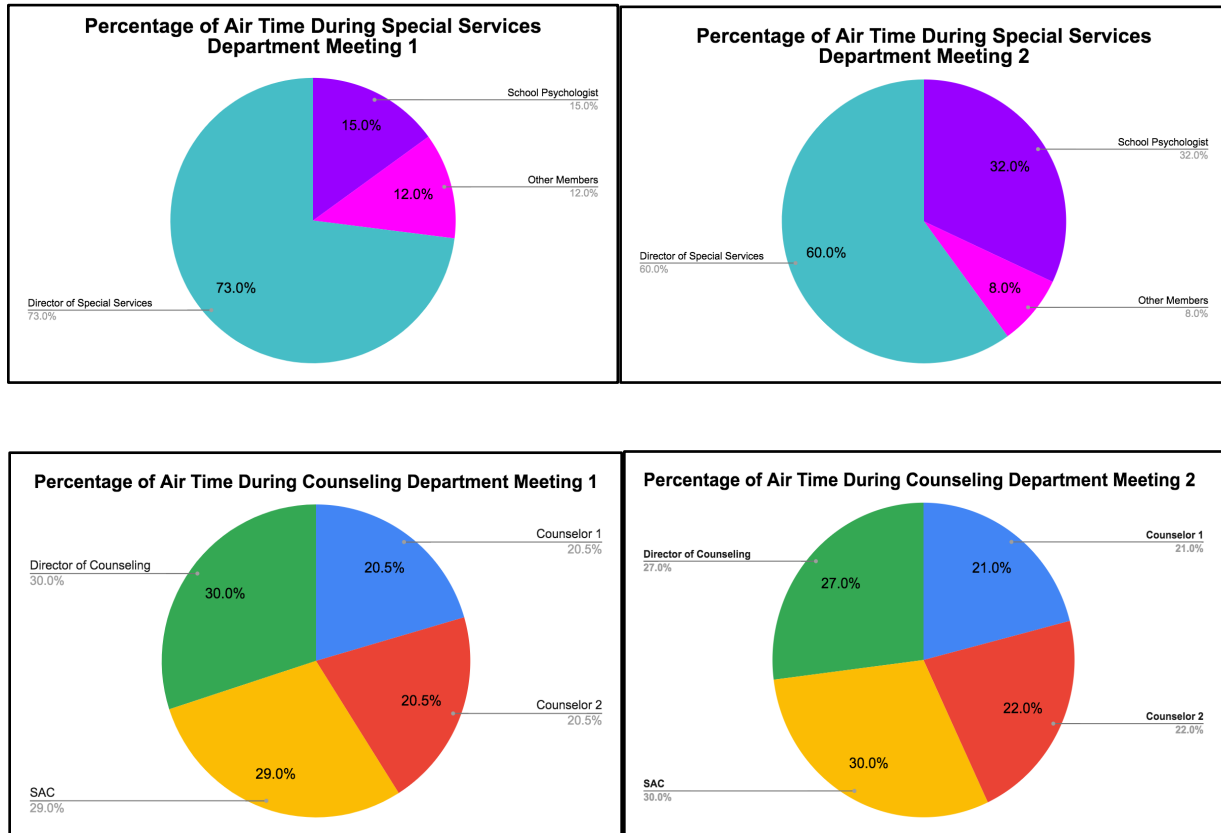


Figure 10: Quantitative Data from Observational Notes that shows the percentage of airtime during the Special Services and Counseling department meetings

## Recommendations

Recommendation 1 was derived from Finding #1, which highlights that the BOE job descriptions are not clearly defined, accurate, and/or up to date. This recommendation is broken down into two parts (1a and 1b) that go in succession as the district will not be able to implement recommendation 1b until recommendation 1a is accomplished.




**Recommendation 1a: Edgewood School District should update the board of education approved job descriptions and organizational chart to include the positions currently in place and the specific roles and responsibilities identified with each position.**

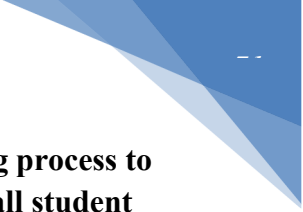
Researchers note that accurate job descriptions are essential to an employee's success. Clear job descriptions also guide the activities and responsibilities of an employee. According to Forchuk et al. (2002), a job description is a written document, "which acts as a cornerstone for the employer and employee in understanding job function, responsibilities, accountability, and authority in the workplace" (p.480). The literature also suggests that poorly defined job descriptions make it challenging for staff members to be successful and hinder the collaboration between multidisciplinary workplace teams (Jacobson et al., 2012). When there are conflicts and confusion with specific roles of employees, it is difficult for the various staff members to work together. This confusion is often a result of poorly operationalized and defined job tasks (Gates & Akabas, 2007). During this study's analysis of BOE approved job descriptions compared to the staff members perceived roles and responsibilities, I found that the written job descriptions were outdated and did not accurately reflect the specific roles and responsibilities for the various members identified as student support staff.

Based on my findings and the supported literature, I recommend that the Administrative Team, which includes the Superintendent, three building-based principals, Director of Special Services, and Director of School Counseling within the Edgewood School District meet as a collaborative unit to review all of the BOE approved District Organizational Structure Chart and the written job descriptions for all members identified as student support staff. A relevant job description should specify types of skills, tasks, and experiences that define a well-qualified staff member (Jacobson et. al, 2012). I recommend that the team work collaboratively to update each student support position's roles and responsibilities to reflect the current expectations of each






position. Clear job descriptions serve to guide the specific goals and activities of a staff member as well as improve accountability (Forchuk et al., 2002; Gates & Akabas, 2007). Therefore, each job description should clearly indicate an expectation of collaboration with other student support professionals as well as delineate specific tasks related to mental health support which include counseling, social skills groups, and SEL initiatives. Poorly defined job descriptions make it difficult for employees to meet with success and inhibits their ability to work collaboratively within a multidisciplinary team (Jacobson et al., 2012). It is imperative that each administrator has a voice in the discussion and agrees to incorporating collaborative implementation of mental health preventions/interventions, and providing mental health support to all students as part of the “roles and responsibilities” section on all job descriptions. Including these mental supports within the job description is the first step in building a foundation for developing mutual accountability as the job description will list mental health support as a shared responsibility between all student support staff. If all members are held accountable for providing mental health support to all students, the likelihood of building a joint enterprise between the various student support departments will increase. In addition, the development of clear job descriptions to include the shared responsibility of providing mental health support will lay the groundwork for the student support professionals community to develop a shared repertoire of mental health resources and tools to utilize when they are delivering services to their students. The recommendation for the Edgewood District to update their job descriptions is supported by research that indicates having a clearly defined job description provides explicit expectations for all staff members and is critical for an employee's success (Manning & Suire, 1996).




**Recommendation 1b: Edgewood School District should engage in an onboarding process to explicitly explain the new job descriptions, specific roles and responsibilities of all student support professionals to each member within the various departments.**

Research shows that when a position lacks a job description, staff members often feel unprepared and left on their own to figure out what they should do (Gates & Akabas, 2007; Jacobson et al., 2012). When staff members do not understand their specific role or the roles of others, they are not sufficiently prepared and as a result are often not sure as to how they should relate to other staff members (Gates & Akabas, 2007; Jacobson et al., 2012; Manning & Squire, 1996). My findings indicated that most staff members reported that they did not know the specific roles and responsibilities of other staff members across different departments, nor did they know which department was “technically responsible” for providing students with mental health support. These uncertainties in roles and responsibilities prevent the student support professionals from engaging in mutual accountability with regards to supporting students with mental health challenges. Mannie & Squire’s (1996) study highlighted that in scenarios where staff did not have a clearly defined job description, many employees felt unprepared and were left having to figure out what they should do on their own. This research aligns with my findings as the participants indicated that no one explicitly explained their roles and responsibilities to them and that they figured out their roles and responsibilities through observation, prior knowledge of the position, and through informal conversations with others in their department. Some participants also stated that their responsibilities often change from year to year depending on need but no one ever told them about the change, they just had to figure it out.

Based on my findings and support from the literature, after the updated job descriptions have been adopted by Edgewood’s Board of Education, I recommend that the three principals,




Director of Special Services and Director of Counseling facilitate a meeting with all student support professionals together to facilitate the onboarding process of the new roles and responsibilities. Within this meeting the administration should explicitly explain the specific roles and responsibilities of all the “student support professionals” which include: School Counselor, Student Assistance Counselor (SAC) School-Based Social Worker, School Psychologist, CST Social Worker, Learning Disabilities Teacher Consultant (LDTC), Mental Health Clinician, Director of School Counseling and Director of Special Services. It is imperative that administration develop an onboarding process for introducing the updated job descriptions. Through this onboarding process it is imperative that all administrators provide clear expectations of each role and deliver the message as a united front. The clear explanation of the job descriptions, aligned with the reinforcement of shared responsibilities between all departments must take place when all student support professionals are present. During the onboarding process each individual should have the opportunity to ask questions to clarify any uncertainties they may have about their role or the role of other individuals, specifically with regards to supporting students with mental health challenges. It is also imperative that the administration highlight that the role of supporting students with mental health challenges is a shared task between all staff members and that collaboration between the two departments is expected. In addition to increasing accountability, clear job descriptions have also been proven to increase motivation in tasks (Forchuk et al., 2002). Therefore, it is anticipated that the onboarding and implementation of the newly adopted job descriptions will motivate all staff members to share the responsibility of providing mental health support to all students. Providing all staff members with this clear expectation will also lay the foundation for the group to emulate



Wenger's (1998) mutual accountability and thus work to build the foundation for a joint enterprise in the domain of mental health support.

**Recommendation 2: Administrators within Edgewood School District should facilitate the development of a Mental Health CoP and implement monthly meetings between all student support services staff.**

Research by Wenger, McDermott, & Snyder (2002) acknowledges that while the concept of Communities of Practice is not new, “the need for organizations to become more intentional and systematic about managing knowledge is” (p.6). According to Wenger (1998), knowledge has become the key to success in organizations and creating Communities of Practice in important topic areas is a constructive way to utilize knowledge as an asset within an organization. The findings from this study highlight that all participants are committed to the domain of mental health support and many student-support staff members across the various departments are considered, by their colleges, to be “experts” in the field of mental health. Yet, despite this shared interest and knowledge base within the group, there is limited communication and collaboration between staff members across departments and across schools. The only collaboration between departments is often only on an “as needed basis” when one individual requires the help of someone else. In addition, there are no opportunities presently in place for the student support services unit to meet as a collective unit which drastically inhibits the group's ability to engage in mutual engagement. Wenger (1998) defines mutual engagement as the ability to build relationships with other members of the community by responding to other's actions and participating in activities together. It also represents the interactions between group members that




leads to the development of a shared understanding on issues or a problem (Li et al., 2009).

Without the opportunities to meet, mutual engagement cannot happen in any systematic way.

Based on this study's findings supported by the literature, I recommend that Edgewood student support staff form a Community of Practice around the shared domain of supporting students with mental health challenges to increase the level of mutual engagement that exists between the Department of Special Services, Department of School Counseling, and school based social workers. Wenger, McDermott, & Snyder (2002) identify three dimensions that will guide the development of a CoP that when in balance will enable an effective CoP: domain, community and practice. The domain for this CoP has already been established as this study's findings indicate all student support members have expressed a shared interest in the domain of mental health.


The second dimension is the community. In building a community the members must address the following questions: What roles are people going to play? How often will the community meet? And how will members connect? Addressing these questions will help the community develop the way in which it will operate and build relationships (Wenger, McDermott, & Snyder, 2002). Within recommendation #1a and 1b, the district will have already determined the specific roles the staff will play. Therefore, one way for administration to support the creation of the CoP is through reserving and scheduling time for monthly meetings between all members of the student support staff team, to determine how often the community will meet. While the findings indicated that all members were willing to meet as a group (*Figure 9*), they all also requested that administration schedule the meetings and reserve the time. All members felt



that the group would take it more seriously and view it as more important if the time was scheduled formally.

With regards to the specific timing, I recommend that these CoP meetings commence during the In-Service Staff Development days starting in September 2021 to set the tone for the upcoming school year. The meeting should be in person and aim to clarify the roles of each member within the CoP. After a year attending meetings only on zoom, holding this meeting in person will also provide an opportunity for the district to establish the community through live meetings in which the student support professionals can sit around a table and engage with each other in ways they have not been able to since March 2020. Following the In-Service meeting, subsequent meetings should be scheduled on the “off weeks” where the specific Departments of Special Services and Counseling are not engaging in their bimonthly meeting with their own departments. Through these meetings all individuals will have the opportunity to build relationships and increase the level of collaboration with individuals across different departments and based in different buildings. This in turn is expected to increase the level of mutual engagement within the members of the CoP across various departments.

The last element is practice. In time, a community establishes their own practice, but in the planning process a community can start to develop its practice through answering the following questions: What knowledge should the community share, develop, document? What kind of learning activities should they organize? (Wenger, McDermott, & Snyder, 2002). I recommend that the knowledge the community shares, develops, and documents is within the realm of the district’s identified best practices to support their students with mental health challenges. This knowledge should then be utilized to develop a shared repertoire

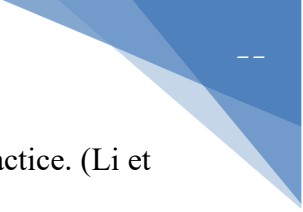


(Recommendation #3) the CoP uses within their practice. In an effort to build the level of mutual engagement, each member should share their present knowledge with regards to mental health support allowing all members an equal opportunity to speak and share their knowledge, while also learning from their colleagues. Through the creation of its practice, the CoP should also discuss the various SEL models that are currently being provided to students in different buildings across the district. The shared knowledge around the SEL models should also be utilized in developing the shared repertoire as a means to integrate district's best practices into instruction as well as align the models to provide vertical articulation across buildings.

The implementation of a CoP around the shared interest in supporting students with mental health challenges should increase the level of mutual engagement among the student support professionals. The creation of the CoP will provide these individuals with the opportunity to meet as a collective group. Through CoP meetings these individuals will be given the time and opportunity to build relationships with staff members across the district and as well as enable them with the chance to participate in activities together. This increase in mutual engagement and strengthened relationships will also aid increasing the frequency of meaningful communication and collaboration between all CoP members.

**Recommendation 3: Student Support Professionals should develop a shared repertoire by identifying common resources, methodologies, tools, and curricula that all departments and schools can utilize to support students with mental health challenges.**


Research by Wenger, McDermott, & Snyder (2002) highlights the importance of developing and utilizing a shared repertoire as a means to build knowledge and collaboration between members of CoP. A shared repertoire refers to the creation of common resources and language that members use to understand meaning and enable learning within the group. This



also includes one's ability to understand and use the shared resources within their practice. (Li et al., 2009; Wenger, 1998). The findings from my inquiry indicate that there are differing SEL models, curricula, and resources that are in place across the district and each of these models is being facilitated and run by different individuals in various buildings. Cavioni et al. (2020), highlight the positive benefits of the implementation of SEL programs with regards to improved mental health. These benefits include: an improvement in social and emotional skills such as positive attitudes towards self and others in addition to a reduction of anxiety, depression, and stress. During the interview process, participants who were aware of an SEL program in their building indicated that they felt that their model was beneficial and meeting students' needs. However, most participants were unable to identify which SEL program was used in the other buildings. They were also unaware of the effectiveness of the programs in other schools. These findings highlight the limited collaboration between buildings and departments. They also reinforce that currently each department is functioning independently of one another.

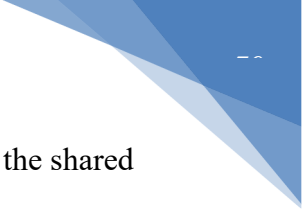
In an effort to eliminate the current siloed approach to supporting students with mental health challenges and to facilitate an increase in collaboration between the departments, I recommend that the student support professionals develop a shared repertoire to include common resources, tools, and methodologies based on best practices of supporting students with mental health challenges. This shared repertoire can be created by utilizing Google Apps for Education to develop a shared folder to store all documentation, tools, and resources which include meeting agendas and documents developed by the group. Through this shared folder all resources will be accessible to the members of the CoP.





I also recommend that during the monthly CoP meeting (developed via recommendation #2) all members share the details about the various current SEL programs, social skills groups, and counseling initiatives that are currently in place within the three different buildings as a means to exchange knowledge and build a shared repertoire of resources. They can also discuss any challenges they are dealing with, exchange ideas, and celebrate successes with regards to supporting students with mental health challenges as a means to develop the shared repertoire of artifacts, tools, and stories around mental health. In addition, I recommend that the CoP utilize their meeting time to identify the strengths and weaknesses of each mental health program/service that are currently in place as a means to develop shared best practices for mental health delivery. These best practices will also be added to the shared repertoire of K-12 resources. As the collective group collaborates and brainstorms ideas as to how the program/services can be improved, they should also assess and evaluate if the various current programs are appropriate or if one single K-12 program is more appropriate. Through this collaboration and development of a shared repertoire, it is anticipated that the CoP, created by recommendation #2 will be able to identify common themes between all the programs and services and thus will be able to better facilitate vertical articulation of mental health support and SEL delivery across the three schools.

Through the creation of a shared repertoire all members will have access to these common resources when providing mental health support to students either through individual counseling, social skills groups or SEL programs. Staff members will also be afforded the opportunity to increase their knowledge base of supporting students with mental health challenges through the utilization of these shared resources and through the increase in collaboration via the discussions and problem-solving sessions regarding SEL. It is

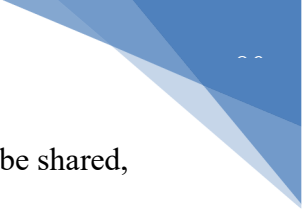


recommended that the support staff professionals be oriented towards the creation of the shared repertoire during the onboarding process (Recommendation 1b) within the first meeting on the September professional development days.

**Recommendation 4: Edgewood School District Administration should capitalize on the staff's shared interest in the domain of mental health challenges in school and support the staff members' desire for mutual accountability in helping students in crisis.**

Joint enterprise is defined as the process in which people are engaged and working together toward a common goal (Li et. al 2009; Wenger, 1998). This process also requires members of the group to have a shared understanding as to what their community is about and hold each other accountable to the common goal. Research highlights that through joint enterprise, the community will show collaborative initiative to take action and maintain the drive of the group with the focus on the identified area of inquiry and shared domain (Wenger, 2000). The quantitative survey analysis revealed that all twelve of the participants believe that supporting students with mental health challenges is “*Extremely Important (4)*” and that all participants “*Strongly Agree (4)*” that supporting students with mental health challenges *should* be a shared responsibility (*Figure 8*). In addition, the interview responses also indicated that all participants are willing to meet as a collective student support services group.

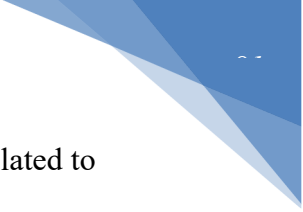
My findings highlight the fact that all members who have been identified as student support staff have a desire and interest in developing a joint enterprise and creating mutual accountability for supporting students with mental health needs. According to Wenger (1998). the creation of a joint enterprise, also enables a sense of mutual accountability to develop. Mutual accountability refers to not only being part of the group and being responsible for one's



work but also “being personable, treating information and resources as something to be shared, and being responsible to others” (Wenger, 1998, p.81).

I recommend that the district highlight and acknowledge that all 12 individuals have a collective desire to meet as a unit in an effort to collaboratively support students with mental health challenges. The district should also publicly acknowledge the positive practices that are already in place across the district. This celebration of successes should be shared with all student support staff members during the introduction to the idea of creating a Mental Health CoP and utilize it as a foundation for creating a shared repertoire. This acknowledgement should also be shared collaboratively by both the Director of Special Services and Director of School Counseling so that all community members see that this joint enterprise is supported by the administration within both departments.

I also recommend that administration prioritize time for the support staff to meet as a collective group and allow additional time for the group to meet informally outside of the scheduled meetings as a means to support the individuals’ desire for mutual accountability with regards to supporting students with mental health. As mentioned previously, starting with the In-Service days, and the scheduling time to meet once a month formally as a collective group will reinforce the importance of mutual accountability and provide the student support staff members with the time necessary to collaborate with one another. During the first CoP meeting, clear guidelines will be established which include sharing the agenda prior to the meeting and allowing all members to add topics to be included within their discussion. It is recommended that “Challenging Mental Health Cases”, “Problem Solving Session”, and “Celebrated Successes” be standing items on the agenda and that all members of the CoP have the opportunity to discuss




challenges they are having, help others problem solve, and share one success story related to mental health supports, as a means to enable the collaboration between all members as well as continue to build their shared repertoire.

In addition to scheduled monthly meetings, it is also imperative that the CoP members be given time and have the opportunity to meet informally. At the end of department meetings, administration should set aside time for their members to “check in” with other student support staff members across the district. During these “check-ins” there will not be a formal agenda. The only expectation will be that prior to discussing mental health, time will be dedicated to giving members the opportunity to discuss anything that they choose. This relatively unstructured time will foster open lines of communication and build personal relationships between members across the district. I also recommend that remaining check in time will be utilized to discuss mental health support for struggling students. By being provided with additional time to meet informally regarding mental health, the student support professionals will also have additional opportunities to collaborate with other members across the district which will further strengthen their level of mutual accountability in supporting students with mental health challenges.


**Recommendation 5: Edgewood Department of Special Services should increase the frequency of Legitimate Peripheral Participation by providing less-seasoned staff with opportunities to share tasks with “experts” across departments, as well as more actively participate within department meetings.**

In the past, it was thought that “apprentices” in a field were supposed to gain the skills of practice through passive observations and imitation of others. However, Lave & Wenger (1991), strongly disagree with this theory and argue that those that implement this passive method of learning do not appropriately understand the concept of peripheral participation of a CoP and view the term too literally. The current literature supports the notion that knowledge is gained



through a CoP's "Practice" dimension via participatory experiences and is a result of active social processes that require problem solving with other individuals within the CoP's "community" (Lave & Wenger, 1991; Stein, 1998). Legitimate Peripheral Participation (LPP) is intended to provide "newcomers" within a CoP with more than simply an observational role within the practice of the group. It utilizes participation within the CoP's conceptual framework "Practice" dimension as a method of learning in which the individual is fully submerged in the "practice" taking in and benefiting from each participatory opportunity (Lave & Wenger, 1991). Research supports the belief that as time goes on, a newcomer engaging in legitimate peripheral participation will continue to increase their participatory role in the organization and eventually make the group's "culture of practice" their own as they continue to develop and build their knowledge base within the CoP's community. Through LPP an individual will increase their understanding of the "how" (the practice), "what" (the domain), and "who" (the community) within the CoP. They will learn the way the community collaborates, the way individuals interact, and what other learners in the group are doing. Through this increase in knowledge individuals will begin to understand what they need to learn in order to become a full participant in the Practice dimension of the CoP.

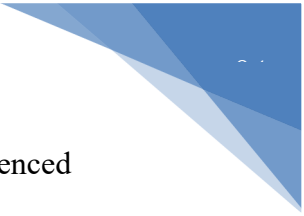
All members of the Department of School Counseling are already recognized as full participants in their department, therefore the focus of this recommendation is on the members within the Department of Special Services. Through my observations of department meetings, I found that there was less equal distribution of "air time" within the Department of Special Services meetings as evidenced by the majority of speaking being done by the two most experienced members; this limits opportunities for the less experienced staff to participate and learn in the process. It is also important to note that the attendance within the Department of



Special Services meetings is much larger than the counseling department as the school-based counselors and related services providers also attend. In addition, the most seasoned staff member within Special Services has only 4 years of experience both in the district and in her position, while the Director has only been in the Edgewood District for 3 years. The limited years of experiences paired with the imbalance in air-time indicates that the majority of the special service providers are not fully integrated members of their special services community.

As a result of the finding, I recommended that Edgewood Department of Special Services provide less seasoned staff with more opportunities to participate in department meetings. As a means to accomplish this, prior to the department meeting the director should meet with the “newcomers” to discuss possible topics they are the most experienced with and identify a topic or area for them to share information about during the next department meeting. In addition to creating a space for the newcomers to participate, increased participation opportunities for all department members can be facilitated by assigning different individuals with topics to present on during the meetings. The identified topics and who is sharing the information should also be indicated on the agenda to notify all individuals as to who will speak on the topic as a means for the experts to refrain from taking the lead within the meeting.


Through the interview process I found that some individuals in both departments did not feel as they have a strong knowledge base with regards to providing mental health support. Recommendation #1 acknowledges the district’s need to update job descriptions and develop an onboarding process to ensure all support staff professionals are aware of the expected roles and responsibilities within each job title. Recommendation #2 outlines the steps necessary for the district to develop a CoP around the domain of mental health. After the CoP is formed, I



recommend that the directors pair the staff with less experience with the more experienced individuals in a different department who have a stronger knowledge base with regards to mental health as a means for the pair to provide the SEL support to students. Through this recommendation the less experienced staff will be given the opportunity to elevate their level of participation and actively learn additional techniques and strategies to support students with mental health challenges. I anticipate that this will not only increase the level of legitimate peripheral participation for the novice group members, but it will also increase the collaboration between the CoP members who are assigned to different departments. Following the implementation of the partner-based supports, the less experienced individual should be encouraged to report the student progress to the group. I believe that enabling the less seasoned staff members to have the opportunity to share information with the group will also increase their level of participation within the CoP and work towards making them a full participant in the group.

## **Discussion**

Both the Department of School Counseling and Department of Special Services in the Edgewood School District strive to provide social-emotional support to students in their district. However, currently each of these student support services departments functions independently, tending to their own assumed responsibilities. This project aimed to use theory and data to assist the Edgewood School district with supporting their students with mental health challenges. This project utilized the Communities of Practice theoretical framework to further examine the relationship between the “student support professionals”, which includes the school-based mental health clinician, the school-based social workers, the counseling department, and the




Department of Special Services within the Edgewood School District as a means to increase collaboration to more efficiently and effectively support students with mental health needs.

This study relied on quantitative data in the form of surveys intended to assess the frequency in which each participant collaborated with other student support staff members both within and across their department and buildings as well as to better understand each participant's perceptions of the roles and responsibilities assigned to all individuals identified as the student support staff professionals. Quantitative data in the form of "participation minutes" was also gathered during the recorded department meeting observations. This project also relied on qualitative data in the form of interviews with the student support professionals, and district documentation audits. Through my data analysis, this project provided recommendations for the Edgewood School District to consider as they look to utilize their student support professionals to provide effective and meaningful support to students with mental health challenges.

### **Limitations**

Throughout the entire duration of this project the entire world, including the United States, was living through a global pandemic known as COVID-19. When the virus hit the United States, public school districts were forced to close and transition to remote learning, which completely altered the day to day operation of the district. In response, Edgewood School District made changes to operations which included altering some of the roles and responsibilities of the various support staff members, requiring some staff to work remotely, and reducing the number of students who attended school in person, and adding additional social and emotional learning supports into schools. This presented challenges for this project as the researcher was unable to travel to Edgewood School District to engage in in-person interviews and observations, which could have impacted her ability to get a sense of the different



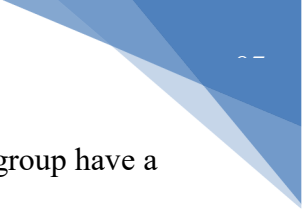


departments and schools' culture. The COVID-19 restrictions which included individuals working remotely or from their own office only also may have also impacted the student support staff's ability to collaborate with each other. In addition, the COVID-19 newly adapted roles and responsibilities of various support members may have impacted the staff member's responses with regards to their perceived roles and responsibilities within their department and specifically with regards to supporting students with mental health challenges.

A second limitation of this project was that the three building principals were not included in study. The school based social workers and Director of Counseling all report to a building principal as their superior. These administrators run the buildings and are in charge of overseeing the day to day operations and programming of their students. Therefore, it would have been beneficial to gain their insight into the specific roles of the support staff, and their level of involvement with fostering collaborative relationships between all members. Given the COVID-19 situation, the district respectfully asked that the principals not participate in the study as they were focused on the reopening of schools during the data collection phase.


## **Conclusion**

Findings of this study are aligned with current literature regarding the impact that clear job descriptions have on employee success and the effectiveness of the development of Community of Practice to facilitate learning and foster collaboration amongst members of the group. Overall, the findings confirmed that in order for a staff member to collaborate with their colleagues they first must have a strong understanding of each member's assigned roles and responsibilities, and their job description must be accurate, up to date and explicitly explained to them. Within the context of Communities of Practice, the student support member's desire for a



joint enterprise and mutual accountability are indicators that all members within the group have a shared interest in the domain of mental health and are open to collaborating with other individuals as a means to support students with mental health challenges. However, the absence of mutual engagement across departments is hindering Edgewood’s ability to foster meaningful collaboration across various departments and schools. This also impacts the collective group’s ability to most effectively support its most vulnerable students. Increasing the group’s mutual engagement will be integral in fostering meaningful collaboration across various departments and schools. The lack of a shared repertoire between the student support professionals is also limiting the interactions and is preventing collaboration between the group. Therefore, developing a shared repertoire will strengthen the interactions and increase collaboration across schools and departments. It will also enable collaborative efforts between all student support staff members. When experts in the field utilize the most “air time” in department meetings, other staff members take a more observational role, are less engaged, and do not have opportunities to engage in participatory learning. Providing opportunities for Legitimate Peripheral Participation (LPP) will also support more meaningful learning opportunities for less experienced staff members.

Recommendations in this project were informed by the findings and documented by research. The Edgewood School district strives to provide social-emotional support to all of their students. The recommendations include updating and onboarding the BOE approved job descriptions, facilitating the implementation of a mental health CoP, developing a shared repertoire, increasing the level of mutual engagement, fostering a joint enterprise between the student support professionals’ group, and increasing the level of active participation in learning opportunities. These suggested recommendations will have an impact on increasing the




Edgewood student support staff community's ability to collaborate with all group members including those who may be assigned to different departments or buildings within the organization. Affording less experienced staff members with opportunities to engage in active learning through an increase in participation within department meetings, as well as fostering partnerships to deliver SEL services will also enhance the shared practice within the student support staff professionals.


In conclusion, the Edgewood School District is staffed with a team of student support professionals who all share the desire and passion for supporting students with mental health challenges. By delegating time for these individuals to meet as a collective unit, the level and frequency of communication and collaboration will increase. With thoughtful planning to support the desired joint enterprise as well as develop clear job descriptions and create a shared repertoire of resources, with a focus on mental health, the Edgewood School District has the potential to more effectively support the mental health needs of their entire student body.




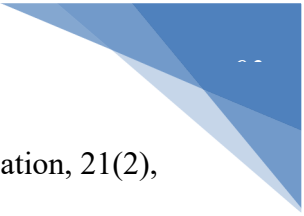
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## Appendices

### *Appendix A: Recruitment Letter*

Dear [ Name ] ,

You are invited to participate in a Capstone Project about mental health supports in schools and specifically the roles various stakeholders play in this support. You have been identified as a potential interviewee for this study because of your position within Edgewood Schools.

Your participation is extremely important to me and to Edgewood Schools as we look to strengthen the district's supports for students with mental health challenges. Should you agree to participate, I will contact you to set up a zoom interview. The interview should take about 30-40 minutes. Participation is voluntary and your response will be kept anonymous. You will have the option to not respond to any question that you choose. Participation or nonparticipation will not impact your relationship with the Edgewood School District. Agreement to participate will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

If you have any questions about the research please contact the Principal Investigator, Jessica Gluck, at [jessica.d.gluck@vanderbilt.edu](mailto:jessica.d.gluck@vanderbilt.edu) or the faculty advisor, Dr. Eve Rifkin at [eve.r.rifkin@vanderbilt.edu](mailto:eve.r.rifkin@vanderbilt.edu). If you have any questions regarding your rights as a research subject, contact the Vanderbilt Institutional Review Board (IRB) at (615) 322-2918.

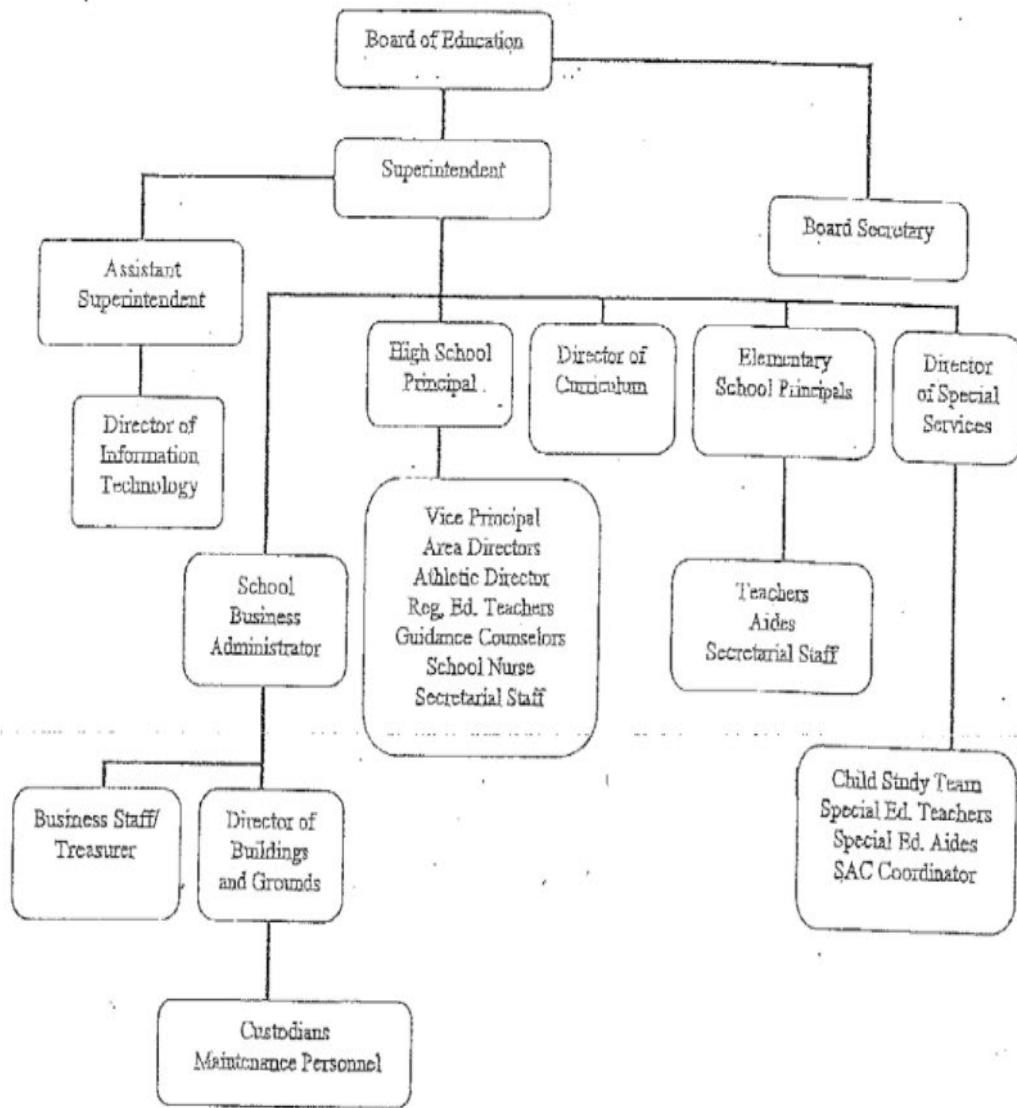
Please print or save a copy of this page for your records.

*I have read the above information and agree to participate in this research project*

Sincerely,  
Jessica D. Gluck  
Vanderbilt University; Peabody College  
Leadership and Learning in Organizations

**Appendix B: Organizational Chart**

1110 ORGANIZATIONAL CHART

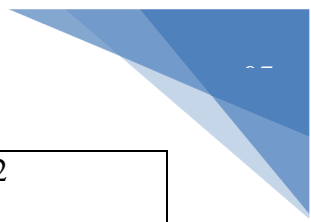


Adopted: 26 August 2002  
 Revised: January 2004,  
 February, 2006

*Appendix C: Interview Questions Guide*



Interview Question	Coding Topics	Conceptual Framework	Research Question
What do you think are the specific roles/responsibilities of counselors/social workers? CST members? Clinicians	Roles/Responsibilities	CoP Practice	1
Who determined these roles/responsibilities? Were they clearly identified by an administrator? Were they clearly explained to you or assume	Roles/Responsibilities	CoP Community	1
What do you think is <b>your</b> specific role within the district? What do you believe are your responsibilities? Why do you believe this - do you assume this or did someone provide you with clear expectations regarding your role?	Roles/Responsibilities	CoP Practice	1
With regards to mental health supports, who do you think is responsible for providing support to <b>special education students</b> ? General Education students? Who should be responsible for this?	Roles/Responsibilities	CoP Practice CoP Community	1
What type of collaboration currently exists (or doesn't exist) between members of the same department? Across different departments? Explain further what the current collaboration looks like.	Collaboration	CoP Practice Mutual Engagement CoP Community	2
Why do you think there is a lack of collaboration (or strong collaboration) between various members of each department?	Collaboration	CoP Practice Mutual Engagement	2
In what ways do counselors and CST members collaborate with each other? Counselors and social workers? Counselors and clinicians	Collaboration	CoP Practice Mutual Engagement	2
In what ways do social workers and CST members collaborate with each other? CST members and clinicians?	Collaboration	CoP Practice Mutual Engagement	2
How do you think the district can increase collaboration between all members within student support services personnel	Collaboration	CoP Practice Mutual Engagement	2



If time was provided for you to meet with the other departments that support students, would you?	Collaboration	CoP Practice Mutual Engagement Joint Enterprise	2
What specific barriers exist, if any, that prevent you from best supporting all students (both general education and special education) with their mental health needs?	Problems/Barriers	CoP Domain CoP Practice	2
In what ways do you think the district can improve to more effectively meet the mental health needs of general education students? Special education students? All students?	Problems/Barriers	CoP Domain CoP Practice	2
Discuss/explain the continuity of support K-12 between all members of the counseling department? Between all CST members? - domain, community, practice	Resources	Shared Repertoire Joint Enterprise	2
Discuss what mental health supports are currently in place at the K-6 level, 7-12? Are they effective? Could they be better?	Resources	Shared Repertoire	2
With regards to the mental health supports that are currently in place, What is working well? How do you know they are working well? Are they supporting General education students? Special Education students? Both?	Resources	Shared Repertoire	2
What is your level of education? Years of experience? Experience in Edgewood School	Expertise	LPP CoP Practice	2
What do you feel your skill set is? Discuss how it is effectively utilized within your department? Across Departments	Expertise	CoP Practice LPP	1 and 2
Do you feel there are experts in Mental Health within your department; In district? If so, how is their expertise used?	Expertise	CoP Practice LPP	1
How could the experts, expertise be better utilized to teach others?	Expertise	CoP Practice LPP	1 and 2