GRANT PROPOSAL

TITLE II – IMPROVING TEACHER QUALITY

Improving Teacher’s Understanding of Children’s Mental Health for Academic Success

Name of Institution: The University of Montana

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The University of Montana, College of Arts and Sciences, Department of Psychology

The University of Montana, the PJW College of Education and Human Services Teacher Education Services

Over 50 Public Schools (Montana Wide)

Beginning Date: January 1, 2014
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Budget Request: $86,431
ABSTRACT

Incidence of school violence, high drop-out rates, and poor academic performance in U.S. schools has motivated an increased focus on the mental health needs of K-12 students. Educators are implementing programs aimed at interventions to address learning and behavioral needs. In Montana, the Montana Behavioral Initiative (MBI)/Positive Behavioral Interventions and Supports (PBIS) has integrated the data-driven model Response to Intervention (RTI) as an intervention to promote the academic achievement of all students. Statistics show a significant percentage of children and adolescents struggling with mental health concerns, therefore educators with daily student contact must to have the tools to recognize, effectively interact with, and refer students with mental health needs. This proposed grant seeks to provide critical knowledge, skills, and awareness to pre-service and in-service teachers in Montana regarding mental health and mental health support personnel in schools. Two trainings will be provided; the first training will be conducted with pre-service teachers to provide information on the roles of various support personnel in the schools focused on student mental health. The second training will be available to both pre-service and in-service teachers with additional information regarding support personnel in the school while also providing basic helping skills and information regarding mental health. Various assessments will be used to evaluate the effectiveness of the training and identify teacher knowledge, skills, and awareness in mental health facilitation. The collected data will adapt the training to continue addressing the needs of teachers to provide an optimal learning environment for all students' academic success.
INTRODUCTION

With the recent tragic shooting at Sandy Hook Elementary in Newtown, Connecticut, teachers are becoming increasingly concerned about their role in supporting children’s social and emotional well-being. While many teachers enter the profession to provide instruction on academic content, many are also realizing that their roles are shifting and they must understand and recognize children’s mental health needs in order to provide them with academic support. Indeed, emotional and behavioral problems represent significant barriers to student academic success (Adelman & Taylor, 2000; Kramer, et al., 1997). Given that children and adolescents spend more time in school than any other single setting, providing supports for student mental health care in the education sector has the potential to decrease barriers to academic success while enhancing the likelihood that students will receive indicated and consistent services.

As recent statistics have shown, approximately 13-20% of children and adolescents in the United States experience some sort of mental disorder (Centers for Disease Control and Prevention, 2011). With such a significant number of children experiencing mental health issues, teachers are recognizing that they need to understand these mental health issues as well as be capable of making referral decisions to support staff. For example, in previous research studies, pre-service teachers have reported that they believe that addressing children’s mental health issues and violence prevention is important in schools, but only approximately 50% believe that they are adequately prepared (Kandakai & King, 2002). Similarly, both novice and expert teachers report that addressing their student’s mental health issues is important for their teaching success, though both types of teachers reported not being trained to address these issues in their undergraduate teaching preparation programs (Koller, Osterlind, Paris, & Weston, 2004). Clearly, pre-service and in-service teachers are concerned that they are not adequately prepared to support children in their classrooms. Indeed, as one educator stated in a recent article:

...When I came out of college straight into teaching seven years ago, I believed that teaching English was going to be about, well, teaching English. I thought that my task was to impart in my students a love of, or at least a less fervent dislike, for Shakespeare and To Kill a Mockingbird.

Within a few short weeks I learned how mistaken I was. Sure, there was still room for Boo and the Bard, but teaching was really about providing stability, respect, and compassion to teenagers desperate to learn in a system that was failing them. It was about talking to K about why he shouldn't drop out. It was about visiting J in the hospital after her miscarriage. It was about tutoring 15-year-old T so he could move past a fifth grade reading level.

Because this was what my students needed, this is what teaching became for me. It is what teaching means for thousands of teachers, counselors, teaching assistants, and other public school workers across the state, as we prepare our students for successful futures, not just academically, but in every way...

This changing role of teachers towards supporting children’s social and emotional development is especially important in frontier states like Montana. Children from rural and tribal communities are at greater risk for mental health problems compared to urban children yet have less access to mental health care (Moore, et al, 2005). Parents often must travel long distances or are unable to afford the high cost of mental health care for their children. American Indian and Alaskan Native youth are also significantly at risk for substance abuse, emotional distress, and suicide (Blum, Harmon, Harris, Bergeisen, & Resnick, 1992). In Montana, 12% of Native American youth have committed suicide in the past 12 months and
29% have engaged in binge drinking the past 30 days (Montana Office of Public Instruction, 2011). Native Americans are at the highest risk for mental health problems compared to other ethnic and racial minority groups in the United States (Nelson, McCoy, Stetter, & Vanderwagen, 1992). Clearly, children from rural and tribal communities require additional access to mental health resources.

Consequently, school administrators and education policy makers are recognizing the need for teachers to understand children’s mental health issues. Research shows that there is increasing use of intervention programs and supports to prevent social and emotional issues and engage student learners (Adelman & Taylor, 2010; Domitrovich et al., 2010). In fact, timely receipt of mental health supports in schools has demonstrated improvements in academic performance (e.g., Kataoka et al., 2011; Walker et al., 2010). Moreover, there has been a movement in education and psychology to use practices that are evidence-based. That is, interventions must demonstrate both efficacy (implemented under controlled conditions) and effectiveness (implemented in other contexts such as a classroom [White & Kratochwill, 2005]). These evidence-based practices align with the Individuals with Disabilities Act of 2004, which emphasizes the use of interventions for children with and without disabilities that have been supported by research. The Montana Office of Public Instruction has created the Montana Behavioral Initiative (MBI) aligned with Positive Behavioral Interventions and Support (PBIS) practice (Montana Office of Public Instruction, 2013). The MBI uses Response to Intervention (RTI), a systems-level, multi-tiered, and data-driven intervention model (Brown & Doolittle, 2008; Zambrano, Castro-Villarreal, & Sullivan, 2012). RTI assists educators in recognizing student difficulties (e.g., learning, behavior) and exploring various strategies to address their instructional needs. While MBI provides a structured program within schools, educators can also benefit from basic mental health training and knowledge of specialized support personnel in the schools to enhance developmental education. Educators must be confident that social-emotional interventions and supports that are implemented in schools will be effective in helping children.

Furthermore, policy makers have also begun to recognize that these interventions and supports are imperative to academic success. Standards have been developed to address teachers’ competence and knowledge, even in the state of Montana (Sexton et al., 2010). The Montana Educator Performance System (Montana E-PAS) evaluates teacher performance and understanding of social and emotional needs and how these needs manifest in schools. These components include a) Demonstrating Knowledge of Students (Domain 1, Component 1d.), b) Student Behavior (Domain 2, Component 2b), and c) Establishing a Culture of Learning (Domain 2, Component 2c). These components are critical for determining whether teachers have the appropriate knowledge skills in developmental education to address children’s social and emotional needs.

Teachers can be the first line of defense for many of children in Montana. Across the school year, teachers develop close relationships with their students and understand each child’s unique needs. However, many teachers feel unprepared to cope with their student’s needs, particularly because they are often related to mental health issues. If children’s social and emotional needs are not met, then they are unable to focus on or be successful in their classes. Consequently, the purpose of the proposed project is to provide intensive training for pre-service and in-service teachers in high-needs school districts supporting developmental education so that they have the knowledge and skills to support children’s social-emotional needs, and ultimately, their academic success. This project includes an intensive seminar for pre-service teacher that addresses mental health issues in their future classrooms and the available mental health support personnel in the schools. A second training is designed for in-
service teachers and uses the "mental health facilitator" approach to train teachers how to facilitate access to mental health services.

GOALS/OBJECTIVES

Using an interdisciplinary collaborative approach between the Department of Counselor Education and the Department of Psychology, this project has two primary goals.

Goal 1: Increase the number of highly qualified teachers in Montana who have an understanding of children's mental health and access to resources in the school and community.

Objective 1a. Pre-service and in-service teachers will have an enhanced understanding of the association between student academic success and mental health.

Objective 1b. Pre-service and in-service teachers will understand the roles and responsibilities of key student support personnel (e.g., school counselors, school psychologists, behavior specialists) and ways to access resources for their students.

Objective 1c. Pre-service and in-service teachers will know how to address social and emotional problems in the classroom to improve academic performance via the introduction of evidence-based practices for mental health and behavior problems.

Objective 1d. Pre-service and in-service teachers will understand how positive behavior supports can be implemented in the school to improve student outcomes.

Objective 1e. Pre-service and in-service teachers will be able to identify opportunities for collaboration within and across disciplines to support student learning when social or emotional issues are present.

Objective 1f. Pre-service (where applicable) and in-service teachers will be able to identify observable changes in student achievement following the training.

Goal 2. The proposed project will contribute to the research literature on mental health in schools, collaboration across disciplines within the schools, and relationship between academic success and mental health.

Objective 2a. Data gathered through this program will contribute to understanding about mental health facilitation in rural communities and will be disseminated to other educators and scholars.

PARTNERSHIP

The Department of Counselor Education and the Department of Psychology at The University of Montana are collaborating with the PJW College of Education and Human Services Teacher Education Services and administrators in high-need school districts across the state of Montana (see Appendix B
for letters of support). Working closely with Teacher Education Services and multiple school districts across Montana, pre-service and in-service teachers will be able to receive professional development opportunities to meet the needs of diverse learners.

For many teachers in these high-need school districts, there is a lack of financial and personnel resources that make it difficult to receive further professional development. Thus, the Departments of Counselor Education and Psychology will use on-campus and on-line learning to provide these professional development opportunities. Pre-service and in-service teachers will not only benefit from the experience and expertise of UM instructors, but will also benefit from learning from their colleagues across schools and districts within the state. Consequently, the partnership and collaboration between UM and these school districts will increase the number of teachers who have the opportunity to further their knowledge and skills, and in turn, will reach more students across the state.

Project participants will be approximately 50 pre-service and in-service general and special education teachers between the two trainings. Participants will be recruited from the University of Montana Teacher Education Program and in high-need public school districts across the state of Montana. The Office of Public Instruction, local education agencies, school administrators, and other educator agencies will be notified via email about this professional development opportunity. The training will also be promoted at the Montana School Counseling Association (MSCA) Annual Conference in April 2014. Furthermore, the PIs have contacted Western Montana CSPD who enthusiastically supports the training (see Nancy Marks letter of support, Appendix B). Teacher Education Services at UM have also been working with the authors to recruit participants to both trainings via their current and former students. The UM Departments of Counselor Education and Psychology will continue to contact via email and in person meetings with school districts around across the state for participation in order to notify all available teachers who may want to participate.

Three college credits or OPI continuing education credits will be made available from The University of Montana for all project participants involved in the primary professional development training. As evidenced in the letters of support (see Appendix B), the local school districts will provide administrative leadership, support for recruitment, and encouragement for participants. The University of Montana will supply the trainings and all accounting, web, technical, and support services. The partnership is designed to provide a clear benefit to the overall quality improvement of student service delivery in Montana schools.

PROGRAM CONTENT

The proposed project will include a variety of pedagogical activities involving diverse methods such as lectures, guided readings, and collaborative discussions that will be coordinated and integrated between the Department of Counselor Education and the Department of Psychology focusing on:

1) Enhancing teachers’ understanding of the relationship between students’ academic performance, including college and career readiness, and overall mental health.

2) Improving teacher’s knowledge of the various roles and responsibilities of student support personnel and ways to access resources for students.
3) Extending teacher’s knowledge of basic, evidence-based, helping skills necessary to positively interact with students to provide an optimal educational environment.

Training
The project will include two training components for pre-service and in-service teachers.

Training I: “Introduction to Support Personnel in Schools”
The pre-service teacher seminar entitled, “Introduction to Support Personnel in the Schools” will be focused on increasing teachers’ knowledge of mental health supports for students in schools and their various professional positions. Drs. Nichols, Goforth, and Borntrager will first facilitate a focus group that includes pre-service teachers in the Teacher Education Program to determine their current knowledge of student personnel in the schools. Information gathered from this focus group will then inform the content of the presentation.

The presentation will cover, at minimum, the roles of school counselors, school psychologists, therapists and behavioral specialists and strategies that teachers can use to collaborate with these student support personnel to increase student’s academic success. Furthermore, connections will be made between the importance of social-emotional learning and potential for academic achievement particularly in the context of the more rigorous standards of the Common Core. Participants will be provided with a video link for additional information of mental health supports in the school and follow up will also occur in conjunction with evaluation, asking participants to reflect on the content and current and future application.

Training II: “Helping Skills: Mental Health Facilitation”
The second training, “Helping Skills: Mental Health Facilitation-Educator’s Edition (MHF-EE),” will be offered to both the pre-service teachers in attendance at the initial seminar and in-service teachers across the state. It is a 36-hour training program that, using project funding, will be delivered both on-line and in-person contains lecture content, discussion opportunities, and skills practice. Participants will follow a schedule provided in the course description and syllabus (see Appendix C). The on-line content (i.e., information modules, module video introductions, recorded demonstrations, assessments, MHF forms, discussion boards/reflection and content questions) will take approximately 17 hours to complete. In-person meetings will consist of an initial orientation and three skills training days of approximately 19 hours. Participants will have the opportunity to review key information from the on-line training and work with partners and small groups to practice their facilitation skills. The in-person meetings will also include continued discussion around the training content and application in various school environments.

The Helping Skills training is a program adapted from an original curriculum, Mental Health Facilitation (MHF). MHF was developed by NBCC International (NBCC-I), a division of the National Board for Certified Counselors, in response to, and in consultation with, the World Health Organization (WHO) to meet the mental health needs of over 450 million people without access to mental health care. The Educator’s Edition developed as teachers attending MHF trainings (in its 21st revision) identified the unique needs to address in schools. The curriculum contains 21 modules including such topics as: Solving Student Problems and Solving Goals, Signs of Mental Stress, Distress, and Disorder, Parenting,
Step parenting, Adoption and Teenage Pregnancy, Working with Child Maltreatment, Bullying, Suicide, and Making Referrals and Consulting with Helping Professionals (see Appendix D).

The trainings will provide opportunities for participants to share ideas across levels, schools, and districts allowing for increased understanding and enhanced implementation of the material presented. The topics discussed have the potential to create more positive interactions between students to enhance the learning environment; therefore, the strategies can also empower teachers, maximizing their confidence, competence and ultimately satisfaction in their positions. Additionally, the use of multiple learning environments (i.e., on-line and in-person) allows participants a depth of knowledge in an accessible format.

Assessment and Evaluation
Several factors will be evaluated in both training phases in order to assess knowledge, attitudes, school commitment (which correlates with job satisfaction), as well as qualitative information relative to these topics. As described in Rogers (1995), similar to innovations in other fields (e.g., business, industry), the dissemination of evidence-based practices for mental health into schools may depend on a number of factors, including stakeholders’ knowledge, persuasion (attitude development), decision to adopt/reject an innovation, implementation factors of the innovation, and confirmation for using/reversing the innovation. Thus, the current project will target two primary outcome areas impacting the diffusion of innovations in student mental health – teachers’ knowledge and attitudes – both of which likely impact the remaining factors that are paramount to diffusion. Indeed, the knowledge and attitudes factors represent two of the most supported factors of Rogers model, particularly in regard to influencing behavior—collectively this is known as the knowledge-attitudes-practice process (Rogers, 2003). In addition, qualitative methods will be used to supplement and explain quantitative findings, which are described below.

First, knowledge will be assessed in two ways:

Knowledge of Evidence Based Practices Questionnaire for Educators (KEBSQ-E; unpublished measure). The KEBSQ-E is a modified version of the KEBSQ, which was developed by Stumpf and colleagues (2009). The KEBSQ-E is a 40-item self-report measure designed to assess teacher’s knowledge of evidence-based practices in mental health. The areas assessed within the KEBSQ are: Anxious/Avoidant (A), Depressed/Withdrawn (D), Disruptive Behavior (B), Attention/Hyperactivity (H), and Trauma (T) problem areas. In addition, a final ‘none’ (N) scale is included for items that are not evidence-based practices for any of the available problem areas included on the KEBSQ. In order to complete the KEBSQ, teachers are presented with a particular practice element/technique definition and asked to circle if the technique is evidence-based or not with respect to each of the problem areas. For example, the item stem for a practice element concerning Rewards/Praise is as follows: “Administration of rewards and/or praise to reinforce the child’s behavior.” The correct response would be B, while leaving the others blank, as this is a common element included in evidence-based interventions concerned with children who have disruptive behavior problems. Correctly endorsed and omitted responses are chosen based on whether the teacher rated the item as evidence-based per problem area and then receive one point each. Each item is then scored on a scale from zero to six. For instance, a teacher would get one point for circling B, one point for not circling A, one point for not circling D, one point for not circling H, one point for not circling T, and one point for not circling N, for a grand total of six points. Scores on the KEBSQ range from zero to 246; 246 meaning the respondent chose all the
correct items as being evidence-based or not for each problem area and technique presented in the questionnaire. Given that the KEBSQ was originally developed for mental health providers, the measure will be modified to both in language and the number of items to be more suited for teachers, explicitly. For instance, the KEBSQ includes an item defining ‘exposure/systematic desensitization’ for youth with anxiety problems. It is unlikely and unnecessary that a teacher would need to know the definition for this technique, and thus it will be removed. Finally, 5 additional questions will be added to the KEBSQ-E regarding information presented in the Introduction to Support Personnel training and identifying the roles of various mental health personnel in schools. The KEBSQ-E will be administered pre- and post-training for the Introduction to Support Personnel, and for those individuals who continue on to participate in the MHF-EE training the KEBSQ-E will be administered again post-training. The administration schedule will allow the investigators to assess changes in knowledge from pre- to post-training, as well as to examine how sustainable their knowledge levels will be.

*MHF-EE Knowledge Quiz (Curriculum measure).* The MHF-EE curriculum includes knowledge ‘quizzes,’ which will be utilized to assess changes in knowledge relevant to the MHF-EE curriculum. Though not as specific to behavioral practices as the KEBSQ-E, the MHF-EE Knowledge Quiz includes assessment of broad concepts presented in the MHF-EE curriculum, and therefore will compliment the assessment of the knowledge domain.

*Case Vignettes.* Finally, four case vignettes will be developed with project funding, which will assess solidification of skills as well as knowledge. Three case vignettes will be developed that will be focused on identifying mental health concerns in students—one internalizing case, one externalizing case, and one with a mixture of presenting concerns. A fourth vignette will be used as a control. Participants will be asked to first identify the problem area that they believe to be of most concern with the case (or ‘no’ problem area), and then they will be asked what their follow up behavior would be (e.g., refer to the school psychologist for evaluation). Participants’ skill in identifying appropriate target problems as well as appropriate referral sources will qualitatively evaluate the effectiveness of the training programs and their content.

Second, **attitudes** will be assessed in two ways:

*Modified Practice Attitude Scale-Educator Version (MPAS-E; unpublished measure).* The MPAS (Borntrager et al. 2009) is designed to assess mental health provider attitudes towards evidence-based practices (EBPs), though the language will be changed to assess educator’s attitudes towards EBPs. The MPAS-E is arranged as an eight item self-report measure. Each item uses a 5-point Likert-type scale on which therapist are able to indicated their level of agreement with each item. This score can range from 0, not at all in agreement, to 4, agree to a very great extent. In addition, five of the items are reversed scored yielding a total possible score of 0 to 32. A score of 32 would reflect an educator who has very positive attitudes towards and agrees strongly with the use of EBPs in school settings. The MPAS is modeled from the EBPAS (Aarons 2004), but differs because it refers to EBPs more generally, without referencing specific curriculum protocols (Borntrager et al. 2009). For example, items included are “I dislike evidence-based practices because they are too inflexible” and “Evidence-based practices allow teachers and support staff to respond to important student problems as they come up.” The MPAS has evidenced adequate internal reliability (α=.72) (Lewis & Simons, 2011). In addition, the MPAS has shown incremental validity with respect to the EBPAS while maintaining moderate correlation (r=.36, p<.01), which is a result of the two measures examining the same construct (Borntrager et al 2009).
Attitudes toward Standardized Assessment Scales (ASA; Jensen-Doss & Hawley, 2010). The ASA is a 22-item instrument with three scales: Benefit over Clinical Judgment, Psychometric Quality, and Practicality. Scales are predictive of standardized assessment tool use. Standardized assessment can help to identify the need for mental health support (medical or mental health necessity), as well as the primary areas in need of attention (Hunsley & Mash, 2007). Further, it will be important to assess educators’ attitudes toward standardized assessments not only given that they represent aspects of evidence-based practices, but also because teachers’ interest and confidence in utilizing standardized assessments to make decisions about academic and/or mental health interventions could affect student effort and/or outcomes on the assessments.

School Commitment Questionnaire (SCQ; adapted from the Organizational Commitment Questionnaire (OCQ); Mowday, Steers, & Porter, 1979). The SCQ slightly adjusts the language of the OCQ to assess an employee’s commitment to the school at which s/he is employed. Various forms of reliabilities, as well as predictive, convergent, and discriminant validity have been demonstrated with the original measure. The SCQ will be utilized with in-service teachers or pre-service teachers who are placed in a school setting for student teaching, only.

Demographic information:
Information will be obtained from each pre-service and in-service teacher in both the training and control groups related to a variety of demographic variables, including age, degree(s) held, school setting, content area, and number of years working etc. In addition, pre-service and in-service teachers will complete demographic information of the school and students with whom they work. This information will include the number of students in the school and their classroom, number of ethnic minority students in the school, average number of students with access to free/reduced lunch, community setting (e.g., rurality and industry). Teachers selected for the in-service training will be from high need LEAs based on the information they provide.

Focus groups:
Qualitative data will also be used to gather information that may not be captured using a survey format. Focus group discussions have commonly been used in program evaluations and research to explore a set of issues through participant interactions (Kitzinger, 1994). This project will include two, in-person focus groups prior to any training in order to gather additional information about teacher’s perceived roles in, and understanding of, children’s mental health.

Five pre-service and five in-service teachers will constitute the two focus groups. Three facilitators (the PI and Co-PIs) will conduct the focus group using structured interview questions. Interview questions will ask participants about their experiences and knowledge of children’s mental health, the relationship between mental health and academic success, and their identification and knowledge of the varying roles of mental health support staff in schools. The focus group discussions will be recorded and transcribed for analysis. For the focus group data, qualitative content analyses will be conducted using the transcriptions of the participant discussions. Themes and categories that emerge from the transcriptions will be examined and then coded for further analysis.
Follow-up qualitative measures:
A brief follow-up questionnaire will be sent to all participants approximately 2-3 months after the 2nd training has been completed (at the start of the next academic year). The questionnaire will include items asking the degree to which the teacher has collaborated with student support personnel in the past month, whether they have used any of the strategies they learned during training particularly those pertaining to evidence-based practices in schools, and whether they remember certain concepts taught during the MHF-EE training.

This project and the above goals will be met according to following schedule:

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CAPACITY TO ACHIEVE GOALS AND SUSTAIN PROGRAM

This project is designed to achieve the above stated goals and objectives within the stated time frame and to be managed in an efficient manner. The PIs are experienced in teaching and learning and will bring important pedagogical and content issues related to professional development to this project (see Appendix A for curriculum vitas of PIs). Specifically, Dr. Nichols is a nationally certified counselor, licensed school counselor, former middle school counselor and counseling department director, and an Assistant Professor at UM in the Department of Counselor Education and the School Counseling
program co-coordinator. She is a Master Trainer of the MHF curriculum and has a background in K-12 education. Her professional and research interests include collaboration among school staff for student academic, career and personal/social success.

Dr. Goforth is a nationally certified school psychologist and assistant professor at UM who specializes in interventions that address children’s academic and social-emotional well-being using multi-tiered systems of support. She also specializes in culturally-relevant evidence-based interventions for children from culturally and linguistically diverse backgrounds. Dr. Goforth was the Co-Principal Investigator on the OCHE Title II Grant Improving Vocabulary across the Curriculum through Response to Intervention (IVAC-RTI), which focused on enhancing teacher’s understanding of evidence-based vocabulary assessment and instruction through multi-tiered systems of support as well as helping teachers importance of how student’s cultural and linguistic background affects their learning and academic performance.

Dr. Borntrager is an assistant professor in the psychology department at UM and is the Coordinator for Evidence-Based Practices at the Institute for Educational Research and Service—an institute on campus that is jointly sponsored between the psychology and education departments. Dr. Borntrager’s research and clinical work are primarily based in school mental health and she is the Principal Investigator for the state funded Behavior and Education Systems Training (B.E.S.T.) project, which is a grant comprised of an ongoing consultation and research collaborative between the University of Montana and Missoula County Public Schools. Dr. Borntrager has successfully obtained 5 grants, including the B.E.S.T. project described above. Through these endeavors, Dr. Borntrager has developed a number of partnerships in schools throughout the state and will bring these relationships to bear in the current project.

The curriculum for the current project will include content developed for the introductory training by the PIs, and also content supplied by NBCC-I for the MHF-EE training. Participants will only require course packets for the Helping Skills: MHF-EE training that will be provided and produced by the lead PI and Counselor Education GA who is also an MHF trainer.

With the pilot data collected, additional grants will be pursued to offer pre-service and MHF-EE trainings throughout the state. The PIs will also seek further collaboration opportunities with established research organizations such as the Institute for Educational Research and Service. The hope is to create a longitudinal data set to better understand the implications of the various training programs on the knowledge and skills teachers have to more effectively provide academic instruction while meeting the diverse social and emotional needs of their students.

THE MEASURES OF SUCCESS: EVALUATION PLAN

Evidence of Attainment

1. Each participant will complete a demographic questionnaire and a pre- and post-test of the MHF-EE Knowledge, KEBSQ-E, MPAS-E, ASA, SCQ, and case vignettes depending upon whether they are pre-service or in-service teachers (all but the SCQ will be administered to both groups). Analyses of the pre- and post-test will be summarized and analyzed to determine whether the trainings increased pre-service and in-service teacher’s knowledge and attitudes. We expect an increase in mean scores of at least 20%.
2. A follow-up questionnaire will be given to teacher 2-3 months after the training has been completed. Results will be summarized and compared to the post-test to determine whether the knowledge has been maintained.

**Sustainability**

After the initial implementation of the trainings, it is hoped that the data collected will inform future trainings of MHF-EE for teachers across the state of Montana. Additional grants may be obtained to provide additional professional development opportunities for more teachers in the state.

Furthermore, after the data is collected, it will be shared with NBCC-I, the PJW College of Education and Human Services newsletter, submitted to relevant conferences (e.g., Montana School Counseling Association Annual Conference, MEA-MFT Educators’ Conference, American School Counseling Association Annual National Conference), and publication in academic journal(s). Finally, the knowledge and strategies that will be obtained through the trainings if the current project is funded may impact teachers’ staff relationships, identification of students in need of mental health supports, and general evidence-based practice competencies among educators.
Title II Improving Teacher’s Exposure and Knowledge of Mental Health in Schools

A) Costs for College of Education

<table>
<thead>
<tr>
<th>Personnel Services</th>
<th>Cost Basis (salary, wage, item cost)</th>
<th>Formula (x FTE or # of hours = amount)</th>
<th>Budgeted Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Salaries (Names: Lindsey Nichols)</td>
<td>Summer salary and Extra compensation</td>
<td>44 days at $314.43 per day 50 hours at $39.31 per hour</td>
<td>15,800</td>
</tr>
<tr>
<td>2 Hourly Wages</td>
<td>Graduate Student</td>
<td>257 hours at $15 per hour</td>
<td>3,855</td>
</tr>
<tr>
<td>3 Employee Benefits</td>
<td>25% and 20% - PI; 13% - Graduate Student</td>
<td>$13,885 * 25%, $1,965 * 20% &amp; $3,855 * 13%</td>
<td>4,353</td>
</tr>
<tr>
<td>4 Total Personnel Services</td>
<td></td>
<td></td>
<td>24,008</td>
</tr>
</tbody>
</table>

Operating Expenses

5 Contracted/Prof Services          
6 Stipends                           
7 Materials and Supplies             Software, course materials and copies 519
8 Communications                      
9 Employee Travel                     School Mental Health Conference, Graduate Student  
                                          Airfare, lodging, meal per diem 3,021
10 Other (Specify)                    
11 Total Operating Expenses          3,540
12 Total Direct Costs (Lines 4+11)    27,548
13 Indirect Costs (<8%)              $27,548 * 8% 2,204
14 Total for Education               29,752

B) Costs for College of Arts and Sciences

<table>
<thead>
<tr>
<th>Personnel Services</th>
<th>Cost Basis (salary, wage, item cost)</th>
<th>Formula (x FTE or # of hours = amount)</th>
<th>Budgeted Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Salaries (Names: Cameo Borntrager, Anisa Goforth)</td>
<td>Summer salary and Extra compensation</td>
<td>18 days at $493.34 per day 50 hours at $61.67 per hour 18 days at $460.79 per day 50 hours at $57.60 per hour</td>
<td>23,137</td>
</tr>
<tr>
<td>2 Hourly Wages</td>
<td>Graduate Student</td>
<td>160 hours at $15 per hour</td>
<td>2,400</td>
</tr>
<tr>
<td>3 Employee Benefits</td>
<td>25% and 20% - PI; 13% - Graduate Student</td>
<td>$17,174 * 25%, $5,963 * 20%, $2,400 * 13%</td>
<td>5,799</td>
</tr>
<tr>
<td>4 Total Personnel Services</td>
<td></td>
<td></td>
<td>31,336</td>
</tr>
</tbody>
</table>

Operating Expenses

5 Contracted/Prof Services          
6 Stipends                           
7 Materials and Supplies             Software, course materials and copies 519
8 Communications                      
9 Employee Travel                     Graduate Student Registration 200
10 Other (Specify)                    
11 Total Operating Expenses          719
12 Total Direct Costs (Lines 4+11)    32,055
13 Indirect Costs (<8%)              $32,055 * 8% 2,564
14 Total for Arts and Sciences       34,619
### C) Costs for Partner School District(s)

<table>
<thead>
<tr>
<th>Participant Costs</th>
<th>Cost Basis (salary, wage, item cost)</th>
<th>Formula</th>
<th>Budgeted Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contracts (Names:</td>
<td></td>
<td>(x FTE or # of hours = amount)</td>
<td></td>
</tr>
<tr>
<td>2 Stipends/Substitutes</td>
<td>5 participants, 5 participants, 20 participants, 20 participants, 30 participants</td>
<td>(5 * $10)+(5 * $10)+(20 * $10)+ (20 * $10)+(30 * $20)</td>
<td>1,100</td>
</tr>
<tr>
<td>3 Materials and Supplies</td>
<td>Course pack</td>
<td></td>
<td>540</td>
</tr>
<tr>
<td>4 Communications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Non Employee Travel</td>
<td>20 participants, 1 day each at $23 per day, 30 participants, 4 days each at $23 per day, 30 participants 200 miles each at $.60 per mile, 30 participants 3 nights lodging at $83 per night plus 7% tax</td>
<td>(20 * 23)+(30 * 4 * 23)+ (30 * 200 * .60)+(30 * 3 * .96)</td>
<td>15,220</td>
</tr>
<tr>
<td>6 College Credits/Tuition</td>
<td>30 participants</td>
<td>30 * $135</td>
<td>4,050</td>
</tr>
<tr>
<td>7 Other (Specify)</td>
<td>125 online accounts, base fee</td>
<td>30 * $25 + 400</td>
<td>1,150</td>
</tr>
<tr>
<td>8 Total Budget for Partner Schools</td>
<td></td>
<td></td>
<td>22,060</td>
</tr>
</tbody>
</table>

### D) Costs for Additional Partner(s)

<table>
<thead>
<tr>
<th>Participant Costs</th>
<th>Cost Basis (salary, wage, item cost)</th>
<th>Formula</th>
<th>Budgeted Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Contracts (Names:</td>
<td></td>
<td>(x FTE or # of hours = amount)</td>
<td></td>
</tr>
<tr>
<td>2 Stipends/Substitutes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Materials and Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Communications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Non Employee Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 College Credits/Tuition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other (Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Total Budget for Partner Schools</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Program Participant Support Costs

**Participant Remuneration.** There are two components to participant remuneration: remunerations for pre-service teachers and remuneration for in-service teachers. Pre-service teachers will be encouraged to participate in focus groups, seminar, and program evaluations. Participants in the focus group will receive $10 to support their participation. Pre-service teachers will also receive a stipend for completing the follow-up questionnaires. In-service
teachers will receive stipends to support their participation in the course. The total stipends for pre- and in-service teacher participation will be $1,100.

In-service teachers will also receive travel costs (mileage), per diem, and lodging will be provided for first day of training (one night). Then, travel costs, per diem and lodging will be provided after they return to campus (three nights). We have included in this estimate that teachers will travel 200 miles; however, we understand that some teachers will travel less while others travel more. Total costs will be $15,200.

**Control Group Research Participant Remuneration:** To determine whether this project is effective, it is important that we assess the participant’s knowledge and skill development compared to pre-service teachers who did not participate in the program to serve as a control group. As a result, the goal is to have an equal representation of pre-service teachers (i.e., 20) and in-service (i.e., 30) to serve as comparison groups. Each pre-service teacher will be provided a $10 stipend (20 x $10 = $200) and in-service teacher a $20 stipend (30 x $20 = $600) for their time plus they will all be provided with the information and resources from the pre-service training.

**Salaries and Wages**

**Principal Investigators**
The PI and Co-PIs will assist with the development of the pre-service teacher seminar training development. The PI and Co-PIs will organize the focus groups, administer the questionnaires, facilitate the pre-service seminar, and analyze the data to determine effectiveness. The PI and Co-PIs will also be responsible for recruiting participants from high-need areas in Montana. Finally, the PI Co-PIs will also be the primary researchers and will collect and analyze data to determine the effectiveness of the program.

The PI will receive 50 hours extra compensations during the Spring 2014 semester and two months summer salary, calculated at 44 days. The PI (Nichols) will be the primary instructor for the main helping skills course. She will develop the syllabi, course expectations, and requirements for all participants. The Co-PIs (Goforth & Borntrager) will receive 50 hours of extra compensations during the Spring 2014 semester and approximately one month summer salary, calculated at 18 days.

**Graduate Student Assistants**
Two graduate students from the Department of Psychology and the Department of Counselor Education will assist the PI’s in various duties. GAs will provide technical support, grade assignments, lead discussions and lectures as needed, as well as assist in evaluating the effectiveness of the program. Salary is calculated at 20 hours per week at $15 per hour for 21 weeks for Spring 2014 and Summer 2014.

**Fringe Benefits**

Fringe Benefits are calculated by the University of Montana. Full University benefits are charged on the PI’s academic salary and represent employer share of fringe benefits including, when
applicable: F.I.C.A. (Social Security), retirement, unemployment insurance, health insurance, workers' compensation insurance, and sick and annual leave costs. Statutory fringe benefits are charged on the PIs and graduate student assistants.

Travel

**Conference Travel.** An important component of this project is to share the knowledge and ideas with other professional educators and researchers. The PI will attend annual conferences to engage with other professionals and share the results of this project. It is hoped that by attending these conferences, the PI will share the results of the project as well as learn about other innovations in other states, which she can then implement here in Montana. The PI will attend the Annual Conference on Advancing School Mental Health in Pittsburgh, PA. Dates have yet to be confirmed for 2014. Furthermore, the PI (Nichols) will attend MEA in Belgrade, MT. Costs are based on the location of the conference, airfare, hotel/meals, and registration.

**Graduate Student Travel.** To assist in disseminating the program outcome data to local, state and national audience, the graduate assistants will travel to a professional conference (e.g., MEA-MFT). During the conference, the graduate assistants will assist the PIs in ensuring that information about the program will be shared with other educators and professionals based on their involvement in the planning, training, and data analysis. This dissemination will be important for sustainability of the program. Each graduate student will be awarded $200 to apply to the cost of registration and travel expenses.

Other Direct Costs

**Materials and Supplies:** Each participant will be provided with the course pack for the training at $540. Additionally, the PIs will purchase software to collect data from all participants. Photocopies and other materials will be $258. The software, called SurveyMonkey will allow the PIs to collect data easily online. The software costs $65 per month, or $780 billed annually.

Indirect Costs

Indirect Costs are calculated in accordance with OCHE rate of 8% of annual costs.

Signature of Institutional Grants Officer/Fiscal Department

<table>
<thead>
<tr>
<th>Name</th>
<th>title</th>
<th>date</th>
</tr>
</thead>
</table>

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