

**Safe and Healthy Independent Schools:  
A Theory-Based Evaluation of Wellness & DEI Programming**

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**Acknowledgements:**  
**About the Authors and Dedication**

*Anna Alldredge*

Anna is passionate about stewarding supportive and inspiring learning environments where all students are able to thrive. Currently serving as the Head of Upper School at Laguna Blanca School in Santa Barbara, Anna discovered her love for education while attending Stanford. While there, she earned her B.A. and M.A. while captaining the NCAA volleyball team and working as a teaching assistant. Before landing at Laguna in 2015, Anna spent many years teaching in a range of schools, including public, boarding, and international. Anna is the 2018 recipient of Laguna Blanca's Faculty Excellence Award, holds a School Management and Leadership Certificate from Harvard, and is pursuing a Doctor of Education (EdD) from Vanderbilt University. Anna has worn a variety of hats through her years in education, including English and history teacher, English Department Chair, Middle School Advisory Coordinator, TEDx Faculty Guide, Curriculum Coordinator, Director of Teaching and Learning, and Interim Head of Lower School. Anna is dedicated to launching collaborative programs and fostering school communities geared toward equity and connection.

Anna would like to thank her phenomenal family, including Nathan, Soren, Greta, and Ellen. Her amazing husband, children, and extended family and friends have all cheered her on every step of the way and supported her journey with patience and love throughout this doctoral program. She would also like to thank her wise and wonderful capstone advisor, Cynthia Nebel, for her invaluable guidance and support. Finally, Anna extends a heartfelt thank you to her entire cohort, who have made this learning experience joyful and transformational. Go 'Dores!

*Maggie Sullivan*

Maggie is the President of Rosati-Kain Academy, the only independent all-girls high school in the city of St. Louis. An educator for over twenty-five years in public and independent schools, her career spans three states where she has held numerous leadership roles including: assistant principal, head of professional development, department chair, writing center director and state championship coach. She is a teacher at heart who has been an adjunct professor of history at Washington University in St. Louis as well as a high school humanities teacher. She had a volleyball scholarship to the University of Florida where she majored in history, then earned a certificate in Secondary Social Studies Education from the University of Missouri-St. Louis. She holds a Master of Arts in American Culture Studies from Washington University in St. Louis, and will complete a doctorate in education from Vanderbilt University in 2023. Her undergraduate research was on the race relations of jazz subcultures in the 1920's while her graduate research was on gender and the anti-lynching crusade. An alumna of an all-girls high school herself, Maggie is passionate about educating young women in a spiritual environment that values academic innovation and multiculturalism. She credits the Sisters of St. Joseph for instilling in her a deep desire to *love and serve the dear neighbor without distinction*. The mother of three kids (and a husky), she loves to travel, read non-fiction, ski, practice yoga, and watch college volleyball.

Maggie would like to thank her loving husband, Kyle, for bringing her meals and computer chargers during class, proofreading papers, and all of his encouragement. She is also grateful for her amazing instructors and classmates who elevated her thinking and made her laugh. She dedicates her work to her three beautiful children, Ellen, Finnegan, and Rowan. May they always know how much they are loved and cherished by both their parents and God.

## Executive Summary

### Site Background

La Jolla Country Day School (LJCDS) is an independent Pre-K through 12th grade school in San Diego, CA. Founded in 1926, LJCDS offers 15 grade levels, from age 3 through senior year. The total student body is 1,125 and the faculty and staff size is 233. LJCDS is accredited by the California Association of Independent Schools, the Western Association of Schools and Colleges, the National Association of Independent Schools, and the Council for Advancement and Support of Education. LJCDS articulates their organizational identity through defining their mission, promise, and core value. *Mission*: “LJCDS prepares individuals for a lifetime of intellectual exploration, personal growth and social responsibility.” *Promise*: “Inspiring greatness for a better world.” *Core Value*: “We believe in the dignity of all people because every human has inherent value and self-worth. Dignity can mean many things to many people.”

### Area of Inquiry for Capstone

During the Fall of 2022, LJCDS was mid-process with the development work of a comprehensive PreK-12 Wellness Program, and was seeking a more comprehensive evaluation of their programming for students. The student wellness program was robust and multi-layered, but lacked a complete evaluation system with which to analyze impact. LJCDS partnered with Rady’s Children Hospital and the American School Counseling Association (ASCA) to build a framework for a preventative mental health curriculum. Rady’s had recently opened a Behavioral Health Care Urgent Unit in response to the increasing demand for mental health in the San Diego area. The ASCA provided research on the wellness factors that children need for optimal social

and emotional development. Additionally, LJCDS promoted the parent education resources provided by WeCare San Diego. Their website also cited partnerships with: the American Foundation for Suicide Prevention, CASEL, Creating a Culture of Dignity, Sandy Hook Promise, and URSTRONG. The school has a full-time director of wellness who oversees a department that includes two counselors and a nurse. The Wellness department collaborates with the DEI program as well as other faculty and staff. Once a wellness framework is launched, the school also hopes to provide the program online, so it can be used by any other independent, public, or charter school.

This program is being designed and built by an administrative and faculty team that is already deeply engaged in wellness work within the school. This team at LJCDS desired further feedback and data-driven analysis of their student wellness program's efficacy.

### **Purpose of Capstone**

The problem of wellness in schools, both for students as well as for faculty and administration, is a pressing and relevant topic in today's educational landscape. Student mental health challenges are at an all-time high, as are rates of faculty and administrative burnout and turnover. The Center for Disease Control (CDC) reported that 1 in 5 children had a mental disorder before the pandemic; those numbers have increased to 1 in 3 since 2020 while 44% of secondary students claimed they feel "persistently sad or hopeless" and 1 in 5 admit to suicidal ideation. Marginalized populations – most especially LGBTQ+ youth – are even more at risk (CDC, 2022). Malone, Wycoff, and Turner (2021) report that "20% of children under the age of 18 have a diagnosable mental disorder" and "out of those receiving treatment, 70-80% receive those services at school" (p. 2). Thus, wellness programming in schools is critical for the mental health of not only our youth but for the larger communities they serve.

In another study, the CDC (2021) determined the impact that the pandemic had on students' caregivers, both their parents and teachers. Using a mixed-method study, their findings include:

- 27% of teachers have symptoms of clinical depression while 37% have symptoms of anxiety;
- 53% of teachers are thinking more of leaving the profession;
- 19% of teachers increased their use of alcohol;
- Parents report increased decline in mental health since the pandemic.

Education is a critical field of influence that impacts the ongoing wellness and success of our population; schools themselves should be places where wellness is valued and achievable via aligned systems, programs, and organizational culture.

LJCDS is one of the countless schools grappling with this question, and has taken strides to support wellness across their community. While there was always room to grow and improve, their goal was to intentionally define, expand, and scale their current PreK-12 Wellness Program. LJCDS's website had a page dedicated to wellness where they state their "[commitment] to improving the emotional development and well-being of students, educators, and staff." Whether explicitly stated or not, all schools are committed to the emotional development of their students, and this type of programming has become known as social and emotional learning or SEL.

LJCDS identified three prongs of the program as being:

- 1) Education;
- 2) Programming; and,
- 3) Partnerships with trained professionals.

Their goal was to "normalize conversations about mental health and wellness."

The goal for our capstone project was to help LJCDS improve their understanding and evaluation of their student Wellness Program's efficacy. We also planned to evaluate/propose methods for sharing this program with other schools that are sustainable on the part of the LJCDS staffing (expanding the public-private partnership work of this school).

The stakeholders in the project include all the community members at LJCDS, as well as eventually other school communities who may use their Wellness Program model. The specific contact for us at the School was LJCDS's Associate Head of School for Academics, Colleen O'Boyle, and secondarily, the Wellness Director, Michelle Hirschy. Colleen was representing the Head of School and the School at large in her communications with us, and was the conduit of connections with various community members and data sources as needed throughout our capstone work. For a full version of the dissemination product shared with LJCDS, see Appendix H.

## **Research Synthesis**

### **Literature Review Questions**

Much attention has been given to the effects that the pandemic has had upon K-12 students and its impact on the teaching profession. We situated our review of the literature upon how schools are addressing the mental health issues of their constituents within the school's day-to-day operations, curriculum, and external programming. While we examined pre-pandemic studies and scholarship, we examined how schools must innovate their environments to provide the best mental health conditions for teaching and learning. Therefore, we sought to use the literature to answer the following questions:

- a) What are the current needs of post-pandemic students, families, and educators?



- b) What are the best practices for providing preventative mental health care within the confines of a school's mission and resources?
- c) How can a school measure the efficacy of a comprehensive wellness program for varied constituents (students, parents, and faculty)?

### **Operationalization of Terms**

Historically, *wellness programs* in schools have been required by law since the reauthorization of the Child Nutrition and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 1989 (USDA, 2009). For any school to participate in the National Lunch program, they were required to report on the physical activity and school nutrition and education they were providing.<sup>[1]</sup> Thus, school wellness programs were grounded in physical health. These programs did not necessarily include mental health services. Schools have employed counselors for decades as indicated by the establishment of the American School Counselor Association in 1952 (Gysbers, 2010). Counseling positions in schools increased significantly after 9/11 and continued to grow and be re-imagined in the 21<sup>st</sup> century. Advances in brain science and increased faculty training on social and emotional learning has contributed to school wellness programs emphasizing mental health, almost to the point where today it is easy to forget that the original school wellness programs incorporated the major food groups in the school cafeteria and the presidential mile in gym class more than mindfulness and stress-relief strategies. Thus, we utilized a more contemporary understanding of school wellness to include physical as well as social, emotional, and mental health.

La Jolla Country Day School employed the *multi-tiered system of supports* (MTSS) model for its student-facing wellness program. The American School Counselor Association (ASCA, 2021) cites the definition of MTSS as “a culturally sustaining, evidence-based

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<sup>1</sup> See the CDC's Local School Wellness Policy Requirement List <https://www.cdc.gov/healthyschools/nutrition/wellness.htm>

framework implemented in pre-K-12 schools using data-based problem solving to integrate academic and behavioral instruction and intervention at tiered intensities to improve the learning and social/emotional functioning of all students.” The three school counselors at LJCDS provide the scope of the three tiers of MTSS with the services and support they provide for the school.

MTSS generally describes each tier as:

- 1) Tier 1: Universal services and support for the entire school; includes classroom instruction and school-wide programs
- 2) Tier 2: Small group interventions for more targeted or supplemental support; includes group and individual counseling and collaboration with families
- 3) Tier 3: Intensive interventions for individuals or unique crises; may include outside intervention and/or referrals (See Appendix A)

**Table 2: MTSS Framework: Further Details for an Academic and Behavioral/Social Emotional System Inclusive of All Students**

<b>Tiers</b>	<b>For All Students/ School-wide Focus</b>	<b>Aligned Supplementary Strategies for Students with the Most Significant Cognitive Disabilities</b>
<b>Academic</b>		
<b>Tier 1</b> – Standards-based Curriculum and Instruction	<ul style="list-style-type: none"> <li>• Priority learning targets identified and taught</li> <li>• Effective teaching practices in place</li> <li>• Universal Design for Learning implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on the high priority learning targets</li> <li>• Differentiate how students express what they learn</li> <li>• Integrate concepts and vocabulary with Augmentative Communication system</li> </ul>
<b>Tier 2</b> – Targeted Instruction	<ul style="list-style-type: none"> <li>• Use of flexible grouping within class focused on priority learning targets</li> <li>• School-wide supports</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-teach to build prior knowledge</li> <li>• Reteach to reinforce priority learning</li> </ul>
<b>Tier 3</b> – Individualized Instruction	<ul style="list-style-type: none"> <li>• Intensive instruction to eliminate/ minimize gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on skill gaps related to priority learning targets and additional academic IEP goals (e.g., reading skills)</li> </ul>
<b>Behavior and Social Emotional Growth</b>		
<b>Tier 1</b> – School-wide Positive Behavior and Supports	<ul style="list-style-type: none"> <li>• School and classroom positive expectations, behaviors and routines are articulated, displayed and specifically taught</li> <li>• Positive school culture developed and supported</li> <li>• School-family partnerships developed</li> </ul>	<ul style="list-style-type: none"> <li>• Simpler language of same content used, visuals added, steps chunked into smaller steps</li> <li>• Self-regulation skill building taught</li> <li>• Concepts and vocabulary for the school-wide system integrated with Augmentative Communication system</li> </ul>
<b>Tier 2</b> – Targeted Instruction	<ul style="list-style-type: none"> <li>• Supports for self-regulation and social skill development increased</li> <li>• School-wide services and supports available</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-teach</li> <li>• Reteach</li> <li>• Provide sensory breaks and tools</li> </ul>
<b>Tier 3</b> – Individualized Instruction	<ul style="list-style-type: none"> <li>• Functional behavioral assessment completed</li> <li>• Wrap-around supports added</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior Intervention Plan developed as part of IEP</li> </ul>

Some schools use a system with four tiers but this is the most common model utilized by k-12 schools along a spectrum in proportion to resources available and the demographics' needs.

The National Center for School Mental Health (NCSMH) at the University of Maryland's School of Medicine published a "School Mental Health Guide" that outlines the most commonly used types of Tier 1 services:

1. School climate;
2. Teacher and school staff well-being;
3. Positive behaviors and relationships;
4. Positive discipline practices;
5. Mental health literacy, and;
6. Social and emotional learning.

*School climate* is judged by the quality and quantity of relationships and connections between the school's community members. Additionally, clean facilities that provide physical safety as well as clear norms and rules that promote psychological safety and fair and equitable disciplinary measures are contributors to school climate. The well-being of teachers and staff is included as both providers and recipients of wellness measures. Tier 1 services must also expect healthy and positive relationships while setting clear expectations for behavior and fair consequences that allow community members to learn and grow. To achieve much of this, mental health literacy needs to educate community members on mental disorders, emotional regulation, and ways to seek help (NCSMH, 2020).

Holistic curriculums are not a new concept as we can find their origins in the works of Plato and John Dewey and many other philosophers across time. The term *social and emotional*

*learning* (SEL) can be traced back to the work of Dr. James Comer, a Yale professor, who implemented his ideas about human development and educating the “whole child” at two schools in Connecticut. The Collaborative for Academic, Social and Emotional Learning (CASEL) and the social and emotional learning movement emerged from the results of Comer’s strategies at the Connecticut schools: increased academic performance and the decrease in behavior problems. CASEL (2023) defines SEL as: “the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions.” While SEL initiatives have often taken some form of character education and are more likely to be found in elementary schools than secondary schools, more schools have responded to students’ mental health by adopting broader SEL programs. According to NAIS, an increasing number of independent schools have created flex or community time in their schedules that is devoted to SEL programming in addition to developing advisory curricula based upon SEL theory and principles (Tierney, 2021).

Utilizing and assessing social and emotional learning (SEL) opportunities must occur regularly in order to assess progress and inform future programming. The NCSMH (2020) advises schools to evaluate their Tier 1 supports by ensuring the required resources, and through fidelity monitoring. As we worked to evaluate La Jolla Country Day School’s evaluation tools, we turned to a more extensive literature review on how their “fidelity monitoring tool measures: adherence to the intervention content; quality of the program delivery; logistics and frequency;” as well as the feasibility of the tool and feedback provided (p. 18).

During the 21<sup>st</sup> century - concurrent with the multiplication of school wellness programs, counseling positions, and SEL initiatives - *diversity, equity, and inclusion* (DEI) programs also expanded as a means of improving the psychological learning environments for diverse student populations, especially those from non-dominant majority groups. Vaughn (2007) explains that gender diversity training in schools grew during the 1970's and 1980's and it evolved into diversity awareness training of other marginalized demographics through the 1990's. Several historic events propagated the demand for schools to improve racial sensitivity and parity: the cultural backlash to 9/11, the election of the first African American president, immigration debates, the #blacklives matter movement, and George Floyd's murder. Schools began dedicating positions to DEI with the goal of increasing representation, providing equitable opportunities, and developing inclusive cultures. DEI programming is closely interlocked with school wellness and SEL initiatives.

Much has been written about the impact of prejudice and discrimination on mental health as well as ample evidence that minoritized students experience prejudice and discrimination in schools. According to the American Psychological Association (2017), minoritized youth are less likely to have access to mental healthcare outside of schools. The first microaggressions that one may encounter in life are likely to be in school and a school's ability to help children navigate their feelings is critical to the development of their self-worth and emotional regulation skills. Furthermore, studies show that psychological harm is done to those who witness prejudice and discrimination against their peers or other community members. Thus wellness programs should include attention to the diversity of a school's population. Malone, Wycoff, and Turner (2021) focused on how MTSS frameworks are utilized to create psychological safety and cultural competencies to reduce the rates of depression, anxiety, and self-esteem issues that result from

racism, sexism, homophobia, and other forms of prejudice in both schools and the larger society (See Appendix B). Ensuring that MTSS are culturally responsive can improve mental health outcomes and reduce disparities.

A review of the scholarship on school wellness and student mental health produced an abundance of literature (See Aldridge and McChesney, 2018) . Conversely, studies on wellness programs for faculty were scarce while school-related programming for parental mental health was nonexistent. However, a search for *parent education programs* and *teacher stress* or *faculty mental health* produced far greater results. Both parent and faculty wellness are impactful on the wellness of students, and therefore a piece of the puzzle when it comes to a systems analysis of student wellness.

Granziera et al (2021) operationalized *faculty well-being* as “teachers’ positive evaluations of and healthy functioning in their work environment” (as cited in Collie et al., 2016, p. 230). Several researchers link faculty well-being with job satisfaction and working conditions in addition to citing self-reported symptoms of anxiety, depression, and substance use/abuse. Larson et al (2017) notes that environmental factors like leadership and culture intersect with individuals’ psychological backgrounds. Many researchers rely upon either organizational or psychological theories to study faculty well-being. For example, Granziera et al (2021) based their study on Job-Demands-Resource theory (JD-R) while Ryan & Deci (2000) used the lens of self-determination theory (SDT).

School programming for ‘parent wellness’ is typically referred to as *parent education*. With the exception of private therapeutic schools, it is rare that a mainstream school would provide mental health services for the well-being of parents. However, school-sponsored parent education programs date back to the origins of formal school systems emerging in the early 19th

century in the United States (Cloake & Glover, 1977). Coombs and Ahmed (1974) produced the seminal work on education as an anti-poverty strategy and they saw the best school ecosystems as those that are “holistic” and include “non-formal and community-based programs” that take into account all of the ways that “children learn and develop.” While a cursory review of the literature produced numerous definitions of *parent education*, they are aligned in that the purpose is to support parents in raising children to produce greater levels of health and education for our society.

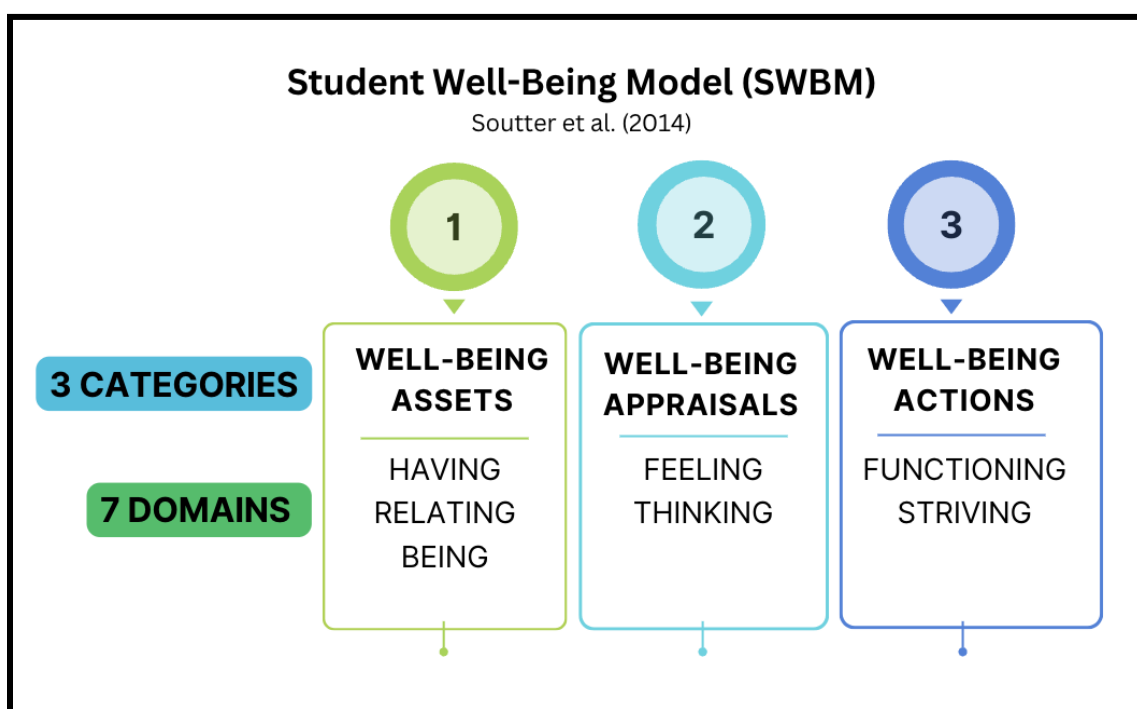
### **Conceptual Frame and Research Questions**

In order to evaluate the efficacy of the student wellness program at La Jolla Country Day School, we incorporated the lens of the Student Wellbeing Model (SWBM). The SWBM was developed by Soutter et al. (2014) to better understand the interplay between environmental factors and wellness program efficacy in a school setting. Meant to be applicable across a wide range of school environments, the SWBM emerges from a systems view of human development and is designed to evaluate the impact of a school-based wellness program based on a variety of indicators. The SWBM takes conditions, contexts, and climates into account when applied to any school setting as an evaluation tool for program efficacy. The *seven domains* and **three categories** of the SWBM (see Appendix C) are embedded within the layered elements of students’ lives, including classrooms, school, community, family, and environmental contexts.

Within the SWBM model, **Wellbeing Assets** are the first category and the root of the system. These assets include three domains: *having, being, and relating*. The *having* domain reveals the opportunities, tools, and resources available to the individual. The *being* domain focuses on the intrapersonal identity of the student. Thirdly, the *relating* domain centers on interpersonal relationships and connections and the resulting emotions, thoughts, and choices of

individuals. The second category of the SWBM model is **Wellbeing Appraisals**, which includes the two domains of *feeling and thinking*. The *feeling* domain focuses on a student’s generalized level of happiness vs. depression. The *thinking* domain centers on cognitive tasks, decisions, strategies, and appraisals. The third and final category of the SWBM model is **Wellbeing Actions**, which include *functioning and striving*. The *functioning* domain references the student’s behaviors and activities. The *striving* domain includes the influences on, the content of, and the outcomes related to a student’s future goals.

As La Jolla Country Day School stated, their student wellness program, “is committed to improving the overall healthy emotional development and well-being of students. Through education, programming and partnership with trained professionals, the program promotes and normalizes conversations about mental health and wellness.” The student wellness program at LJCDS was designed to support students, but would benefit from further evaluation of specific indicators. Using the SWBM as our conceptual framework, we examined the school’s student wellness program to better understand its ability to positively impact students’ lives. (See Appendix G).





## Student Well-Being Model (SWBM)

Soutter et al. (2014)

### Asset Indicators

#### HAVING

Expectations for student behavior are defined.  
 Opportunities to assume valued/esteemed roles in community exist.  
 Encouragement of self-ownership and personal responsibility.  
 Students are physically healthy, nourished, and fit.

#### RELATING

Students work with high-quality teachers.  
 Quality resources are available for students and teachers.  
 Facilities and grounds are safe and secure.  
 Funding is sufficient to meet needs.

#### BEING

All students experience a sense of place within the environment.  
 Cultural affiliations are acknowledged and celebrated.  
 Student-teacher relationships are respectful and supportive.  
 Parents can connect with school personnel.

## Student Well-Being Model (SWBM)

Soutter et al. (2014)

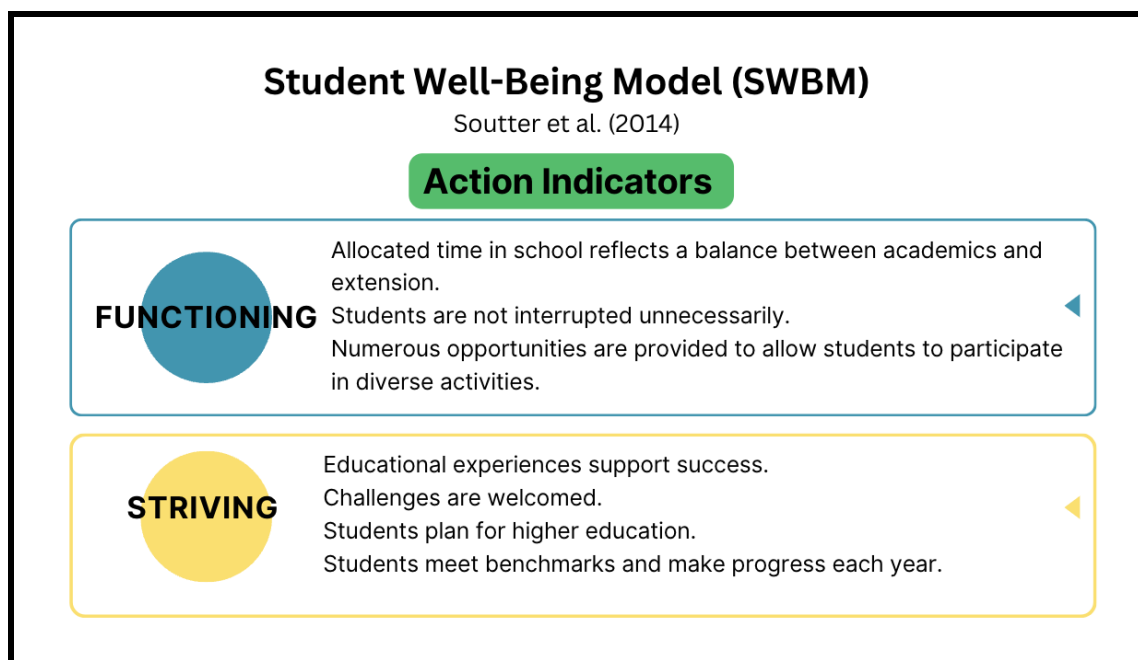
### Appraisal Indicators

#### FEELING

Students experience positive emotions.  
 Students feel supported in experiencing and demonstrating a spectrum of emotions.  
 Students seek emotional support.  
 Students have access to resources, information, and support groups.

#### THINKING

Students are satisfied with school.  
 Students can make informed decisions with attention from adults.  
 Curricula and scheduling allows for students to demonstrate their knowledge, skills, and competencies in multiple formats.



*Using this SWBM conceptual frame as our guide, we have developed the following three key questions based on the three SWBM categories, with sub-questions linked to the seven SWBM domains.*

**1) Wellbeing Assets: How does LJCDS support and evaluate wellbeing Assets?**

*Having Domain:*

- What type of wellness tools or resources are available to students and how are they used?
- What opportunities does a student have to learn about or experience wellness? What are the impacts of these opportunities on the students?

*Being Domain:*

- How does the intersection of racial, ethnic, religious, gender, sexual orientation, and socioeconomic identities impact LJCDS students?
- What tools, resources, and opportunities are available to address the wellness of minoritized students?

*Relating Domain:*

- How do students form relationships with wellness professionals and/or connect with those charged with wellness programming?
- How does the school ensure that each student has at least one adult connection that supports their wellness?

## **2) Wellbeing Appraisals: How does LJCDS support and evaluate Wellbeing Appraisals?**

### *Feeling Domain:*

- How do students demonstrate levels of depression, anxiety, or other mental health issues and what protocols are in place to respond?

### *Thinking Domain:*

- What tasks, decisions, or strategies do students engage in to process what they learn about wellness or articulate new skills?

## **3) Wellbeing Actions: How does LJCDS support and evaluate Wellbeing Actions?**

### *Functioning Domain:*

- What are the behaviors and activities that LJCDS students engage with as part of the school program that support their ongoing wellness?

### *Striving Domain:*

- What are the goals of LJCDS's wellness programming? Are those goals being met?

## **Data Collection Plan, Methods, and Instruments**

The SWBM framework focused our work on this particular organizational site, which enabled us to analyze their student wellness program's efficacy within the specific and unique environment of their school. In order to answer our research questions and apply our research to the scope of our inquiry, we utilized the following data sets:

- Documents/Materials
- Four interviews with school personnel
- On-site school tour

We conducted a qualitative study that utilized these tools to assess how LJCDs evaluated their wellness program.

We requested documents produced by LJCDs to review and assess their mission and strategic plan and how they informed their constituents of their intent. We acquired their “Wellness Stewardship Report” as well as google documents with descriptions and links to their partner organizations. We utilized their website which contained descriptions, goals, resources, and outcomes as well as the current curriculum guide. We acquired more documents that detail the student-facing individual programs and activities in addition to any guidelines or training materials given to care-givers. The documents themselves allowed us to compare what they say they were doing with what they are actually doing and how that can be used for evaluation. Our document and artifact analysis plan can be found in Appendix D.

Maggie was on campus in San Diego on March 13, 2023 and toured the administrative offices, a few classrooms, a counseling office and athletic facilities. The visit was a naturalistic observation meant to provide context but formal analysis did not occur. In addition to printed analyzing materials, we also interviewed key personnel: the Associate Head of School, the Contracted Psychiatrist, the Director of the Wellness Program, and the Upper School Advisory Coordinator. The 30-45 minute interviews were conducted over Zoom (protocol and script in Appendix E) and transcripts were recorded by Otter. Our coding was based upon the SWBM domains and the levels of engagement and efficacy of the wellness programming.

**Data Collection Implications:**

- What are the rates of student retention, academic performance, and school programming engagement? How do those rates align with rates of student engagement with wellness programs (counseling visits, attendance at speaker series, and advisory circles)? How do those compare across different groups based on age, gender, ethnicity, and so on?
- What qualitative interviews and focus groups can we coordinate that will give us further context for the students' experience within the context of LJCDS, and their experience within the school's wellness program?
- What surveys can we design that yield further information regarding sub-categories of the wellness program and the degrees of impact those factors have on student wellness?

**Data Analysis**

The goal for our capstone project was to help LJCDS improve their understanding and evaluation of their student Wellness Program's efficacy. We coded our qualitative data, combining interviews with artifact analysis, using the SWBM framework.

We used a "Data Collection Table" to assist us in the iterative process of conducting qualitative research. Ravitch and Carl (2021) recommend such tables be kept to allow space to record, reflect and address questions and reflections related to the research. Such tables also assist in tracking changes made within the research design of contextual realities or research constraints. While research memos are used for researcher sense-making, they can also be shared with thought partners and advisers and can even be excerpted in final reports. While research journals are recommended in addition to research logs and memos, we created the form in Appendix F with a goal of keeping all data collection in one place as well as keeping the research

process simple and straightforward. With a dual purpose that ties into validity, this coding matrix allowed for connections to be made between research and findings (Emerson et al., 2011, as cited in Ravitch and Carl, 2021).

Our data collection included: document analysis, interviews, and an on-site tour (See Appendix for artifacts). Maggie interviewed Assistant Head of School, Colleen O’Boyle, and The Rady Psychiatrist, Dr. Nicholas Chan. Anna interviewed the Director of Wellness, Michelle Hirschy, and the Advisory Coordinator, Rachel Clouser (See Appendix for scripts). Collectively, our interviews confirmed that student mental health was a priority at LJCDS. In addition to these personnel, the website confirmed that additional personnel were dedicated to addressing mental health at all grade-levels and in many capacities. Other schedules did not permit extensive interviewing; however we would have liked to have gathered data from interviews with:

- Tiffany Thompson, Counselor, grade 6-8
- Jan Harlow, School Nurse
- Ashley Marlow, Counselor, EC-grade 5
- Grade-level Dean/Principal
- Robin Stewart, Educator, US Humanities; US Coordinator for Diversity, Equity, and Culture
- Conor Foley, Lead Educator, LS Grade 4
- Jennifer Turner, Director of Head’s Office and Enrichment Programs
- Christina Zupanc, Coordinator of Service Learning and Community Engagement

The resources that provide this number of personnel also speaks to the commitment that LJCDS has to student wellness. Yet, data collected by interviews and cross-comparisons of schools of comparable size suggest that the counseling team is lean.

We also analyzed the following documents:

- *Dignity* by Karen Hicks
- Dignity Curriculum
- Health Curriculum
- Advisory Curriculum
- Google-docs
- Evaluation tools

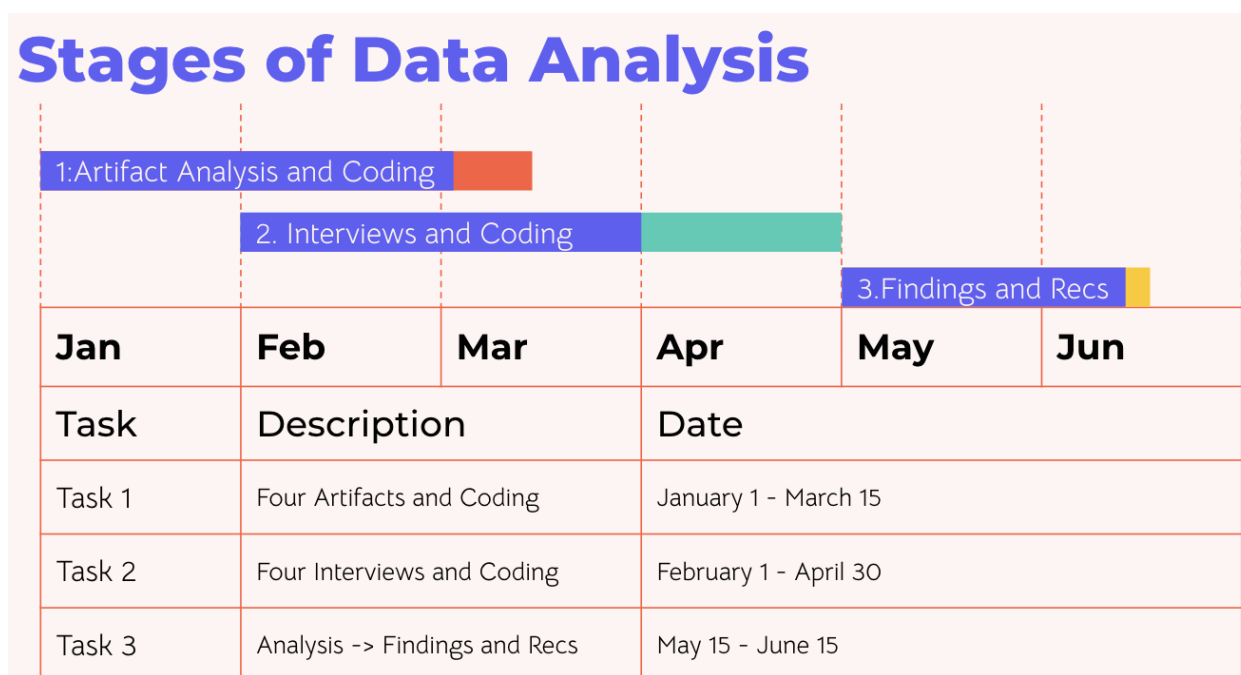
The website was the foundation of our understanding of what the school was claiming to provide its students. There was a clear and compelling demonstration of the wellness program. The human resources, activities, and curricular programming discussed on the website matched the data collected from interviews and other documents. The website featured the book *Dignity: It's Essential Role in Resolving Conflict* by Donna Hicks on several different pages, giving the impression that the ideas in the book were prominently featured in the curriculum and permeated the culture. However, our interviews revealed that the book was not as central to the culture as the website indicated. Michelle Hirschy, the Director of Wellness, reported that the book was dense and the community did not have buy-in to the premise as one might have believed from the website. No one else mentioned the book. However, videos online featured students engaged in wellness activities and explaining their understanding of the tools that the interview subjects claimed they were providing.

Maggie's tour of the facilities confirmed that LJCDS students were in a safe, clean and well-maintained campus. The campus was gated, doors were locked, and security measures were evident. Students traveled outdoors to move from one building to the next. The administrative buildings were modern and updated as were the athletic facilities. DEI posters were seen on

almost every wall and classroom door. Rady Children’s Hospital could be seen from Michelle Hirschy’s office.

We coded the data based upon the SWBM model (see Appendix). Since our interview questions were derived from our research questions, coding the data was easily aligned with the three categories and seven domains of our framework.

### Timeline:



### Findings and Recommendations

Based on our data analysis, we arrived at three findings and four recommendations for La Jolla Country Day School regarding their wellness program. These findings and recommendations are presented with an acknowledgement of our study’s limitations. This research work operated within constraints of both time and access. We were limited in our ability to connect with the larger faculty and staff community regarding the wellness program. Due to confidentiality, we were also unable to engage directly with students to glean insights from their



lived experience within the school. Furthermore, qualitative research provides very rich data but also very personalized perspectives on organizational programming that may not be representative of the broader population. Despite these limitations, our study has guided us to the following findings and recommendations.

## **Findings**

As found in Appendix G, our findings and recommendations are based upon examples of the seven categories of the SWBM.

***Finding 1: LJCDS has a broad range of interventions and supports for student wellness that fall into the relating and functioning domains. Yet, evaluation of the impact largely relies upon anecdotal observations of students within the feeling domain of the well-being appraisals category.***

Looking through the lenses of the SWBM model's *relating and functioning domains*, LJCDS demonstrates many strong wellness program assets that are student-supportive. As noted, the *relating domain* includes the resources available to students, including personnel, the physical environment, and adequate funding. The *functioning domain* includes scheduling and opportunities that support wellness.

LJCDS has a comprehensive MTSS model that is adequately staffed by counselors, advisors, a nurse, and faculty. As the Director of Counseling notes, "We break our tools down into a MTSS model, so tier one, tier two, tier three." The school is currently piloting new software that tracks student engagement and mental health services accessed. LJCDS also has an advisory program that engages students in wellness curriculum and connection opportunities. The family programming present at the school informs parents about the wellness content and programming being delivered to the students. There is a consistent monthly Student of Concern

meeting that is action-oriented. Regarding coursework, there is a required curriculum including a Health and Wellness, and a Dignity class. There is a yearly wellness day, access to fidget spinners, “no homework” nights, sexual health presentations, and suicide prevention and reporting plans in place. Notably, the school has access to grant funding via E.E. Ford and through this financial support, is able to partner with Rady Children’s Hospital and sustain a consultancy with a psychiatrist four hours per week. Overall, the school has a comprehensive list of wellness initiatives and programs, led by a dedicated wellness team. As the director of LJCDS Advisory describes, “When we notice a kid is struggling, that's the first place we go is to our wellness team, to say can you help? Can you meet with this student?” The American School Counselors Association (2021) would categorize these supports as Tier 1 interventions and include collecting data on these interventions as the responsibility of a Tier 1 counselor.

Currently, the team relies mostly on observations from the *relating domain* to understand student engagement and impact. When asked about systems for evaluating program impact and ascertaining student needs, the responses were mostly anecdotal. As Dr. Chan notes, “We do a survey once a year, but mostly are looking for warning signs that are recognized by teachers or peers and things like that.” The school administration and wellness team leans heavily on individual perceptions and organic conversations for student referrals to services, and also to their own wellness program evaluation. The tool that the school plans to implement in the 2023-2024 school year will provide extra data points for the team to use to assess how students are impacted in multiple domains. Colleen O’Boyle explained that the new system will show, for example, if there is a pattern of a student’s grades declining as attendance decreases and trips to the nurse increase.

***Finding 2: The LJCDS administrative team has access to considerable qualitative and quantitative data regarding program engagement, student feedback, and wellness services metrics, but currently does not leverage this data to inform program decisions and improvements.***

Picking up the *having* domain lens once again, the school does have survey data that collects comprehensive information on student experience. They also have survey data from faculty, families, and staff regarding climate and culture. In addition, they are piloting new software that tracks student engagement. The faculty regularly provides class evaluations and surveys to better understand student experience. The team also closely monitors their budgeting via their own internal resources and grant funding afforded by E.E. Ford Foundation. Finally, there are ongoing peer evaluations of faculty in each other's classes and programs. In summary, a significant and valuable amount of quantitative and qualitative data is available to the LJCDS team for analysis, and they are thoughtful about their data collection.

Despite this data collection, the engagement with said data is an opportunity for growth at LJCDS. There are some moments when the data is being leveraged effectively. As the Assistant Head of School mentioned, "We also have a confidential data entry site that allows for the counselor to very discreetly and objectively name, for instance, I met with Maggie in September for friendship help. I then met with Maggie again in October. And provided her with said intervention tool, then met again in October and so on. So we can kind of track how long the intervention is needed, how effective the intervention is, and how often the student seeks that help." But conversely, the Director of Counseling shares, "In terms of tracking, we just know that it's just what we do and when kids get it." In other words, they describe that they are merely tracking engagement with programming, but less so the impact of said programming on the

students' wellbeing. Soutter (2011) reminds us that qualitative data cannot be measured by a Likert scale (for example), therefore, it is important to triangulate the data with quantitative data.

***Finding 3: The LJCDS desires to scale its wellness programming but has not evaluated its program regarding site specificity.***

Through the lens of the *Striving* domain, LJCDS clearly has a thorough amount of wellness programming that is operationalized and institutionally sustainable. They also desire to scale and share their programming with other schools, which is one goal of their E.E. Ford funding. LJCDS would like to serve as a model for comprehensive and impactful student wellness programming, framed as Preventative Mental Health Care for all. As Colleen O. shares, “Our current goal is to create, which we have right now in process, the pre-K to 12 wellness framework that we are sharing with others, meaning public and charter schools. Our future goals are: how do we sustain that and scale that and keep that information up to date?”

The school is well on its way to documenting and articulating its various layers of a wellness program. But as it looks ahead to sharing it out with a wide range of other school communities, it would benefit from further understanding of its site-specific needs and privileges. Using the *Being* domain as a lens, the school leaders did anecdotally reflect on their unique attributes and limitations as a school community. As Rachel Clouser shared regarding the diversity of the school community, “We still have a long way to go. Most of our faculty and staff are white, especially some of the teaching and administration departments. It's something that we we could use a lot of work on in terms of in terms of allowing students to see themselves in our in our campus leadership.” A limitation of this project was not being able to interview diversity professionals leaving us to only rely upon how diversity, equity, and inclusion is described on the website. The website provided examples of the development of cultural competencies from the

*Being* domain, yet the school does not have a way to measure the impact of what the website describes. Furthermore, all of the interviewed administrators noted their place of privilege as an independent school in an affluent area with access to E.E. Ford Grant support. While these acknowledgments and reflections are helpful, LJCDS would need to more thoroughly and systematically identify and quantify these site-specific organizational identity markers before being able to effectively and broadly share out transferable programming. Malone et al. (2021) discusses the impact of the power imbalances on the mental health of minoritized youth in privileged school environments. As noted, the abundance of resources at LJCDS found in the *relating* domain are clearly assets. While a measure of students from all backgrounds is needed to ensure wellness for all.

## **Recommendations**

### ***Recommendation 1: Create a program evaluation tool based on the SWBM framework.***

In Finding 1 we noted that the school has a broad range of intervention and support. However, anecdotal claims generalized student participation were the main ways interviewees reflected on wellness programming impact.

To assure efficacy of their multi-layered wellness program, the LJCDS should build out a framework for evaluation based on a combination of CASEL best practices and the SWBM model. CASEL is an evidenced-based social and emotional learning collaborative in which Durlack and Mahoney (2022) cite the following five moderators as consequential to the impact of wellness programming:

- “a) *individual characteristics*, including age, race/ethnicity, and gender;
- b) *implementation components or features*, (i.e., how the program is carried out) including implementation fidelity, quality, and duration;

- c) *program components* (i.e., what the program contains, including curriculum, intensity, systematic approach;
- d) *social-ecological aspects* including rural or urban school location, country of study, and;
- e) *methodology* including study design, publication status, information source, and reliability/validity of outcome measures” (p.8).

LJCDS already incorporates CASEL into their work, and including criteria from the SWBM model would assure a more thorough understanding of program impact. This model would use a blend of qualitative and quantitative tools that incorporate all seven domains and engage the community regularly in feedback mechanisms.

By using a program evaluation framework that incorporates all seven SWBM domains, the school can use those domain lenses to see their opportunities for improvement and growth. For instance, picking up the *Having* domain, they might ask what programs they are currently lacking. A couple of interviewees revealed students desire an opportunity to create more student clubs related to wellness. Through the lens of the *Being* and *Functioning* domains, the school could better understand how to utilize its discipline audit and its co-vitality survey. Both of these surveys were mentioned by Colleen O’Boyle, who described them as quantitative digital surveys meant to better understand discipline approaches and campus climate, respectively. While school leaders did collect feedback on its discipline program and co-vitality programming, it did not lead to actual changes in the system. The data we collected revealed an emphasis on relationships. Yet, regarding the *Relating* domain, the school is not thoroughly tracking the ways that students have opportunities to engage with faculty. And in terms of the *Thinking* domain, there are many curricular opportunities for the students to engage in wellness content. But how

are the students co-leading and directing that learning? This could be improved. It is currently unclear how the school assesses how students are gaining wellness tools/acquiring knowledge or making progress.

The system that the school is adopting for the new school year could provide the data that could be used to track school-wide patterns to determine what deficits in certain domains. For example, if one grade level is seeing an increase in administrative visits due to discipline issues, the school could re-evaluate the having domain to ensure that school expectations are being communicated and that students are encouraged to take responsibility for their actions. (See Appendix G).

By building out an evaluation framework based on the SWBM criteria, the school will gain a more holistic and comprehensive approach for understanding the efficacy of their wellness program. Soutter et al. (2014) provides models for student well-being indicators (See Appendix G) and an example for how to track data sources for two of the domains (pp. 511 and 513); both could be useful.

***Recommendation 2: Partner qualitative and quantitative data with the SWBM framework to inform ongoing program improvements.***

As stated in Finding #2, the LJCDS administrative team has access to considerable qualitative and quantitative data regarding program engagement, student feedback, and wellness services metrics, but currently does not leverage this data to inform program decisions and improvements.

Once Recommendation 1 is complete and there is an evaluation model in place that centers on the SWBM framework, then the school needs to develop ongoing systems for both formative and summative evaluations. As Michelle H. mentions, the school feels ready and eager

to get to this next phase of the work, now that they are piloting their new data collection tool: “A couple of weeks ago, I would have told you man, we've got some room to grow on this, but the good news is that we actually have a system now.”

With this in mind, we recommend that LJCDS’s evaluation design follows Patton’s (2018) Principles-Focused Evaluation model, which ensures the evaluation process centers relevance, meaningfulness, credibility, and utility. Through this approach, we recommend leveraging a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis framework. This will afford the LJCDS team the ability to determine what programmatic changes might be necessary to maximize positive student impact of the wellness program. We also recommend the school develop a logic model to better understand their various wellness offerings, including an articulation of inputs, activities, outputs, and outcomes. Finally, they can process their data using an evaluation matrix, which would include evaluation questions, key indicators, data sources, collection methods, and analysis procedures.

Since the LJCDS wellness program is ongoing and operationalized, we propose a two-pronged formative evaluation focusing on program improvement. This two-pronged approach includes components of both process and outcome evaluations. The process arm uses a student lens to analyze all of the wellness activities and outputs of the school. This will evaluate the extent to which the wellness goals of the school are connected to the current programming. Secondly, the outcome arm of the evaluation would focus externally on the short, medium, and long-term outcomes of LJCDS’s wellness program.

Recommendation 2 aligns with needs the school leaders have also identified themselves in our interviews. As Rachel C shares, “We do not currently survey to see how often students are meeting with their advisors outside of that time. They take the Dignity and the Wellness classes,



but we don't currently survey them in those either. Which we should." A more thorough program evaluation system is something the school is seeking, and they are eager to leverage already collected data in a more purposeful way. Assigning an administrator or a counselor to track the data and provide for wellness department meetings could provide the consistent review of the impact that LJCDS is seeking.

***Recommendation 3: Evaluate the site-specific elements of the wellness program to better understand what is scalable and shareable with other school sites.***

The LJCDS desires to scale its considerable wellness programming and share it with other schools, but has not evaluated its program regarding site specificity.

First and foremost, the school would benefit from leveraging the *Being* domain to better understand its positionality and unique identity markers. This would ensure that any programming shared would be appropriate and accessible across various school sites. For instance, the school has many distinct elements to its program, using the *Having* domain as an analytical lens. For instance, they have access to 175k in grant money via the E.E. Ford Foundation. They are also an independent school with a sizable endowment in an affluent and majority white, upper-middle class location. And their ongoing partnership with Rady Children's Hospital and a consultancy with the psychiatrist also creates a unique and difficult to replicate program structure. The psychiatrist references the school's goal of creating a collection of resources to serve as a "one stop shop" for the broader community; links to websites, scholarship, and local resources, but this virtual space has not materialized. Before proceeding with this scaling and sharing stage, the team at LJCDS must better understand their organization's unique identity markers.

When considering the *Being* domain, other schools might not be able to provide parent programming, due to a lack of funding, personnel, appropriate space, transportation issues, or parent/caregiver availability during potential presentation times. As Dr. Chan describes the LJCDS parent programming, “Our wellness team also is responsible for organizing monthly talks, where the parents can get insights into what sorts of subject areas they need help with in terms of wellness for their children. Then we will, between the resources of the school and the resources of myself in the hospital, we’ll find different speakers that can speak on those sorts of topics.”

Furthermore, regarding the *Functioning* domain, not all schools have the flexibility to alter or add on to their curriculum. As an independent school, LJCDS can build wellness curriculum within core classes and also create standalone graduation requirements such as the Identity course and the Dignity course. Any public school would not be afforded such flexibility in curriculum design.

As we consider the *Relating* and *Striving* domains, LJCDS must analyze what is effective only in their localized environment that may not be transferable elsewhere, if they intend to share resources with other schools. Their goals are to equip educators everywhere with wellness strategies, programs, tools, and resources. As Dr. Chan notes, “We hope to design a framework, where we are gathering different resources through the internet and through different resources in terms of texts and things like that set up a sort of one stop shop. It would help others find different useful resources that can teach different parts of social-emotional learning, based on standards from the American School Counselors Association.” To set up this one-stop shop, LJCDS must first identify what is distinct about their own particular environment. The shared frameworks and resources online could then be differentiated based on school identity markers

(i.e. resources for all schools, resources for independent schools, resources for K-12 schools, resources for suburban vs. urban schools, and so on).

***Recommendation 4: Analyze the intersection of DEI and wellness programming to better support and sustain the diverse student body and school community.***

As noted in the findings, there is room to grow regarding DEI-responsiveness, the *Being* domain, in wellness programming at LJCDS. Colleen O. notes that students “who are persons of color have navigated microaggressions related to their race or what they look like. I think that manifests in terms of being potentially treated differently in terms of disciplines. So we've done an audit in the Upper School: how often do students of different racial ethnic backgrounds get in trouble in comparison to maybe white students? And so that's an area of focus.” While the audit is a good first step, it is unclear how this audit has been utilized to make systemic improvements.

Regarding staffing and the *Functioning* domain, DEI Director leadership is imperative; Tiffany Thompson is transitioning from counselor to DEI. However, it is unclear what support there is for her. She is transitioning from her field of expertise, counseling, to this new arena of senior leadership. It is also unclear how her role and expertise regarding student counseling is being replaced. The *Being* and *Having* domains of the school are also noted by Rachel C., as she reflects on the makeup of the LJCDS faculty and staff. “Our school majority is white Christian, whether that's Catholic or whatever, followed closely by those who practice or are raised in the Jewish faith and come from a strong socio economic background. It's something that we could use a lot of work on in terms of allowing students to see themselves in our campus leadership.” In order to have a truly inclusive and responsive wellness program, LJCDS should continue to expand the diversity of its faculty and staff, and better understand the unique wellness needs of each student based on their myriad diverse identities.

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## Appendix A: National Center on Educational Outcomes MTSS Framework, p.7

**Table 2: MTSS Framework: Further Details for an Academic and Behavioral/Social Emotional System Inclusive of All Students**

Tiers	For All Students/ School-wide Focus	Aligned Supplementary Strategies for Students with the Most Significant Cognitive Disabilities
<b>Academic</b>		
<b>Tier 1</b> – Standards-based Curriculum and Instruction	<ul style="list-style-type: none"> <li>• Priority learning targets identified and taught</li> <li>• Effective teaching practices in place</li> <li>• Universal Design for Learning implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on the high priority learning targets</li> <li>• Differentiate how students express what they learn</li> <li>• Integrate concepts and vocabulary with Augmentative Communication system</li> </ul>
<b>Tier 2</b> – Targeted Instruction	<ul style="list-style-type: none"> <li>• Use of flexible grouping within class focused on priority learning targets</li> <li>• School-wide supports</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-teach to build prior knowledge</li> <li>• Reteach to reinforce priority learning</li> </ul>
<b>Tier 3</b> – Individualized Instruction	<ul style="list-style-type: none"> <li>• Intensive instruction to eliminate/ minimize gaps</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on skill gaps related to priority learning targets and additional academic IEP goals (e.g., reading skills)</li> </ul>
<b>Behavior and Social Emotional Growth</b>		
<b>Tier 1</b> – School-wide Positive Behavior and Supports	<ul style="list-style-type: none"> <li>• School and classroom positive expectations, behaviors and routines are articulated, displayed and specifically taught</li> <li>• Positive school culture developed and supported</li> <li>• School-family partnerships developed</li> </ul>	<ul style="list-style-type: none"> <li>• Simpler language of same content used, visuals added, steps chunked into smaller steps</li> <li>• Self-regulation skill building taught</li> <li>• Concepts and vocabulary for the school-wide system integrated with Augmentative Communication system</li> </ul>
<b>Tier 2</b> – Targeted Instruction	<ul style="list-style-type: none"> <li>• Supports for self-regulation and social skill development increased</li> <li>• School-wide services and supports available</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-teach</li> <li>• Reteach</li> <li>• Provide sensory breaks and tools</li> </ul>
<b>Tier 3</b> – Individualized Instruction	<ul style="list-style-type: none"> <li>• Functional behavioral assessment completed</li> <li>• Wrap-around supports added</li> </ul>	<ul style="list-style-type: none"> <li>• Behavior Intervention Plan developed as part of IEP</li> </ul>



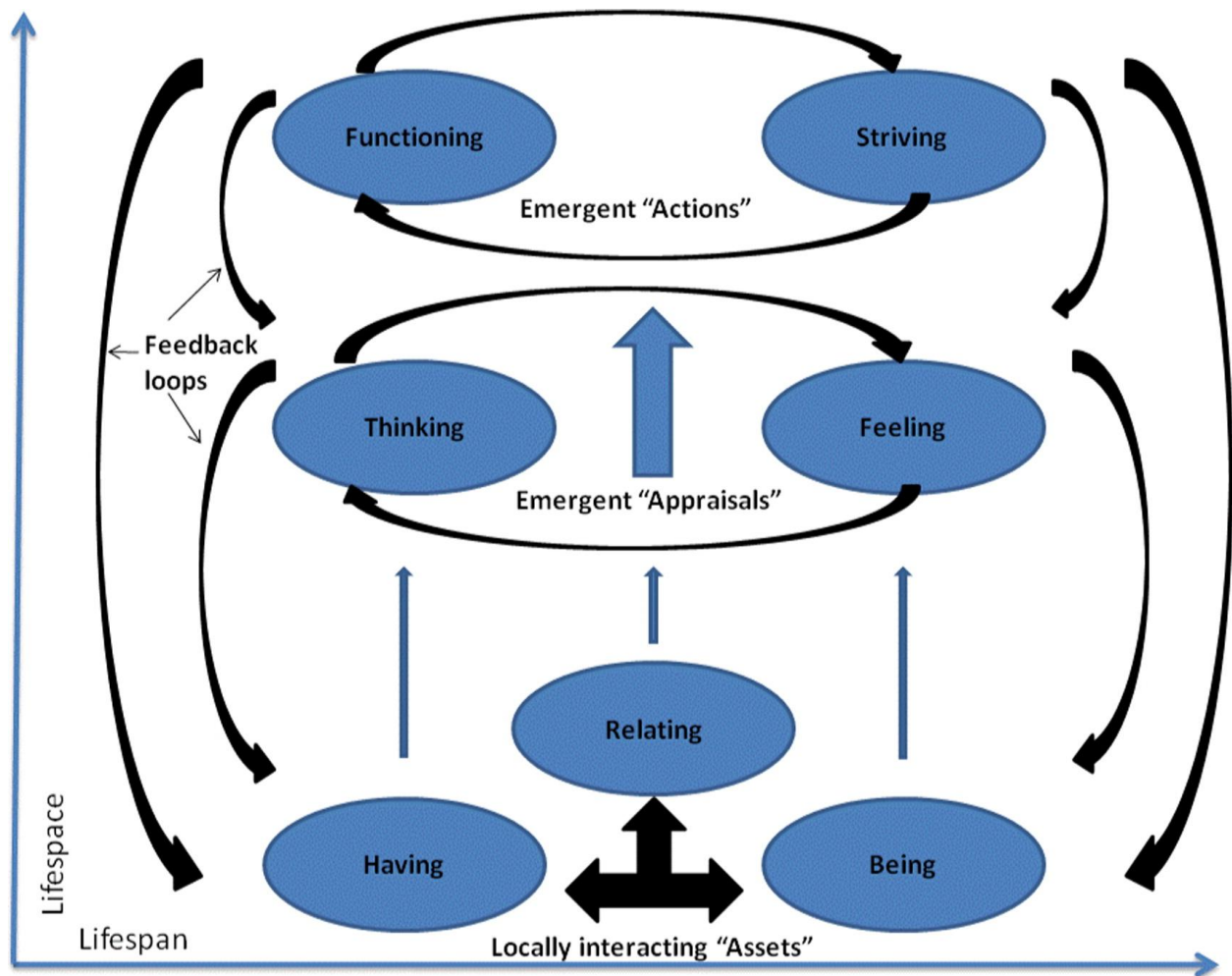
## Appendix B: Culturally Responsive MTSS Framework, (Malone et al, 2020, p. 5)

**TABLE 1** Overview of culturally responsive MTSS for mental health

Tier	Key recommendations
Screening and Progress Monitoring	<ul style="list-style-type: none"> <li>• Use mental health screeners based on the dual-continua approach to mental health</li> <li>• Access free and low-cost screeners through the School health Assessment and Performance Evaluation website</li> <li>• Examine racial/ethnic group differences in perceptions of school climate</li> <li>• Administer measures that assess racial-ethnic risk and protective factors as a follow-up to REM students who screen positive for mental health concerns</li> </ul>
Tier 1: Positive Racial School Climate	<ul style="list-style-type: none"> <li>• Use microaffirmations to create culturally affirming school environments</li> <li>• Engage in equity focused SEL programming based on the model of transformative SEL</li> </ul>
Tier 2: Culturally Responsive Interventions	<ul style="list-style-type: none"> <li>• Use content and procedural adaptations to increase the cultural salience of existing tier 2 programs</li> <li>• Provide access to culturally relevant programs to promote positive racial identity development</li> </ul>
Tier 3: Culturally Responsive Psychotherapy	<ul style="list-style-type: none"> <li>• Engage in cultural self-reflection with the ADDRESSING model</li> <li>• Use the JIMIS or the DSM-5 cultural formulation interview to identify cultural factors to address in therapy</li> <li>• Incorporate cultural knowledge into treatment planning</li> </ul>

Abbreviations: JIMIS, Jones Intentional Multicultural Interview Schedule; MTSS, multitiered systems of support; REM, racial and ethnic minoritized; SEL, social emotional learning.

### Appendix C: Soutter et al.'s (2014) SWBM Framework



## **Appendix D: Document Analysis**

**DOCUMENT ANALYSIS:** The following questions were used to evaluate the evaluation tools based upon the SWBM framework.

### **Wellbeing Assets:**

#### *Having Domain:*

- 1) How and how often do the evaluations assess wellness tools?
- 2) How and how often do the evaluations assess wellness opportunities?
- 3) How and how often do the evaluations assess wellness resources?

#### *Being Domain:*

- 1) Do the evaluations account for intrapersonal factors?
- 2) How do readers take intrapersonal factors into account when assessing the data?
- 3) Do the evaluations account for intersectional identity factors?
- 4) How do readers take intersectional identity factors into account when assessing the data?

#### *Relating Domain:*

- 1) Do the evaluations ask students to identify relationships and connections to others?
- 2) How do the readers analyze the quantity and quality of student relationships and connections?

### **Wellbeing Appraisals:**

#### *Feeling Domain:*

- 1) Do the evaluations assess levels of student happiness/depression?
- 2) How is it assessed?
- 3) How do the readers analyze these levels?

#### *Thinking Domain:*

- 1) What are common student cognitive tasks?
- 2) What are common student decisions, strategies, and appraisals?

### **Wellbeing Actions:**

#### *Functioning Domain:*

- 1) Do the evaluations assess student behavior and activities?
- 2) How do the readers analyze these behaviors and activities?

#### *Striving Domain:*

- 1) Do the evaluations assess the future goals of LJCDS students?
- 2) How do the readers analyze these goals as a marker for student wellness?

## **Appendix E: Interview Protocol and Script**

**INTERVIEW QUESTIONS:** for the Assistant Head of School, the Wellness team, and other highlighted faculty and staff:

Script: Hi \_\_\_\_\_! I'm so happy to spend some time with you today. Thank you so much for your time, and I promise to hold us to 30 minutes or less. I'm \_\_\_\_\_ and I am finishing my doctorate at Vanderbilt. Like you, I'm also a school administrator, serving as \_\_\_\_\_ at \_\_\_\_\_. My co-researcher and I are looking to better understand the inner workings of La Jolla Country Day's wonderful wellness program, so we can provide you with recommendations regarding program evaluation and ongoing refinement work. I have ten questions, and we have thirty minutes together, so please just share whatever pops to mind - just 1 minute per question is plenty for a response. For context, my ten questions connect to the seven domains of the Student Wellbeing Model, developed by wellness expert Dr. Soutter. Known as SWBM, this framework is designed to evaluate the impact of a school-based wellness program based on a variety of indicators. The SWBM takes conditions, contexts, and climates into account when applied to any school setting as an evaluation tool for program efficacy. So! Today's interview will be audio-recorded solely for transcription purposes, and then the audio file will be deleted. Your responses will be kept strictly confidential and anonymous. Does all that sound good, and are you ready to begin with the first question?

### **Wellbeing Assets:**

#### *Having Domain:*

1. What type of wellness tools or resources are available to students and how are they used?  
How do you know how often they are used or by what grade or type of student?
2. What opportunities does a student have to learn about or experience wellness? What are the impacts of these opportunities on the students, and how do you know?

#### *Being Domain:*

3. How does the intersection of racial, ethnic, religious, gender, sexual orientation, and socioeconomic identities impact LJCDS students? How do you know?
4. What tools, resources, and opportunities are available to address the wellness of minoritized students?

#### *Relating Domain:*

5. How do students form relationships with wellness professionals and/or connect with those charged with wellness programming?
6. How does the school ensure that each student has at least one adult connection that supports their wellness?

**Wellbeing Appraisals:***Feeling Domain:*

7. How do students demonstrate levels of depression, anxiety, or other mental health issues and what protocols are in place to respond?

*Thinking Domain:*

8. What tasks, decisions, or strategies do students engage in to process what they learn about wellness or articulate new skills?

**Wellbeing Actions:***Functioning Domain:*

9. What are the behaviors and activities that LJCDS students engage with as part of your school program that support their ongoing wellness?

*Striving Domain:*

10. What are the goals of LJCDS's wellness programming? Are those goals being met? How do you know?

## Appendix F: Coding

### Coding Categories (based on Soutter et al.'s Student Wellbeing Model - SWBM):

- **Wellbeing Assets**
  - Having
  - Being
  - Relating
- **Wellbeing Appraisals**
  - Feeling
  - Thinking
- **Wellbeing Actions**
  - Functioning
  - Striving

Line(s)	Coding	Context, Analysis, and Reflections
RC 4:47	Having	No survey regarding meeting time with advisors outside of regular advisory  Monthly SOC meetings
RC 7:05	Having	All 9th graders take Health and Wellness fall term, and Dignity spring term - don't survey them, but would like to  Students have a health education club and a peer counseling club. School also offers AP psych and other psych classes
MH 2:53	Having	MTSS Model - Tier 1, 2, 3  Tracking Tier 1 - they are all enrolled in classes  Piloting a new software that lets them track visits and wraparound student services
WSR 1	Having	Partnership with Rady Children's Hospital  \$175,000 since 2018 via E.E. Ford Grant
DrChan	Having	Access to school counselors  Some become patients of Dr. Chan, so access to his psychiatric services  School-wide programs  Nights when HW is banned/limited

		<p>Monthly talks for parents</p> <p>Counselors going into classrooms</p> <p>Collection of resources for parents (unsure about location/execution)</p>
COB	Having	<p>Tiered approach of students reaching out to counselors</p> <p>Social and emotional learning programming through advisory</p> <p>Future tool for Lower School = responsive classroom</p> <p>Workshops and wellness for parents</p>
RC 9:00	Being	<p>School majority, both in faculty and students, is white and Christian/Catholic</p> <p>We “could use a lot of work on” students seeing themselves in our faculty/admin</p> <p>Have a DEI director joining</p> <p>Where is the quantifiable/concrete support...?</p>
MH 10:49	Being	<p>Students have affinity spaces and clubs</p>
WSR 2	Being	<p>Preschool-12th grade in San Diego</p> <p>1160 students, 24-acre campus</p>
WSR 5	Being	<p>Surveyed teachers, parents/guardians to assess campus culture, climate, and co-vitality</p>
Dr. Chan	Being	<p>Given the affluence, he was surprised by the severity of the mental illness</p> <p>Lack of access to mental health for all in the area; can take months to get an appointment</p> <p>International students living with boarding families; presents another set of mental health and wellness issues</p> <p>Tiffany Thompson is African American Counselor</p>
COB	Being	<p>Audit of how students of color are disciplined to see if there are inconsistencies</p> <p>Camille Farrington’s Framework for Belongingness - University of Chicago</p>

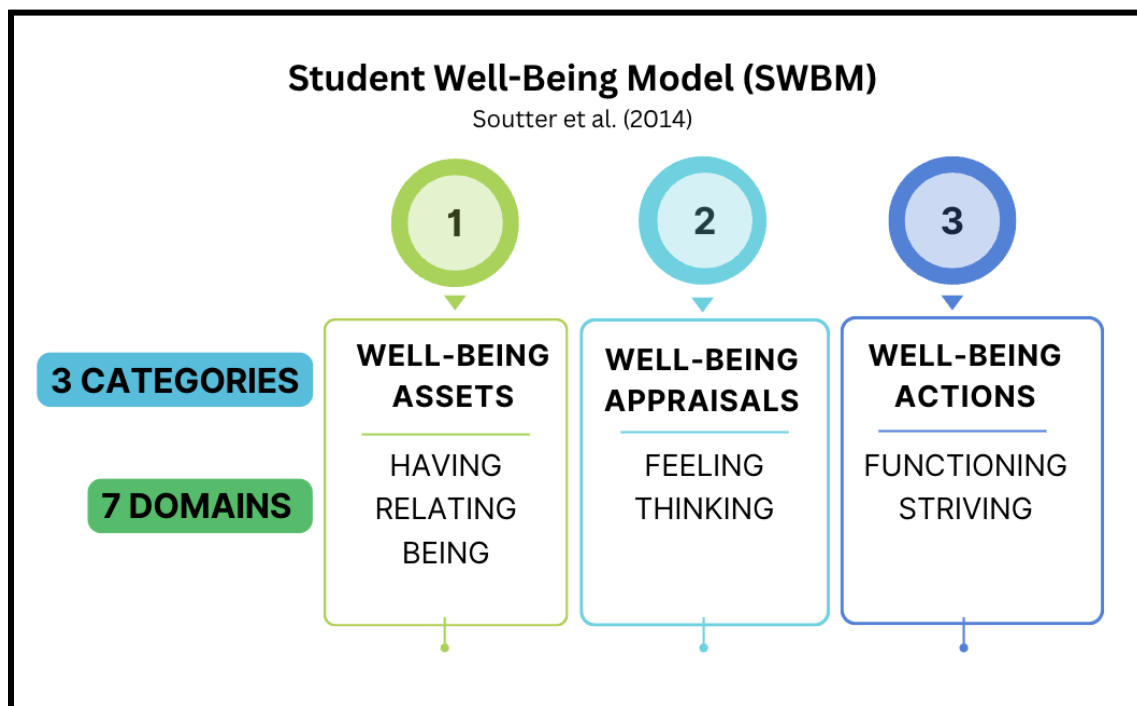
		Authenticity in advisory spaces Giving teachers for tools for difficult conversations
RC 12:49	Relating	Wellness team is integrated on campus; many of them teach Sometimes they connect anecdotal and sometimes it's through monthly SOC meetings
RC 13:59	Relating	High time they do the dot exercise again
MH 12:39	Relating	All adults are tier one interventionists Kids all know counselors as a "person" for them
WSR 4	Relating	The goal of the program is to create a model and framework of curated resources to share with other schools
Dr. Chan	Relating	Believes that counselors know all of the kids well because of programming and going into classrooms Kids are there since preschool, so are known through their development
COB	Relating	Community time allows for one-on-one with teachers Clubs like mock trial, robotics, theater, and athletics
RC 13:59	Feeling	Who's that student's adult?
RC 15:52	Feeling	Notice a kid is struggling and pass it along to student support team SST tells us when kid is getting support outside of school
Dr. Chan	Feeling	Administer a survey to ask students to evaluate their wellness which provides self-reporting of a students level of depression/anxiety Warning signs observed by teachers and peers Counselors involved in social/friend disputes between kids Also identified by frequency of meetings with counselors, teachers, etc.
COB	Feeling	Grade-level Teams discussing student strengths Students on butcher-block paper to determine who knew them well



RC 18:46	Thinking	Dignity class  Formalized learning and also advisory opportunities
MH 16:07	Thinking	In classes, we workshop scenarios such as what consent looks like
WSR 5	Thinking	Developed a network of local experts, who in conjunction with our team, host a monthly series on a variety of family education topics.
ARB	Thinking	Owning up sessions - Scope and Sequence
Dr. Chan	Thinking	New program that will track absences, visits to nurse and counselor, grades
COB	Thinking	A student saying they are depressed or have anxiety  Process through Student Support Team  Also occurs at grade-level teams
RC: 21:30	Functioning	Worried vs. anxious - clarifying the difference for students
WSR 5	Functioning	Adopted a data collection tool to track wellness visits in order to identify campus-wide needs, trends and areas of support.
Dr. Chan	Functioning	Presentations on sexual health  Wellness days  Nights of no HW  Fidget tools and other health gadgets distributed
COB	Functioning	Dr. Chan helped them put a suicide prevention and reporting plan in place
RC: 23:17	Striving	Meeting each student where they are; there is such a broad spectrum
MH 20:39	Striving	Preventative Mental Health Care
WSR 4	Striving	Our continued goal is to create a wellness framework for local and national schools that incorporates a whole school, whole family, and whole community approach to health. The vision is to create a model that has the potential to be nationally disseminated to benefit the health and well-being of students across the country.
Dr. Chan	Striving	track goals and provide data

		<p>where do we want this to look - one thing is missing - a wellness center, all counselors offices are separate and small</p> <p>better to have free-standing building or center</p> <p>drs with different specialties help - adolescent psychologist, nutritionist, specialized therapists and psychologist,</p>
COB	Striving	<p>Removing stigma of getting help for mental health</p> <p>Equipping teachers with tools to support mental health</p> <p>Sharing framework</p>

## Appendix G: Soutter et al.'s (2014) Examples of Student Well-Being Indicators



## Student Well-Being Model (SWBM)

Soutter et al. (2014)

### Asset Indicators

#### HAVING

Expectations for student behavior are defined.  
Opportunities to assume valued/esteemed roles in community exist.  
Encouragement of self-ownership and personal responsibility.  
Students are physically healthy, nourished, and fit.

#### RELATING

Students work with high-quality teachers.  
Quality resources are available for students and teachers.  
Facilities and grounds are safe and secure.  
Funding is sufficient to meet needs.

#### BEING

All students experience a sense of place within the environment.  
Cultural affiliations are acknowledged and celebrated.  
Student-teacher relationships are respectful and supportive.  
Parents can connect with school personnel.

## Student Well-Being Model (SWBM)

Soutter et al. (2014)

### Appraisal Indicators

#### FEELING

Students experience positive emotions.  
 Students feel supported in experiencing and demonstrating a spectrum of emotions.  
 Students seek emotional support.  
 Students have access to resources, information, and support groups.

#### THINKING

Students are satisfied with school.  
 Students can make informed decisions with attention from adults.  
 Curricula and scheduling allows for students to demonstrate their knowledge, skills, and competencies in multiple formats.

## Student Well-Being Model (SWBM)

Soutter et al. (2014)

### Action Indicators


#### FUNCTIONING

Allocated time in school reflects a balance between academics and extension.  
 Students are not interrupted unnecessarily.  
 Numerous opportunities are provided to allow students to participate in diverse activities.

#### STRIVING

Educational experiences support success.  
 Challenges are welcomed.  
 Students plan for higher education.  
 Students meet benchmarks and make progress each year.

## Appendix H: Dissemination Product for LJCDS




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**A THEORY BASED  
EVALUATION OF  
WELLNESS**

By Anna Alldredge  
and Maggie Sullivan

Prepared for



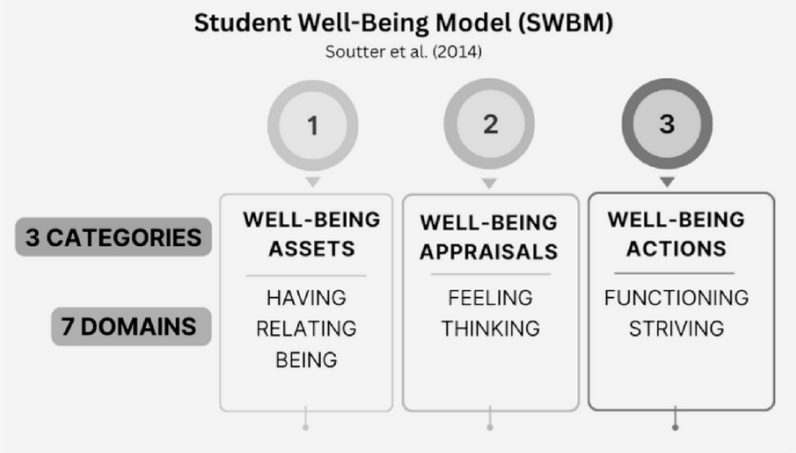
LA JOLLA  
COUNTRY DAY SCHOOL

Peabody College: Leadership and Learning in Organizations August 1, 2023

**PROJECT OVERVIEW:** La Jolla Country Day School (LJCDS) is an independent Pre-K through 12th grade school in San Diego that wishes to provide the most supportive environment for their students' mental health. LJCDS has a robust wellness program in place but sought a more comprehensive evaluation of its efficacy so the school engaged researchers from Vanderbilt University. LJCDS was also interested in the potential for disseminating their framework as a model for other schools. During the Fall of 2022, LJCDS was mid-process with the development work of a comprehensive PreK-12 Wellness Program that was robust and multi-layered, but lacked a complete evaluation system with which to analyze impact. The school has a wellness department of counselors who collaborate with faculty and staff, DEI initiatives, and Rady's Children's Hospital. Researchers utilized a qualitative study that included interviews of key personnel and analysis of school documents. Analysis was based upon the Student Well-Being Model (SWBM) which is structured around three categories and seven domains.

**CONCEPTUAL FRAMEWORK:** In order to evaluate the efficacy of the student wellness program at La Jolla Country Day School, researchers incorporated the lens of the Student Wellbeing Model (SWBM). The SWBM was developed by Soutter et al. (2014) to better understand the interplay between environmental factors and wellness program efficacy in a school setting. Meant to be applicable across a wide range of school environments, the SWBM emerges from a systems view of human development and is designed to evaluate the impact of a school-based wellness program based on a variety of indicators.

**Student Well-Being Model (SWBM)**  
Soutter et al. (2014)



The diagram illustrates the Student Well-Being Model (SWBM) with three main categories, each containing specific domains:

- Category 1: WELL-BEING ASSETS**
  - HAVING
  - RELATING
  - BEING
- Category 2: WELL-BEING APPRAISALS**
  - FEELING
  - THINKING
- Category 3: WELL-BEING ACTIONS**
  - FUNCTIONING
  - STRIVING



## A THEORY BASED EVALUATION OF WELLNESS

By Anna Alldredge  
and Maggie Sullivan

Prepared for



LA JOLLA  
COUNTRY DAY SCHOOL

Peabody College: Leadership and Learning in Organizations

August 1, 2023

### RESEARCH QUESTIONS:

1. How does LJCDs support and evaluate Wellbeing Assets?
2. How does LJCDs support and evaluate Wellbeing Appraisals?
3. How does LJCDs support and evaluate Wellbeing Actions?

#### Asset Indicators

##### HAVING

Expectations for student behavior are defined.  
Opportunities to assume valued/esteemed roles in community exist.  
Encouragement of self-ownership and personal responsibility.  
Students are physically healthy, nourished, and fit.

##### RELATING

Students work with high-quality teachers.  
Quality resources are available for students and teachers.  
Facilities and grounds are safe and secure.  
Funding is sufficient to meet needs.

##### BEING

All students experience a sense of place within the environment.  
Cultural affiliations are acknowledged and celebrated.  
Student-teacher relationships are respectful and supportive.  
Parents can connect with school personnel.

#### Appraisal Indicators

##### FEELING

Students experience positive emotions.  
Students feel supported in experiencing and demonstrating a spectrum of emotions.  
Students seek emotional support.  
Students have access to resources, information, and support groups.

##### THINKING

Students are satisfied with school.  
Students can make informed decisions with attention from adults.  
Curricula and scheduling allows for students to demonstrate their knowledge, skills, and competencies in multiple formats.

#### Action Indicators

##### FUNCTIONING

Allocated time in school reflects a balance between academics and extension.  
Students are not interrupted unnecessarily.  
Numerous opportunities are provided to allow students to participate in diverse activities.

##### STRIVING

Educational experiences support success.  
Challenges are welcomed.  
Students plan for higher education.  
Students meet benchmarks and make progress each year.



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### KEY FINDINGS:

- 1 LJCDS has a broad range of interventions and supports for student wellness that fall into the relating and functioning domains. Yet, evaluation of the impact largely relies upon anecdotal observations of students within the feeling domain of the well-being appraisals category.
- 2 The LJCDS administrative team has access to considerable qualitative and quantitative data regarding program engagement, student feedback, and wellness services metrics, but currently does not leverage this data to inform program decisions and improvements.
- 3 The LJCDS desires to scale its wellness programming but has not evaluated its program regarding site specificity.

### RECOMMENDATIONS:



Create a program evaluation tool based on the SWBM framework.



Partner qualitative and quantitative data with the SWBM framework to inform ongoing program improvements.



Evaluate the site-specific elements of the wellness program to better understand what is scalable and shareable with other school sites.



Analyze the intersection of DEI and wellness programming to better support and sustain the diverse student body and school community.





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