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Improving Educators’ Understanding of Rural Children’s Mental Health

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UGP Seed Grant Final Report

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Improving Educators’ Understanding of Rural Children’s Mental Health

Report Author: Lindsey Nichols

The purpose of this grant was to develop a new mental health literacy curriculum, “ENGAGE (Educators Navigating and Generating Approaches for Genuine Engagement): Understanding the Complexity of Mental Health in Schools,” that can be specifically tailored for rural school communities, including a sustainable train-the-trainers model. The interprofessional development group used their knowledge from implementing and researching a similar, yet lacking program on mental health facilitation for K-12 educators. With development rights to the training, the PI and a colleague (Goforth) are pursuing federal funding with submission in August 2017 to the Institute of Education Sciences: Social and Behavioral Context for Academic Learning, Goal 2: Development & Innovation grant, E-PROP [2018-085]. Further, the PI is pursuing entrepreneurial opportunities to continue research of the implications of the program’s integration into pre-service and in-service teachers continuing education.

Scope of Work Objectives

1. Develop a comprehensive, research based professional development curriculum for K-12 educators.
2. Explore the curriculum alignment with the needs of educators who work in high need, rural and/or frontier schools in regards to their awareness, knowledge and skills to assist their students’ cope with mental health difficulties and improve behavioral and academic outcomes.

Outcomes

The proposed project was conducted successfully, with some slight modifications. First, Dr. Cameo Stanick resigned from the university in May 2015. Second, as a result of the content analysis process implemented, the original participant numbers estimated were not necessary due to saturation ($n = 26$). As a result, we were able to shift funds to best support the process, and this efficiency allowed us to reduce the cost to the overall project.

Objective 1

After years of additional research and training exposure, this exploratory research was shown to be vital in creating a sustainable, accessible, and needs driven curriculum for rural educators, specifically focused on Montana. The primary research team (i.e., Drs. Nichols & Goforth; Doctoral Student, Kindle Lewis) identified a four-phase training based on participants’ feedback, which has the potential to increase awareness, knowledge and skills to cope with student’s mental health needs. As a result of this research, there should be specific attention to the core
criteria of social and emotional learning to develop educators’ mental health literacy skills, while simultaneously tailoring the content for the unique needs of rural schools and communities. See the Appendix for the brief training outline developed.

**Objective 2**
Phase I of the project was focused on participants’ first review of the curriculum outline based on initial research and training curricula. In other words, participants reviewed an online training draft through Qualtrics that prompted them with closed and open questions to complete as they viewed the information. We subsequently conducted brief content analyses of participant’s responses. The analyses were conducted by the primary research team as well as three additional reviewers (i.e., one doctoral, two masters level school psychology students – all added to IRB), with one taking the primary lead. Themes were derived from these content analyses and the research team adjusted the curriculum based on participant feedback.

As a result, Phase II additions and edits were made to the curriculum plan. The updated content was uploaded into Qualtrics again, with additional questions to evaluate the adjustments made based on the Phase I feedback. The same analysis process was used as Phase I, reinforcing organization and content areas of focus, allowing additional changes from the Phase II content (e.g., case study integration, balance of self-reflective with student-centered activities).

Finally, the Phase III included conducting a focus group which included in-service or current professionals. Specifically, three veteran teachers and two school counselors provided extended narratives about the needs in rural schools. They highlighted challenges about the potential professional development, which they contextualized was a more general, but overall supporting its organization, content, flexibility, and overall alignment with the needs of Montana educators. Therefore, this participatory action research project was successfully implemented through the constant collaboration with these stakeholders through this project, and with some, through other past experiences with members of the research team during additional trainings, presentations or activities regarding mental health literacy in the schools. Particularly, the saturation of information that was confirmed in this iterative process provides trustworthiness that the content is responsive to the needs of these current rural educators, and the hope is to learn if that can be generalizable. Certainly, this work is never done and the school environment and needs of students and educators is constantly shifting, and our ongoing work will reflect this.

On behalf of Dr. Goforth, doctoral research assistant Kindle Lewis, and the research team, we appreciate the support of the University of Montana’s University Grant Program and plan to see this project continue to move forward in research and service opportunities in our local, state, and national forums.

Sincerely,

Lindsey M. Nichols, Ph.D., LCPC, NCC
Associate Professor, Counselor Education
Appendix

ENGAGE (Educators Navigating and Generating Approaches for Genuine Engagement):
Understanding the Complexity of Mental Health in Schools

ENGAGE Table of Contents

- Phase 1: Introduction (1 CEU/Renewal unit)
  - Online information about the training process
  - Brief survey about issues experiencing, knowledge base around mental health and related topics. Intended to inform training focus.
  - Information reviewed by trainers.
- Phase 2: Getting ENGAGED (6 CEUs/Renewal units)
  - Full-day training, face-to-face (f2f).
- Phase 3: Community ENGAGEMENT (6 CEUs/Renewal units)
  - Select from choices related book, identify main learning points or take-aways from information.
  - Follow-up meeting(s) – either whole group or smaller processing groups; skill and goal progress.
- Phase 4: Staying ENGAGED (2 CEU/Renewal units)
  - Check-in online (or f2f) regarding goal progress and plans to continue to ENGAGE with students etc.

Training Content

Opportunity to apply Social and Emotional Learning concepts to ourselves to support ourselves, our students and colleagues.

- Increasing awareness and understanding of ourselves and the individuals we interact with in our work.
- Information about mental/brain health – what affects our behavioral and emotional responses.
- Skills and tools we have to address social and emotional needs – rethinking and practicing what we know.
- Resources to empower ourselves and others.
Training Model

- Train the trainer model – co-trainer model.

- One of training team based at school has been through training or training prep before: One school mental health professional & One classroom teacher (ideally) or outside facilitator.
  - School Counselor, School Psychologist, etc.
  - Classroom Teacher

- Co-trainers lead each part of training process (4 phases) and share in data collection and review.

- Earn professional development (PD) credits or Renewal Units with each phase coordinated with UM; other support from UM as needed by the trainers.

Training Plan Timeline

- Phase 1: Pre-Training consultation with school/community. Likely an online Google survey, maybe face2face. *(at least 1 month before Phase 2 for planning)*

- Phase 2: 6 hours of content in a 8:30am-4:00pm professional development (PD or PIR) day

- **Follow-up consultation**
  - Phase 3: 2 hours, check-in #1 - Whole group face2face meeting: reinforcement of skills, goal progress, and debrief *(approximately 2 months after original PD)*
  - Phase 4: 1 hour; Small meeting and/or individual remote or face2face check-in: debrief, goal progress and future planning *(1-2 months post check-in #1)*

*Note.* Detailed curriculum content slides of each phase are available upon request but not included due to length.