AN ABSTRACT OF THE DISSERTATION OF

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Title: General and Special Education Teachers Perceptions of Perceived Knowledge, Preferred Roles, and Training Needs Regarding Students with Internalizing Disorders: A Replication Study

Abstract Approved:

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The purpose of this study was to explore the perceptions of General and Special Educators with regards to the perceived knowledge, roles, and training needs when working with students who have an internalizing mental health disorder. This replication study was based on the 2010 study by Miller & Jome who examined the perceptions of school psychologists on perceived knowledge, roles, and training needs when working with students who had internalizing disorders (Miller & Jome, 2010). For this quantitative study, General and Special Education teachers in Missouri were recruited to participate in order to compare not only their perceptions as they related to each individual sub-group (General Education teachers and Special Education teachers), but also to the results of the Miller & Jome (2010) study. Responses

indicated that General and Special Education teachers perceive that the responsibility for school-based interventions for certain internalizing disorders, such as generalized anxiety disorder, as the appropriate role for the General and/or Special Education teacher. Limitations for the study are discussed along with further research needs in this area.

Keywords: Internalizing Disorder, Externalizing Disorder, Mental Health Disorder, Teacher Perceptions

General and Special Education Teachers Perceptions of Perceived Knowledge, Preferred Roles, and Trainings Needs Regarding Students with Internalizing Disorders: A Replication Study

By

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I understand that my dissertation will become part of the permanent collection of Plymouth State University, Lamson Learning Commons. My signature below authorizes release of my dissertation to any reader upon request.

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CHAPTER 1

INTRODUCTION

"Children who suffer from mental or emotional conflicts may appear to be quiet and compliant in the classroom and, therefore, less likely to stand out to adults as needing supportive services" (Sutton, 2013, p. 30).

Increased mental health concerns among adolescents is not only a nationwide concern, but also a burgeoning issue for public schools as they try to focus on discovering ways to address the needs of students with mental health disorders. According to a 2012 study by Salzer, estimates indicate that 26% of American adults, who are 18 years old or older, may show signs related to a mental health disorder. The Centers for Disease Control (CDC) and Prevention report that between 13– 20% of youth experience serious mental health concerns (U.S. Department of Health and Human Services, 2014) and Salzer (2012) found that "serious mental illness (i.e., schizophrenia spectrum disorder, bipolar disorder, and major depression) affects approximately 15 to 21 million Americans" (p. 1).

The lasting impact of mental health disorders during adolescence have been examined (Kessler, Aguilar-Gaxiola, Alonso, Lee, & Stan, 2007), revealing that in the adolescent population, Merikangas et al. (2010) approximately 50% of anxiety disorders had their onset by age six. The age of onset is variable by condition. For example, for behavior disorders the age of onset occurred by age eleven, followed by

mood disorders at thirteen years old and substance use disorders by the age of fifteen (Merikangas et al, 2010). These discoveries echo other studies relating to the frequency and development of childhood mental health disorders. According to Kieling et al. (2011), mental health needs of children and adolescents continue to be an area of neglect in spite of being identified as a leading cause of health related disability, impacting approximately 10-20% of children and adolescents worldwide. Additionally, Keiling et al. (2011) noted that this inattention to providing mental health interventions, was concerning due to the lifetime impacts caused by mental health issues.

The number of students who come to school each year and struggle academically and socially due to an internalizing disorder is increasing (Ballard, Sander, & Klimes-Dougan, 2014). Students are attending schools with diagnoses of anxiety, mood disorder, major depressive disorder, post-traumatic stress disorder, and other serious concerns like bipolar and schizophrenia disorder (Murthy et al., 2002). While these concerns do fit the special education standards and indicators for the area of emotional disturbance (Strange, 2014), how teachers work with these students in the classroom, and write plans to assist these students, has been an ongoing discussion (Blanton, Pugach, & Florian, 2011).

Furthermore, several studies found that teachers were more willing to include students with physical disabilities compared to those with moderate to severe emotional and behavior disorders (Cook & Cameron, 2010; Montgomery, 2013). One

of the reasons for this is that teachers may view students with more obvious signs of disability (e.g., the need for a wheelchair) as having a reason or "excuse" for disruptive behavior, if it occurs (Cook, Tankersley, Cook, & Landrum, 2000; Cook & Cameron, 2010; Montgomery, 2013).

Additionally, research has shown that mental health problems begin in adolescence and early adulthood and continue to impact individuals throughout their lifetime (McGorry, Purcell, Goldstone, & Amminger, 2011; Merikangas et al., 2010). Doll and Lyon (1998) found that students who struggle with mental health factors may have difficulty forming connections with others, thereby impacting their ability find and maintain employment, participate in healthy family activities, and/or actively participate in community events and organizations. According to research from the World Health Organization in 2002, mental illness and the stigma surrounding mental illness has far reaching impacts to a person's ability to function in all areas later on in life (Murthy et al., 2002). In a study by Merikangas et al. (2010) results indicated "about one in every three to four children experiences a mental disorder and that about one in 10 children has a serious emotional disturbance, with few affected youths receiving adequate mental health care" (p. 980).

In a meta-analysis conducted in 2006 by Angermeyer & Dietrich, through which community judgments about people with mental illness were evaluated, examiners discovered that having a mental illness can cause an individual to be discriminated against, impacting his or her ability to get and sustain employment.

Furthermore, researchers detected an inclination in opinions where some mental illnesses were considered to be fixable, while others were determined to be unsalvageable. For example, people with depression or anxiety may be seen as having a fixable mental health disorder as these disorders are more commonly recognized, and therefore considered more predictable mental health disorders (Angermeyer & Dietrich, 2006). However, a mental health disorder such as schizophrenia, may be considered unsalvageable due to the lack of recognition of the disorder but also due to the unpredictable behaviors associated with this mental health disorder (Angermeyer & Dietrich, 2006).

Regrettably, for students with disabilities in general, including mental health disorders, academic performance is impacted (Conley, Marchant, & Caldarella, 2014). While some of these mental health concerns are addressed through special education programs, not all students with mental health concerns meet the requirements to be placed on an Individualized Education Program (IEP) (Yell, Smith, Katsiyannis, & Losinski, 2018). The American Association of Colleges for Teacher Education (AACTE) found in their 2011 study that academic performance for students with eligible disabilities under the Individuals with Disabilities Education Act (IDEA) is significantly below their peers, regardless of the eligibility area (Blanton et al., 2011). This was true for students whose disability area "should not prevent them from learning alongside their peers and achieving similar academic outcomes" (Blanton et al., 2011, p.7).

For example, students with externalizing disorders, particularly disorders which are seen as destructive or aggressive, are often difficult for educators to work with in the general education setting (Lohrmann & Bambara, 2006; Montgomery, 2013). This may impact the general and/or special education teacher's ability to connect with the student. Additionally, challenging behaviors such as refusal to complete homework, using language that is considered inappropriate, or demonstrating behaviors which cause the classroom learning environment to become interrupted or disrupted may make it challenging for General Education teachers to work with students in the classroom environment (Lohrmann & Bambara, 2006).

Internalizing disorders, conditions whose central feature is disordered mood or emotion, in students are not a new problem. The prospect of discovering instructional implications and practical applications for educators is still emerging (Blanton et al., 2011). Educators continue to be challenged to address the needs of students with emotional and behavioral concerns even though improvements in instructional design and effective teaching methodology have been developed (Killu & Crundwell, 2008). Knowledge of the prevalence of mental health problems is often a first step to determine the magnitude of the problem, but the identification of positive and negative factors affecting mental health can also inform early interventions that can reduce the burden of these disorders (Kieling et al., 2011). "Left untreated, internalizing problems, such as a depressive or anxious mood, negative self-perceptions, and emotional distress, can undermine one's ability to succeed in school, live a healthy

lifestyle, form and maintain close relationships with others, and, in general, accomplish life goals" (Terzian, Hamilton, & Ericson, 2011, p. 1).

The purpose of the present study was to discover the perceptions of General and Special Educators with regards to the perceived knowledge, roles, and training needs when working with students who had an internalizing disorder. To accomplish this research, a replication of the 2010 study by Miller & Jome was conducted. According to Miller & Jome (2010), adolescent internalizing disorders are frequently under-reported in school settings because they are difficult to observe. Miller & Jome (2010) had three areas of focus in the study, which was conducted with school psychologists, including: (a) perceived training needs for a variety of child and adolescent internalizing disorders; (b) perceived knowledge for a variety of child and adolescent internalizing disorders; and (c) preferred role in working with students with a variety of child and adolescent internalizing disorders. The initial validation study had a sample size of 252 school psychologists who were recruited from across the United States from a random sample of 500 members of the National Association for School Psychologists (Miller & Jome, 2010).

The present investigation had four total research questions specifically designed to assess perceptions of general and special educators with regards to the perceived knowledge, roles, and training needs when working with students who had an internalizing disorder.

1. Do the findings of this research study, looking at the perceptions of General and Special Education teachers, show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2008) study?

2. Are there significant differences in the perceptions of general versus special educators regarding their perceived knowledge for some of the most common internalizing disorders experienced by children and youth?

3. Are there significant differences in the perceptions of general versus special educators regarding their preferred roles for some of the most common internalizing disorders experienced by children and youth?

4. Are there significant differences in the perceptions of general versus special educators regarding their training needs for some of the most common internalizing disorders experienced by children and youth?

To answer these questions, a quantitative study of General and Special Education teachers was conducted using the Missouri Council for Special Education Administrators (MO-CASE) email list. A twenty-one-question survey was developed based on the initial study from Miller & Jome (2010). The survey collected data on demographics (ten questions) and on teacher perceptions of knowledge, training, and roles on some of the most common internalizing disorders experienced by children and youth. For the present study, the population focus changed to General and Special Education teachers so the perceptions of each group, relating to the training,

knowledge could be studied separately. The results could also be compared to the results to the school psychologist population from the Miller & Jome (2010) study.

Operational Definitions

Internalizing Disorders – Disorders that are largely exhibited and experienced within an individual and refer to conditions whose central feature is disordered mood or emotion, a general pervasive mood of unhappiness or depression, or the development of physical symptoms or fears associated with personal problems (Conley et al., 2014; Kovacs & Devlin 1998; Reynolds, 1990).

Externalizing Disorders – Disorders that are focused outward and can cause disruption or can easily be seen as an obvious problem (Reynolds, 1990; Miller & Jome, 2008).

Individualized education program (IEP) – As found in the Individuals with Disabilities Education Act (IDEA) means a written statement for each child with a disability that is developed, reviewed, and revised in accordance with state and federal law (Individuals with Disabilities Education Act, n.d.).

Mental Health Disorder – Health conditions involving changes in thinking, feelings, or behaviors, which cannot be explained by other factors (American Psychiatric Association, 2018).

Generalized Anxiety Disorder – Involves excessive fear or apprehension (American Psychiatric Association, 2018).

Major Depressive Disorder – Disorder that negatively affects the way you think, feel, and act (American Psychiatric Association, 2018).

Bipolar Disorder – Disorder of the brain that changes a person's mood, energy levels, and ability to function (American Psychiatric Association, 2018).

Schizophrenia – Disorder of the brain that may include hallucinations, delusions, lack of motivation, and trouble thinking (American Psychiatric Association, 2018).

School/Social Phobia – Disorder that may cause persistent and excessive fear of an object or situation, in this case school or social situations (American Psychiatric Association, 2018).

Suicidal Ideations – Thinking about or having an unusual preoccupation with suicide (American Psychiatric Association, 2018).

General Education Teacher – The teacher responsible for content knowledge and information for all students, including planning, coordinating, scheduling, and evaluating curriculum and instructional outcomes for all students, including those with disabilities (ProjectIDEAL, 2013).

Special Education Teacher – The teacher responsible for designing, implementing, and modifying the IEP for students who have a wide range of learning, mental, emotional, and physical disabilities (Bureau of Labor Statistics, 2018).

Trainings - For the purposes of this study training may consist of workshops, conferences, in-service, and district driven initiatives, but do not include formal education (researcher created definition).

Interventions –Interfering with the outcome as to avert harm or improve functioning (Merriam-Webster, 2018). For example, reminding a student to use strategies taught to them from a qualified mental health professional. An example of such strategy may be counting backwards from ten.

Educational Supports – "May refer to a wide variety of instructional methods, educational services, or school resources provided to students in the effort to help them accelerate their learning progress, catch up with their peers, meet learning standards, or generally succeed in school (Education Reform, 2014, para 1).

CHAPTER 2

REVIEW OF LITERATURE

Introduction

The purpose of this literature review was to identify previous research conducted on internalizing disorders in the school setting and to find themes that emerged from this research. In order to do this, an electronic search of Academic Search Premier, Google Scholar, and ProQuest was conducted for studies from 2000 to 2018. A list of key terms was generated including the following: internalizing disorders, externalizing disorders, mental illness, mental health, and teacher perceptions. Then the search was conducted. Following the initial electronic search, a review of the research abstracts was conducted to further narrow the studies to those pertinent to my research focus. The identified research focused on educator involvement with students who had a mental health, internalizing, or externalizing disorder.

From this review, nineteen articles were identified as meeting the criteria for inclusion in the review and were then evaluated to determine common themes. Based on the research conducted in the nineteen articles the following themes emerged in the literature: Knowledge of Mental Health Disorders, School-Based Supports, Teacher Role, Educational Responsibility and Teacher Training, and Long-Term Implications. These themes were further developed and are discussed in the remainder of this chapter.

Research Themes

Knowledge of Mental Health Disorders. In the research conducted by Angermeyer & Dietrich (2006), it became clear that identification of specific mental health disorders was not easily recognized. This was found to be true partially because classroom teachers are not specialists who are required to have training in mental health disorders (Koller & Bertel, 2006; Loades & Mastroyannopoulou, 2010). Since required training in mental health disorders is not expected of General and Special Education teachers, the lines of which disorder is causing what behavior is blurred due to comorbidity of internalizing and externalizing behaviors that are known to occur (Conley et al., 2014).

Additionally, studies found that internalizing disorders were even more difficult to identify than externalizing disorders, even though both are a part of the special education category of emotional disturbance, because internalizing disorders are often overlooked (Conley et al., 2014; Reynolds, 1990). Studies found that attention-seeking behaviors, and behavioral disorders were more likely to be recognized and addressed by teachers than internalizing disorders such as anxiety and depression (Bentz, Edgerton, & Miller, 1969; Killu & Crundwell, 2008; Loades & Mastroyannopoulou, 2010; Miller & Jome, 2010; Reinke, Stormont, Herman, Puri, & Goal, 2011). Since internalizing disorders, including "Generalized Anxiety Disorder, Major Depressive Disorder, Obsessive – Compulsive Disorder, Post-traumatic Stress Disorder, Reactive Attachment Disorder, school phobia/refusal, and suicidal threats or

acts" (Miller & Jome, 2008, p. 502), are not always discernible to the naked eye (Miller & Jome, 2010), the challenge becomes not only the identification of the students but instructional implications for educating these students. Furthermore, research supports the idea that students with internalizing disorders are not identified as frequently as those with externalizing disorders (Koller & Bertel, 2006). Classroom teachers reported that they did not have the knowledge to support mental health issues such as student anxiety, signs of depression, school phobias, and social isolation (Koller & Bertel, 2006).

School-Based Supports. Research suggests that early supports and school-based interventions (ie. interfering with the outcome as to avert harm or improve functioning), are to essential academic and behavioral growth later on in a child's education (Conley et al., 2014; Merriam-Webster, 2018). Ballard, Sander, & Klimes-Dougan (2012) discovered that while many initiatives for school-based efforts have been the topic of conversation in recent years, those school-based efforts are not adequately addressed in practice and policy (Williams, Horvath, Hsi-Sheng, Van Dorn, & Jonson-Reid, 2007). For example, the research recognizes school-based mental health interventions, such as a token system, or structured breaks, for behavioral disorders can be reduced through educational supports (Ballard, Sander, & Klimes-Dougan, 2014; Lindo et al., 2014; Mazzer & Rickwood, 2015; Sternlof, Pace, & Beesley, 2005). It also recognizes that school-based intervention and prevention

methods are important to reduce the impact of mental health problems interfering with academic achievement and social interactions (Reinke et al., 2011).

Teacher Role. Another main theme that emerged from the research was the idea of the role of the teacher in providing an appropriate education to students with mental health disorders. There is a perceived lack of self-efficacy from both General and Special educators when it comes to teaching children with internalizing disorders (Blanton et al., 2011). Research suggests that school personnel do not have a clearly defined role when it comes to students with internalizing disorders (Blanton et. al, 2011). Some believe that internalizing disorders are better handled outside of the school setting (Miller & Jome 2008). Brownell, Adams, Sindelar, Waldron, & Vancouver, (2006) determined that while General Education teachers have the primary responsibility of providing content instruction to all students, including students with eligible disabilities, they also determined that General Education teachers reported a lack of self-efficacy in taking on this role, specifically when working with the students who were eligible in an a disability area. In fact, Bentz et al., (1969) found that an individual teacher's behaviors, attitudes, and understandings of mental illness or behavior problems could sway a student's observations, opinions, and outlooks not only of him or herself, but of the "world around them" (p. 400).

This is problematic because students with internalizing disorders, a subset of mental health disorders and a term indicating problems that are largely exhibited and experienced within in individual and refer to conditions whose central feature is

disordered mood or emotion (Kovacs & Devlin, 1998; Reynolds, 1990), are frequently unrecognized and unnoticed by educators and other school employees (Miller & Jome, 2010). Classroom teachers do not fully understand the impacts of mental illness, because they are not qualified mental health professionals, on students and have difficulties making the necessary adaptations, accommodations, and modification for these students (Killu & Crundwell, 2008). Internalizing disorders are often not seen (Dikel, 2014), thus leading to challenges to get buy-in from classroom teachers to make the essential classroom adaptations since there does not appear to be any noticeable distress or problem, in contrast to the other main subset of mental health disorders, externalizing disorders (e.g. conduct disorder; attention-deficit hyperactivity disorder), which are overt, under controlled behaviors that are disruptive to others (Miller & Jome, 2008; Reynolds, 1990). Because internalizing disorders are frequently difficult to observe, internalizing disorders are often under-reported in schools, and as a result they have been described by Reynolds (1990) as a secret illness. Although they frequently do not receive the level of attention given to students with externalizing behavior problems, the number of children and adolescents exhibiting internalizing disorders is considerable (Miller & Jome, 2010).

In a study conducted by Schilling (2009), teachers were asked to indicate which external or internal behaviors were future predictors of being labeled as having an emotional/behavioral disorder. Not surprisingly a majority of respondents only discussed the externalizing behaviors as concerns (Schilling, 2009). While many

educators, including Special Education teachers, have received training on ways to manage students with behaviors in the classroom, since the students with a serious mental illness are grouped under the same identification area as the students with behavioral concerns, they are often given accommodations and modifications that are more reflective of a child with behavioral concerns (Koller & Bertel, 2006). In other words, the emotional interventions that may be most beneficial for students with internalizing disorders may not be included in the IEP. During her research on childhood bipolar disorders Sutton (2013) stated:

> Identifying children with emotional and behavioral disorders has long been problematic. In a general sense, those children who are most likely to be noticed by teachers and, therefore, referred for possible special education placement are those who exhibit externalizing behaviors, including physical aggression, noncompliance, and rule-breaking (p. 30).

Often, the teacher is the first contact point for students, and therefore becomes a prominent person in the growth of the child, not only in academic areas but also in personal, social, and emotional development (Koller & Bertel, 2006,) General and Special Education teachers educate students with various emotional and behavioral needs, such as challenging behaviors including aggression, defiance, and truancy (Conley et al., 2014). The research suggests that since educators spend the most contact time with students, they are in the prime position/role to identify student who

are at risk for mental health concerns (Conley et al., 2014; Mazzer & Rickwood, 2015).

Additionally, teachers feel they should be involved in the addressing mental health needs of students, but the degree of that involvements is varied based on perceived knowledge of the disorders, and lack of training teachers feel they have to serve students with mental health disorders (Miller & Jome, 2010; Reinke et al., 2011). Since teachers are often alerted to behavioral and emotional concerns by parents, they are typically the communication point between home and school, which indicates an additional layer of expectation on the teacher to recognize a mental health concern (Loades & Mastroyannopoulou, 2010). But one study found that when the teachers became concerned about the mental health of the students and followed up with a referral for mental health supports, that parents did not support the interventions of the school (Williams et al., 2007). Parents are not required to support the interventions proposed by the school. This may cause concern since regardless of whether or not mental health interventions are occurring outside of the school setting, schools are still obligated to educate the student (Conley et al., 2014; Koller & Bertel, 2006).

Koller & Bertel (2006) found that there was a strong interest on the part of teachers to receive more information about basic mental health issues that could be found in the students they teach. They also discovered that "many learners, regardless of their educational placement in the school setting, will likely exhibit mental health

concerns" (Koller & Bertel, 2006, p. 203), meaning that General and Special Education teachers are needed and expected to aide in the identification of and interventions necessary to support students in the classroom (Koller & Bertel, 2006). Finally, the research points out that teachers who are better trained and prepared for their roles as the first point of contact for students, and thus the first point of reference for identification of mental heal concerns, "should be in a better position to assist students in meeting the multiple demands of school and developing them into emotionally healthy learners" (Koller & Bertel, 2006, p. 208).

Educational Responsibility. One barrier found in the research was the conflicting report on who in the school was responsible for the mental health care of student once identification had occurred. In many cases, research found that while educators felt a responsibility to help in the identification of student with mental health concerns (Bentz et al., 1969; Conley et al., 2014; Killu & Crundwell, 2008; Koller & Bertel, 2006; Loades & Mastroyannopoulou, 2010; Miller & Jome, 2010), educators did not feel they were the correct person to provide continued educational supports once the identification was made (Bentz et al., 1969). Instead, research found that the responsibility was assigned to Special Education teachers (Blanton et al., 2011; Reinke et al., 2011), school psychologists (Miller & Jome, 2010; Reinke et al., 2011) or professionals outside of the school setting such as a medical provider or psychologist (Bentz et al., 1969; Miller & Jome, 2010).

Research has long supported the idea that the regular education classroom is the most appropriate placement for students because it provides the greatest opportunity for learning due to the exposure to academic instruction (Blanton et al., 2011). However, one of the barriers to appropriate placement in the general education classroom, as indicated by the research, is the perceived lack of training on the part of the educators themselves (Blanton et al., 2011). Students, including those with disabilities and mental health disorders, need highly trained General Educators who "view them as capable learners" (Blanton et al., 2011, p. 13) instead of placing the expectation for instruction on Special Education teachers.

Research suggests that academic performance for students with disabilities is significantly below that of other students (Blanton et al., 2011). It raises questions about the type and amount of ongoing in-service trainings received by General and Special Education teachers. Many teachers reported that they do not feel they have been prepared for the task of teaching students with mental health concerns (Blanton et al., 2011). Blanton et al. (2011) discovered that in most cases, only one class or course of study was required for pre-service teachers in the area of special education. While the Higher Education Act of 2008 did address this issue, requiring states to report on current General Education teachers' abilities to teach students with disabilities, and to insure that pre-service teacher were receiving training on items such as IEP's, it did not alleviate the teacher concerns about lack of preparation and training (Blanton et al., 2011). In one study "only 34% of teachers reported that they

felt they had the skills necessary to support the mental health needs in children" (Reinke et al., 2011, p. 9).

Ultimately, it is important for teachers to not only develop a strong knowledge base of mental health disorders, but also to receive training on prevention efforts which promote mental health awareness (Koller & Bertel, 2006). Koller & Bertel (2006) further explain the knowledge that pre-service teachers should have upon completion of their pre-service requirements includes: understanding of the specific roles of teachers in the prevention of mental health problems; ability to identify students who currently or may have a mental health concern; and knowledge of how to develop a learning environment where not only academic skills are the focus but also the development of positive social interactions and supports.

While educators attempt to work with students to provide an adequate education, General or Special Education Teacher struggle to identify school-based interventions, that would serve to increase engagement and collaborations in the classroom (Blanton et al., 2011; Killu & Crundwell, 2008). In his book, *The Teacher's Guide to Student Mental Health*, Dikel discusses the assumption held about students with internalizing disorders vs those with other medical diagnoses (Dikel, 2014). In referring to a student with diabetes, Dr. Dikel states,

> No one would conclude that the function of the student's irritability was to seek attention from others, to avoid schoolwork, or to gain some reward. Yet these functions are routinely assigned to behaviors that stem from students' mental

health disorders (2014, p. 11).

Educators continue to be asked to provide more interventions and provisions for students without being provided the resources necessary to meet the challenges faced by students. AACTE reported in 2011 that this was a challenge for general and special educators alike and impacted all learners. The pressures placed on educators to meet students' needs and to be accountable for all parts of the students' well-being, not just the academic training, are also factors, which impact achievement (Blanton et al., 2011). Teachers are the key players in any educational system; not only do they work most closely with individual students, but they are also responsible for providing inclusive environments at the classroom level. Vaughn, Bos, & Schumm (2007) explain that simply being part of the general education classroom is often not enough to help support student with internalizing disorders.

Vaughn, et al. (2007), further state that resource settings or self-contained classrooms often do not provide the necessary accommodation either. According to Vaughn et al. (2007), this is primarily due to two primary reasons: the lack of teacher knowledge in the area of internalizing disorders, and in making the necessary adaptations for students to achieve academic success. In a previous study (Jordan et al., 2009), it was indicated that teacher perceptions, regarding the role of the teacher in the education of the student with special needs, has an overall impact in the effectiveness of instruction to the special needs student. Other research indicated that

the wide range of beliefs on the part of the teacher about whose responsibility it was to provide effective instruction hindered instruction.

Long-Term Implications. Research suggests that students, up to an estimated 20% in the school environment, experience internalizing disorders which impact their social, emotional, behavioral, and academic functioning and growth (Dart et al., 2015; Lindo et al., 2014). Current studies indicate that "rates for major depressive disorders in children are higher than previously recognized" (Sternlof, Pace, & Beesley, 2005, p. 5). In the study by Reinke et al., "75% of all the participating teachers reported either working with or referring students with mental health issues over the past year" (p. 8). Research suggests that "2%-5% of children in the general population meet the DSM-IV criteria for depressive disorder" (Sternlof et al., 2005, p. 5). Due to these numbers, the need for mental health supports for students becomes clear (Koller & Bertel, 2006; Miller & Jome, 2010; Reinke et al., 2011). Without supports in place, the mental health of students has the potential to impact the general public (Millet, 2016). Millet (2016) found that students with mental health disorders had the potential to place a huge cost on society through the need for initial or continued mental health care, potential social disturbances, and under performance as adults which results in the lack of ability to become "self-sustaining and contributing members of society" (p. 2). Adolescence and early adulthood are viewed as critical times to promote mental health initiatives so supports for those who struggle with a mental health disorder should be put into place during those times (Mazzer & Rickwood, 2015).

Since adolescents and those in early adulthood may be looking forward to becoming career and college ready, the challenge then becomes the preparation of all students in spite of their mental health needs (Blanton et al., 2011). Blanton et al. (2011) discovered that students who are not included in the general education classroom setting are not only disadvantaged in their present learning opportunities, but also lack necessary skills in their adult life.

Conclusion

The themes elaborated on in this literature review highlight the importance of examining perceptions of General Education and Special Education teachers. Having knowledge of mental health disorders, identifying school-based supports, clarifying teacher role, promoting educational responsibility, and understanding long-term implications for students is an important part of educating students with mental health needs.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

The purpose of the present study was to determine the perceptions of general and special educators with regards to the perceived knowledge, roles, and training needs when working with students who have an internalizing disorder. The secondary goal was to compare the results of this replication study to the results of the original study by Miller & Jome (2010) who focused on school psychologists as the participant group. Replication of previous research is important as it may provide validity to previous findings, and may assist in generalizing the results to a larger population than in the original research (Mackey, 2012).

This research replicated the initial study by tailoring the survey tool to General and Special Education teachers of public school students instead of school psychologists. For this study, the population focus changed so the perceptions of each group relating to the training, knowledge, and perceived roles could be studied separately, but also as a way to compare the results to the original school psychologist population. Specifically, this study sought to answer the following research question: Do the findings of this research study, looking at the perceptions of General and Special Education teachers, show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2010) study?

The Miller & Jome (2010) study was chosen due to its specific focus on internalizing disorders. Furthermore, since the original research was conducted with

school psychologists, replicating this study for use with General and Special Education teachers allowed the researcher the opportunity to compare the results of three professions involved in working with student who have internalizing disorders.

Participants. For the purpose of this study, General and Special Education public K-12 school teachers in Missouri were sampled. As the principle aim was to establish educator perceptions about their roles, perceived knowledge, and training needs with regards to students with internalizing disorders it was imperative to purposively sample General and Special Education teachers as they provide instruction to the students who might have an internalizing disorder.

For the study sample, both General Education and Special Education teachers were recruited to complete the survey. Due to the need to sample a specific population, a convenience sample was necessary since completion of the survey was based on the respondents' willingness to complete the survey. Additionally, the participant selection was purposeful in nature. School administrators and non-certified school staff (e.g. administrative assistants, paraprofessional, school counselors, custodians, etc.) were excluded from this study as the focus was specifically on the perceptions of General and Special Education teachers. This intentionally limited the research participants to two groups responsible for the instruction of students to allow for comparison of the similarities and differences between the two group's responses.

This research was intended to focus on General and Special Education teachers employed during the Spring of 2018. Participants were selected based on teaching

assignments in the state of Missouri. Participants also needed to meet the following additional requirements: Over age 18, certified educators in the state of Missouri, and employed as a General or Special Education teacher at the time of the study.

Participant Recruitment. Participants were members of the Missouri Council of Administrators of Special Education (MO-CASE) email distribution list. Initially, the researcher contacted MO-CASE about the proposed research and sought permission to use the email distribution list managed by MO-CASE to distribute the research survey. Upon receiving permission from MO-CASE, each member of the email distribution list was sent, via email, a description explaining the study, participation involvement, timeframe for the survey, and contact information for the researcher. All participants were informed that participation was voluntary, and participants had the right to withdraw from the study at any point. Participants were informed that consent was necessary to continue participating in the research survey and that informed consent would be indicated by selecting the "I consent to participate in the study" response. Furthermore, information was included about the data collection process and storage of the data in a secure location once the study was completed.

Survey Delivery. The email to the MO-CASE distribution list included a link to the anonymous research survey, created using the web-based Qualtrics program, which is the preferred survey program used by Plymouth State University for the purpose of research (Appendix A). This survey was adapted from the 2010 research of

Miller & Jome (2010). Miller & Jome (2010) created and administered the original study with school psychologists being the focus of the research. The original survey consisted of eleven main questions and school psychologists were asked to rate each question based on different types of internalizing disorder (Miller & Jome, 2010). The present study replicated the initial study, tailoring the survey to General and Special Education teachers of public school students instead of school psychologists. The hope was that there would be concurrent validity (Creswell, 2014) based on the correlation of the initial findings of Miller & Jome (2010) and add a level of content validity to their data based on the survey questions measuring what they intended to measure (Creswell, 2014).

Instrumentation. The development of the survey instrument used in the present study was based on the survey developed by Miller & Jome in 2010. The original survey consisted of items to obtain demographic information followed by eleven questions "created to assess school psychologists' perceived knowledge, preferred roles and training needs for working with students with internalizing disorders in schools" (Miller & Jome, 2008, p. 502). The survey created for the present study (Appendix A) contained nine demographic questions followed by twelve questions to assess the perceptions of general and special educators perceived knowledge, preferred roles, and training needs for working with students who have internalizing disorders in schools.

Survey questions were pulled directly from the published research articles (Miller & Jome, 2010). The resulting survey consisted of twenty-two questions. The first ten questions addressed demographic information and the remaining questions were specific to the perception of knowledge (two questions), training (six questions), and roles (four questions) of General and Special Education teachers. Participants were also asked to identify as either a general or special education teacher. This allowed for further analysis of the two groups. Appendix A contains the entire survey utilized in this study.

Research Questions. The primary goal was to answer the following research question: Do the findings of the current research study, looking at the perceptions of General and Special Educations teachers, show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2010) study?

In addition, the following three questions were adapted from the original Miller & Jome (2010) study:

A. Are there significant differences in the perceptions of general versus special educators regarding their perceived knowledge for some of the most common internalizing disorders experienced by children and youth?
B. Are there significant differences in the perceptions of general versus special educators regarding their preferred roles for some of the most common internalizing disorders experienced by children and youth?

C. Are there significant differences in the perceptions of general versus special educators regarding their training needs for some of the most common internalizing disorders experienced by children and youth?

These were adapted from the following questions which were used in the Miller & Jome (2010) study.

A. What is the perception of the perceived knowledge of school psychologist regarding some of the most common internalizing disorders experienced by children and youth?
B. What is the perception of the preferred role of school psychologist regarding some of the most common internalizing disorders experienced by children and youth?
C. What is the perception of the training needs of school psychologist regarding some of the most common internalizing disorders experienced by children and youth?

Data Analysis. Quantitative data was analyzed using frequency models and was compared to the initial study to look for similarities and differences in the data. This analysis was done using SPSS (IBM Corp., 2016). Data was collected over a one month period, with the initial survey being sent out at the beginning of the month, and follow up email two weeks later, and a final reminder email sent one week before the close date of the survey. Data was reviewed for missing responses.

After the data was collected additional parameters, such as stratified sampling, were applied by grouping responses in General and Special Education teacher categorizations. The goal was to compare the information received by general educators vs. special educators to look for variances in the data.

Researcher Bias. As a special education process coordinator, having spent an entire teaching career in special education, the researcher strongly believes that general and special educators do not have the appropriate knowledge and training for working with students with internalizing disorders. The researcher also believes that most educators feel overwhelmed when working with these students as there are not clearly defined and/or developed programs for working with these individuals. In short, the researcher believes that many teachers feel it is not their responsibility to work with these students, when it comes to the internalizing disorder, but rather to simply make accommodations or to teach content. It was important that the researcher recognized these biases and limited the survey questions to those found in the original study in order to reduce bias.

Since survey questions were based on previous research (Miller & Jome, 2010) the researcher looked for the frequency of responses from each sub-group, and then from the combined group as a whole. This allowed the researcher to deal only with numbers, and not with the interpretation of response to open ended questions.

Conclusion

The aim of this study was to determine if General and Special Education teacher perceptions about the knowledge, training, and roles when working with individuals with internalizing disorders aligned with the original study conducted with school psychologists. It also allowed the researcher to analyze the data for similarities and differences between the General and Special Education participants' responses and then to compare them with the results from the original Miller & Jome (2008) study. The Chi-Square analysis allowed the researcher to compare groups. Additionally results of the present study were compared to the results of the Miller & Jome (2010) study.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to replicate research conducted in 2010 by Miller & Jome, where school psychologists were the focus of the study. For the purpose of this study, the population under investigation changed from school psychologists to General and Special Education teachers. The present study sought to answer the following question: Do the findings of this research study, looking at the perceptions of General and Special Educations teachers, show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2010) study?

Additional research questions include:

Are there significant differences in the perceptions of general versus special educators regarding their perceived knowledge of some of the most common internalizing disorders experienced by children and youth?

Are there significant differences in the perceptions of general versus special educators regarding their preferred roles with some of the most common internalizing disorders experienced by children and youth?

Are there significant differences in the perceptions of general versus special educators regarding their training needs for some of the most common internalizing disorders experienced by children and youth?

To answer these questions, this study used quantitative research methods. A quantitative study of General and Special Education teachers was conducted using the Missouri Council for Special Education Administrators (MO-CASE) email list. A twenty-two-item survey was developed based on the initial study from Miller & Jome (2010). The survey collected data on participant demographics (nine questions) and on teacher perceptions of knowledge, training, and roles with some of the most common internalizing disorders experienced by children and youth.

Demographic Statistics

Sample Size. The available population included the 1533 members of the Missouri Council for Special Education Administrators (who agreed to distribute the survey via their email distribution member list). A total of 156 participants consented to participate in the survey. Of those, 65 met the professional credentials criteria previously established for this research, (i.e. over age 18, certified educators in the state of Missouri, and general or Special Education teachers at the time of the study).

Since the survey did look at the responses from the general education and special education group separately as well as combined, it is important to note that 29 participants responded as General Education teachers (45%) and 36 participants identified as Special Education teachers (55%).

Demographics

Gender. The majority of the participants were female (n = 55, 85.0%) while 9 (14%) were male. One individual did not specify a gender, but was still included in the analysis.

Race. Participants were also asked to identify their race. While race options were provided based on the U.S. Census Bureau Categories, all 65 (100%) participants selected white as the race they considered themselves.

Household income. Reported household income ranged from $20,000 to $150,000 or more. See table 4.1 for a list of represented household income ranges.

Table 4.1.

Household Income

Income Range	N	%
$20,000 - $49,999	19	29
$50,000 - $79,999	24	37
$80,000 - $150,000 or above	22	34
Total	65	100

Type of Certificate. Participants were asked to identify if they currently held a Missouri Educator Certificate at the time of the study. Of the 65 participants, all provided this information with all reporting having a currently valid certificate.

Teaching Assignment. Participants were asked to identify if they were a general or special education teacher. Of the 65 participants, all provided a yes response. It is

important to note that if participants did not indicate a current teaching assignment as a general or special education teacher, they were prevented from moving on with the survey.

Participants were then asked to identify the teaching assignment that mostly resembled their current assignment. Results indicated that 45 percent of the respondents specified general education as their current teaching assignment at the time of the study, while the remainder specified special education as the current teaching assignment at the time of the study.

Teaching by Level. Participants were asked to determine teaching assignment by level. A majority of responses were from educators who taught at the elementary level, making up 46 percent of the responses (Table 4.2).

Table 4.2.

Teaching Assignment by Level

Response	N	%
Early Childhood	5	8
Elementary (K-5)	30	46
Intermediate (6-8)	11	17
Secondary (9-12)	19	29
Total	65	100

Teaching by Developed Environments. Participants were asked to describe the region where they teach as rural, suburban, or urban. Sixty-five total responses were

recorded with the representation for each listen in Table 4.3 below. It is important to note that descriptions were not provided for region and that participants were able to self-define and self-select.

Table 4.3.

Teaching Assignment by Developed Environments

Region	N	%
Rural	27	41
Suburban	35	54
Urban	3	5
Total	65	100

Teaching by County. Participants were asked to select the county where they were employed as a general or special education teacher at the time of the study. Of 114 counties in the State of Missouri, 23 counties were identified by participants. A large number of responses came from Cass County, with 46% of the responses. There were two participants that did not provide a response.

Table 4.4.

Teaching Assignment by County

Response	N	%
Andrew County	1	1.6
Boone County	1	1.6
Butler County	2	3.2

Cass County	29	46.0
Christian County	1	1.6
Clark County	1	1.6
Clay County	2	3.2
Cooper County	1	1.6
Gasconade County	2	3.2
Greene County	2	3.2
Hickory County	1	1.6
Jackson County	7	11.1
Jefferson County	1	1.6
Johnson County	1	1.6
Nodaway County	1	1.6
Oregon County	1	1.6
Ozark County	1	1.6
Randolph County	2	3.2
Ripley County	2	3.2
St. Charles County	1	1.6
St. Clair County	1	1.6
St. Louis County	1	1.6
Stone County	1	1.6
Total	65	100

Degree Level. Exactly 79% of participants indicated that their current level of education was a Master's degree. See Table 4.5 for a complete review of the educational degree attained by study participants.

Table 4.5.

Highest Degree Level

Degree Type	N	%
Bachelor's Degree	8	12
Master's Degree	51	79
Doctoral Degree	6	9
Total	65	100

Frequency Analysis

A frequency analysis was run to determine the response rate of the remaining survey questions. Each question asked was modified from the initial 2010 study by Miller & Jome. Additionally, the findings were compared to the initial study to check for similarities and differences in the data. The questions were originally created to assess school psychologists' perceptions in three main areas: the perceived knowledge of the psychologist; the perceived role of the school psychologist; and the perceived training needs of the psychologist (Miller & Jome, 2010). For this replication study, these questions were modified slightly for the population of General and Special Education teachers.

Survey Content Areas

Position to Support Students. Participants were asked if they believed that they were in a position to support students with internalizing disorders. Results indicated that 56.9 percent of the total number of respondents felt this was the case. When looking specific subgroups, General Education teachers indicated that 44.8 percent believed they were in a position to support students with internalizing disorders. Special Education teachers indicated that 66.7 percent believed they were in a position to support students with internalizing disorders.

Participant Training Attendance. The next series of questions asked participants to indicate how many trainings on internalizing disorders they have attended in the last five years. For the purpose of this study, trainings were identified as workshops, conferences, in-service, and district driven initiatives, but did not include formal education. Less than half of the participants reported they had received training on internalizing disorders in the last five years (46%).

Participant Training Attendance by Internalizing Disorder. When probed further, participants were asked to identify how many trainings they had attended in each of the six main internalizing disorder areas: Generalized Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Schizophrenia, School/Social Phobia, and Suicidal Ideations. The most attended trainings were in the areas of Generalized Anxiety Disorder, School/Social Phobia, and Suicidal Ideations. The least attended

trainings were in the areas of Bipolar Disorder and Schizophrenia. Table 4.6 indicates the response rate for each of the identified internalizing disorder areas.

Table 4.6.

Trainings Attended

Training	GAD	MDD	Bipolar	Schizo-phrenia	School/Social Phobia	Suicidal Ideations
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
0-2 Trainings	50 (83.3)	55 (90.2)	55 (91.6)	56 (96.6)	52 (88.1)	38 (77.4)
Gen. Ed	24 (89.9)	26 (96.3)	27 (100)	26 (100)	26 (96.3)	25 (92.6)
Spec. Ed	26 (78.8)	29 (85.3)	28 (84.8)	30 (93.8)	26 (81.3)	23 (65.7)
3-5 Trainings	9 (15)	4 (6.5)	4 (6.7)	1 (1.7)	6 (10.2)	19 (17.7)
Gen. Ed	3 (11.1)	1 (3.7)	0 (0)	0 (0)	1 (3.7)	2 (7.4)
Spec. Ed	6 (18.2)	3 (8.8)	4 (12.1)	1 (3.1)	5 (15.6)	9 (25.7)
6+ Trainings	1 (1.7)	2 (3.3)	1 (1.7)	1 (1.7)	1 (1.7)	7 (4.9)
Gen. Ed	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Spec. Ed	1 (3)	2 (5.9)	1 (3)	1 (3.1)	1 (3.1)	3 (8.6)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

Number of Trainings. When asked to respond to the item "number of trainings," participants reported a statistically significant difference in the number of trainings in the internalizing disorder area of suicidal ideations between General and Special Education teachers ($\chi^2 = 6.616$, df = 2, p = .037). For example, General Education teachers indicated that 7.4% have received 3-5 trainings, compared to 25.7% of the special education participants that have received the same number of trainings.

As a follow up question, each participant was asked to rate his/her perception of the level of training need that was still required for them with regard to each disorder. For each disorder, approximately 60% of the respondents indicated a need for significant training in the area. However, in the area of suicidal ideations, 16% of the participants felt that they had already received adequate training in this area, which was a higher reported rate than any other internalizing disorder area (Table 4.10).

There is a statistically significant difference ($\chi^2 = 7.305$, df = 2, p = .026) in the perception of the level of training need for the internalizing disorder area of Major Depressive Disorder between General and Special Education teachers. For example, Special Education teachers indicated that 13.9% of the participants believe that they are adequately trained in the area of Major Depressive Disorder, compared to zero percent of the general education participants.

Table 4.7.

Level of Training Need

Training	GAD	MDD	Bipolar	Schizo-phrenia	School/Social Phobia	Suicidal Ideations
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Need Significant Training	38 (59.4)	39 (60)	37 (57.8)	42 (64.6)	38 (59.4)	38 (59.4)
Gen. Ed	20 (69)	22 (75.9)	20 (71.4)	22 (75.9)	20 (69)	22 (75.9)
Spec. Ed	18 (51.4)	17 (47.2)	17 (47.2)	20 (55.6)	18 (51.4)	16 (45.7)
Need Some Additional Training	19 (29.7)	21 (32.3)	25 (39.1)	20 (30.8)	20 (31.2)	16 (25)
Gen. Ed	8 (27.6)	7 (24.1)	8 (28.6)	6 (20.7)	8 (27.6)	4 (13.8)
Spec. Ed	11 (31.4)	14 (38.9)	17 (47.2)	14 (38.9)	12 (34.3)	12 (34.3)
Adequately Trained	7 (10.9)	5 (7.7)	2 (3.1)	3 (4.6)	6 (9.4)	10 (15.6)
Gen. Ed	1 (3.4)	0 (0)	0 (0)	3 (4.6)	1 (3.4)	3 (10.3)
Spec. Ed	6 (17.1)	5 (13.9)	2 (5.6)	2 (5.6)	5 (14.3)	7 (20)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

Perceived Importance of Training. The next series of questions asked participants to evaluate the perceived importance of training in each of the identified areas of internalizing disorders, examining whether the training was not at all important, somewhat important, or very important. Table 4.8 shows the results of this question for each disorder identified: Generalized Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Schizophrenia, School/Social Phobia, and Suicidal Ideations.

In the area of School/Social Phobia, neither the General Education teachers nor the special education teacher responded that training in this area was not important. This indicate that both subgroups feel that training in the area of School/Social Phobia is at least somewhat important.

Table 4.8.

Perceived Importance of Training

Training	GAD	MDD	Bipolar	Schizo-phrenia	School/Social Phobia	Suicidal Ideations
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Not at All Important	1 (1.5)	1 (1.5)	1 (1.5)	2 (3.1)	0 (0)	1 (1.5)
Gen. Ed	1 (3.4)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Spec. Ed	0 (0)	1 (2.8)	1 (2.9)	2 (5.7)	0 (0)	1 (2.8)
Somewhat Important	19 (29.3)	20 (30.8)	23 (36.5)	24 (37.5)	22 (34.9)	17 (26.2)
Gen. Ed	10 (34.5)	9 (31)	12 (41.5)	13 (44.8)	11 (37.9)	8 (27.6)
Spec. Ed	9 (25)	11 (30.6)	11 (32.4)	11 (31.4)	11 (32.4)	9 (25)
Very Important	45 (69.2)	44 (67.7)	39 (61.9)	38 (59.4)	41 (65.1)	47 (72.3)
Gen. Ed	18 (62.1)	20 (69)	17 (58.6)	16 (55.2)	18 (62.1)	21 (72.4)
Spec. Ed	27 (75)	24 (66.7)	22 (64.7)	22 (62.9)	23 (67.6)	26 (72.2)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

Perception of Knowledge. Participants were then asked about their perception of their perceived knowledge in each area (GAD, MDD, Bipolar, Schizophrenia, School/Social Phobia, and Suicidal Ideations), using four separate categories to determine how important their knowledge was in each area (Table 4.9). First participants were asked to identify if having knowledge of the disorder was an appropriate expectation for General and Special Educations teacher or not an appropriate expectation for General and Special Education teachers.

If the choice indicated that knowledge of the disorder was an appropriate role for a General and Special Education teacher, participants were asked to identify if the expectations for knowledge of the disorder was a team expectation or the expectation only of the Special Education teacher. If the choice indicated that knowledge of the disorder was not an expectation for the General and Special Education teachers, then participants were asked to identify if the expectations for knowledge of the disorder belonged to another professional within the school or another professional outside of the school.

Schizophrenia, which can only be diagnosed by a medical or mental health professional (American Psychiatric Association, 2018) had interesting results when comparing the perception of perceived knowledge between the General and Special Education populations. For example, 6.9% of the General Education teachers believe that another professional outside of the school (i.e. private practitioners, psychiatrists, etc.) should have the knowledge verses 37.1% of the Special Education teachers.

Additionally, 51.7% of the General Education teachers believe that the general education and special education team in the school have the knowledge of school-based interventions for this condition/disorder verses 28.6% of the Special Education teachers. There was a statistically significant difference in how participants responded to the question. (χ^2 = 0.783, df = 3, p = 0.032).

School and Social Phobia also had interesting results when comparing the perception of perceived knowledge between the General and Special Education populations. For example, none of the General Education teachers believed that another professional outside of the school (i.e. private practitioners, psychiatrists, etc.) should have the knowledge verses 25% of Special Education teachers. Once again, General Education teachers believe (65.5%) that the general education and special education school-based team have the knowledge of school-based intervention for this condition/disorder verses 47.2% of the Special Education teachers. This was a statistically significant difference. (χ^2 = 9.419, df = 3, p = 0.024).

Perception of Role. Participants were asked to indicate the role of the General Education teacher (Table 4.10) and the Special Education teacher (Table 4.11) for each internalizing disorder area. Each internalizing disorder area compares the results for the General Education teachers verses the Special Education teachers. Overall, the General Education teachers indicated higher percentage on the questions asking if this was an appropriate role for a special education teacher for each area of internalizing disorder. This included the areas of suicidal ideations and school/social phobia. The

Special Education teachers indicated more consistent results for General and Special Education teachers. This may indicate that the perception of the Special Education teachers was that both the general and special educators should have an equal role in all six internalizing disorder areas.

Comparison of Research. Since this is a replication study, it is important to compare the findings of the present study to the Miller & Jome (2010) study. Participant responses were compared to show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2010) study?

For similarities, both studies found that there was a perceived lack of training in mental health disorder areas. Both studies also noted the importance of training in each mental health disorder area to be able to recognize mental health concerns in a student.

For difference both studies indicated school-based interventions was an appropriate role/responsibility for the respective populations (General Education teachers, Special Education teachers, and School Psychologists). This is a difference since the Miller & Jome study indicated that the School Psychologist population indicated that school-based interventions was an appropriate role for them, then the General and Special Education teachers would have needed to indicate that the School Psychologist was the appropriate person to provide school-based interventions. That did not occur.

Table 4.9.

Perceived Knowledge

	Not an Appropriate Role for General and Special Education Teachers				Appropriate Role for General and Special Education Teachers			
	Other Professional *Within* the School		Other Professional *Outside* the School		Gen. and Spec. Ed		Special Education Only	
	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed
Internalizing Disorder	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
GAD	6 (20.7)	8 (22.2)	1 (3.4)	9 (25)	20 (69)	16 (44.4)	2 (6.9)	3 (8.3)
MDD	7 (24.1)	7 (19.4)	2 (6.9)	12 (33.3)	19 (62.1)	14 (38.9)	2 (6.9)	3 (8.3)
Bipolar	7 (24.1)	7 (19.4)	3 (10.3)	13 (36.1)	17 (58.6)	13 (36.1)	2 (6.9)	3 (8.3)
Schizophrenia	9 (31)	8 (22.9)	2 (6.9)	13 (37.1)	15 (51.7)	10 (28.6)	3 (10.3)	4 (11.4)
School/Social Phobia	8 (27.6)	6 (16.7)	0 (0)	9 (25)	19 (65.5)	17 (47.2)	2 (6.9)	4 (11.1)
Suicidal Ideations	9 (31)	7 (19.4)	1 (3.4)	9 (25)	17 (58.6)	18 (50)	2 (6.9)	2 (5.6)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

Table 4.10.

Perception of General Education Teacher Role

	Not an Appropriate Role for General Education Teachers				Appropriate Role for General Education Teachers	
	Other Professional *Within* the School		Other Professional *Outside* the School			
	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed
Internalizing Disorder	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
GAD	4 (14.3)	7 (19.4)	2 (7.1)	10 (27.8)	22 (78.6)	19 (52.8)
MDD	4 (14.3)	6 (16.7)	6 (21.4)	13 (36.1)	18 (64.3)	17 (47.2)
Bipolar	4 (14.3)	6 (16.7)	7 (25)	14 (38.9)	17 (60.7)	16 (44.4)
Schizophrenia	5 (17.9)	4 (11.1)	7 (25)	17 (47.2)	16 (57.1)	15 (41.7)
School/Social Phobia	7 (25)	5 (13.9)	2 (7.1)	10 (27.8)	19 (67.9)	21 (58.3)
Suicidal Ideations	6 (21.4)	5 (13.9)	4 (14.3)	14 (38.9)	18 (64.3)	17 (47.2)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

Table 4.11.

Perception of Special Education Teacher Role

	Not an Appropriate Role for Special Education Teachers				Appropriate Role for Special Education Teachers	
	Other Professional *Within* the School		Other Professional *Outside* the School			
	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed	Gen. Ed	Spec. Ed
Internalizing Disorder	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
GAD	2 (7.1)	4 (11.1)	3 (10.7)	9 (25)	23 (82.1)	23 (63.9)
MDD	2 (7.1)	4 (11.1)	7 (25)	11 (30.6)	19 (67.9)	21 (58.3)
Bipolar	0 (0)	5 (13.9)	8 (28.6)	12 (33.3)	20 (71.4)	19 (52.8)
Schizophrenia	0 (0)	5 (13.9)	9 (33.3)	15 (41.7)	18 (66.7)	16 (44.4)
School/Social Phobia	3 (10.7)	3 (8.6)	3 (10.7)	8 (22.9)	22 (78.6)	24 (68.6)
Suicidal Ideations	3 (10.7)	5 (13.9)	5 (17.9)	12 (33.3)	20 (71.4)	19 (52.8)

Note: GAD = Generalized Anxiety Disorder, MDD = Major Depressive Disorder

CHAPTER 5

DISCUSSION

The need for General and Special Education teachers to have the training, knowledge, and understanding of their roles in the interventions for school based mental health support is on the rise (Lindo et al., 2014). "Adolescents and young adulthood are critical periods in which to promote mental health and provide assistance to access support and interventions for mental health problems" (Mazzer & Rickwood, 2015, pg. 10). This chapter was structured to address some interesting findings and then look at the big picture ideas represented in the main research questions.

Demographics indicated some interesting findings in the data. For example, household income ranged from $20,000 to $150,000 or more. A curious note is that only three income ranges emerged and were very close in frequency distribution across the sample group. This is interesting due to a portion of the teacher salary schedules being based on years of employment.

Approximately 79% of participants indicated that their current level of education was a Master's degree. This was not surprising because one of the main ways an educator can move up on the salary scale to be eligible for an increased pay rate is to continue earning college credits. This may mean that there was a fairly even

distribution in years of teaching experience and teaching level among the sample population.

Perceived Training Needs

When further looking at the results of the study, some noteworthy patterns emerged. First, in the area of training, the data suggests that the majority of General and Special Education teachers (56.9%) feel that they are in a position to provide school-based support to students with an internalizing disorder. The General Education population of respondents reported that 44.8% of General Education teachers perceived they were in a position to support students with internalizing disorders. The Special Education population of respondents reported that 66.7% of Special Education teachers perceived that they were in a position to support students with internalizing disorders.

While not statistically significant, this is the opposite response that the researcher had anticipated to find by doing this study. The researcher expected that the General and Special Education teachers would report that they perceived that someone else, either inside the school or outside the school should be the individual to support students with internalizing disorders but was not the case. One possible explanation may be that general and special education teachers take on the responsibility for problems and concerns of all of their students each year.

Furthermore, in the internalizing disorder area of Major Depressive Disorder, the special education teacher respondents indicated a statistically significant difference in

the perceived level of training. The Special Education teachers reported a much higher level of adequate training, as none of the general educations teachers reported being adequately trained in this area. This result was surprising to the researcher since the researcher anticipated higher reported level of training form both the General and Special Education populations. One explanation may be that General Education teachers are encouraged to attend trainings based on content knowledge rather than mental health disorders. Since none of the General Education teachers indicated adequate training in this area, it may also support the need for more training overall in mental health disorders.

Additionally, the perceived need for significant training overall, in all six areas of identified internalizing disorder areas (Generalized Anxiety Disorder, Major Depressive Disorder, Bipolar Disorder, Schizophrenia, School/Social Phobia, and Suicidal Ideations) was identified by both the General and Special Education participants. That being said, the General and Special Education participants did report higher numbers of adequate training in the area of Suicidal Ideations over any other disorder. This was not surprising to the researcher due to the suicide awareness trainings that have been held in Missouri as part of a state initiative (Missouri Suicide Prevention Project, 2018), therefore if there is an increase in training there is an increase in knowledge about the disorder. This may be helpful to school districts as they decide on conferences, workshops, in-services trainings, and district driven initiatives for teachers.

Furthermore, both groups, across all of the specified disorders, perceived that training was very important. However, based on the results of this study, it appears as though General and Special Education teachers feel under-prepared to address the needs of students with mental health needs in the classroom. This is concerning considering the number of students who have mental health disorders as previously discussed in the review of literature (Salzer, 2012).

Perceived Knowledge

Next, in the area of perceived knowledge, General Education teachers selected that having knowledge of these six disorders was an appropriate expectation for both General and Special Education teacher as a combined team. The main difference was in the perception of the special education participant group. For one disorder, Schizophrenia, the special education group felt that this might also be something someone outside of the school should have knowledge of, rather than someone inside the school. This is interesting for two reasons: first, it appears that both the General and Special Education groups perceive that they should have the knowledge to work with students with internalizing disorders, but as previously stated, they lack the training; second, the original study found similar results with school psychologists, believing that group should have the knowledge of these internalizing disorders. This supports the theory that people who work in education as a teacher or a school psychologist take responsibility for having knowledge of all students in a building (Conley et al., 2014).

Perceived Role

When asked to identify, by general or special education teacher, the perception of role of the general education teacher when working with students who have internalizing disorders, the results were the most interesting. When General Education teachers were asked whether providing school-based interventions to students who had any of the six internalizing disorders identified in the study was an appropriate role for them to have, there was a split in participants' responses indicating that General Education teachers were not clear as to whom the appropriate role actually belonged. However, on the same question, when looking at the results of the Special Education teachers, in the areas of bipolar disorder and schizophrenia, Special Education teachers indicated that this was an appropriate role for the general education teacher.

What makes these results interesting is the next question where the role is reversed and both General Education teachers and Special Education teachers were asked about their perceptions of the role of the special education teacher. When both groups are asked about the Special Education teachers perceived role for each internalizing disorder, the General Education teachers were still split in their responses indicating it was an appropriate role for a special education teacher or not an appropriate role for a special education teacher. But this time, the Special Education teachers also indicated, in the areas of Bipolar and Schizophrenia, a split on whether it was an appropriate role for a special education teacher. Since, as previously indicated, General Education teachers receive less pre-service training in internalizing disorder,

it was surprising to the researcher that the special education indicated a greater level of role responsibility to the General Education teachers.

Based on the results, the question of whether the findings of this research study, looking at the perceptions of General and Special Educations teachers, show similarities and/or differences when compared to the findings of the perceptions of school psychologists in the Miller & Jome (2010) study, is yes. For similarities, both studies found that a lack of training was noted by participants and stressed the importance of training to provide support to students. This indicates that training opportunities in the six internalizing disorder areas might be considered as areas for further exploration by school districts to assist teachers in providing support to students with mental health concerns.

As for differences, in both studies, the groups being surveyed perceive a responsibility to provide school-based interventions to students with internalizing disorders. Since both groups identified this as their responsibility, this is a difference, albeit an expected one. The researcher anticipated that both the general education and special educations groups might indicate that another group (such as school psychologists) should be providing school-based interventions for these students in the school setting, but this was not what the data indicated.

Limitations

What makes the results exciting is that since all three groups perceive similar results when looking at the perceived knowledge, role preference, and training needs

for working with students with internalizing disorders, more research in this area needs to be conducted. Several factors limit the generalizations that can be made from the research, such as sample size, geographic location, current teaching populations, identified race, and replication limitations.

The sample size for this study was limited, and results may differ with a larger, more diverse participant group. Another limitation was geographic location. Perhaps expanding to locations outside of Missouri would provide a more robust sample. For example, do results differ when considering rural, suburban and urban locations? Furthermore, this study did not include any international representation, which might provide similarities or differences based on international perspectives and interventions for mental health disorders which are not found in the United States.

Additionally, the study was limited to current teachers in Missouri at the time of the study. Ideas for future research may include expanding the participants to pre-service teachers, or to include administrators and support staff as part of the participant group. Race played a part in the limitations of the present study. Since one hundred percent of the participants identified as white, a broader study could provide differing perspectives based on the racial demographics of the participants. For example, the study could be broken down by race and compared through that aspect.

Replicating a study also provides limitations. For the present study, trainings were groups based off of the Miller & Jome (2010) study. Being able to regroup categories may provide clarification. For example, Miller & Jome (2010) grouped the

number of trainings from 0-2. Breaking this apart to differentiate between those who attended zero trainings, as compared to 1 or 2 trainings may be beneficial.

Areas for Future Research

Future research could combine the school psychologist, general education teacher, and special education teacher into one survey to directly compare the results of the three groups based on the survey given at that time. One idea is to ask the exact same questions to the various school based professional populations which would allow for a more robust direct comparison of the questions.

Additionally, it is important to note that as mental health continues to be a topic of discussion, changes in how schools are addressing school-based intervention is changing. Research examining such topics as effectiveness of these types of interventions, fidelity of the interventions, and long term outcomes for students, are some examples for future possibly investigations.

Perhaps most telling may be a research study which includes the student voices on this topic. Examining the perceptions of the students, who they would prefer to talk to or which school-based professional is the most easily accessible, may add a critical component to assisting these students in the classroom environment.

Conclusion

This study was designed to discover the perceptions of general and special educators with regards to the perceived knowledge, roles, and training needs when working with students who have an internalizing disorder. This was done by

replicating the work done by Miller & Jome (2010). The participants perceived that for all six internalizing disorders, it was an appropriate role for both general education and Special Education teachers to provide school-based interventions. In all areas, the participants indicated a need for significant training and indicated that they should have knowledge of each disorder, which indicates that more training in all six areas need to be developed and delivered to teachers. The results, when compared to the results of the Miller & Jome (2010) study, indicate that that there is still a gap in training between what teachers perceive they need to know and how much training they receive in each area to effectively support student with internalizing disorders in the classroom.

References

American Psychiatric Association. (2018). https://www.psychiatry.org

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica, 113*(3), 163 - 179. http://dx.doi.org/10.1111/j.1600-0447.2005.00699.x

Ballard, K. L., Sander, M. A., & Klimes-Dougan, B. (2014). School-related and social-emotional outcomes of providing mental health services in schools. *Community Mental Health Journal*, *50*(2), 145-149. http://dx.doi.org/doi:10.1007/s10597-013-9670-y

Bureau of Labor Statistics. (2018). Occupational Outlook Handbook – Special Education Teacher, https://www.bls.gov/ooh/education-training-and-library/special-education-teachers.htm

Bentz, W., Edgerton, J., & Miller, F. T. (1969). Perceptions of mental illness among public school teachers. *Sociology of Education*, *42*(4), 400-406.

Blanton, L. P., Pugach, M. C., & Florian, L. (2011). *Preparing General Education teachers to improve outcomes for students with disabilities*. : American Association of Colleges for Teacher Education.

Brownell, M. T., Adams, A., Sindelar, P., Waldron, N., & Vancouver, S. (2006). Learning from collaboration: The role of teacher qualities. *Exceptional Children, 72*(2), 169-185.

Conley, L., Marchant, M., & Caldarella, P. (2014). A comparison of teacher perceptions and research-based categories of student behavior difficulties. *Education*, *134*(4), 439-451.

Cook, B.G., & Cameron, D.L. (2010). Inclusive teachers' concern and rejection toward their students: Investigating the validity of ratings and comparing student groups. *Remedial and Special Education, 31*, 67-76.

Cook, B. G., Tankersley, M., Cook, L., & Landrum, T. J. (2000). Teachers' attitudes toward their included students with disabilities. *Exceptional Children, 67,* 1-15.

Creswell, J. W. (2014). *Research Design* (4th ed.). Thousand Oaks, CA: Sage Publications.

Dart, E. H., Furlow, C. M., Collins, T. A., Brewer, E., Gresham, F. M., & Chenier, K. H. (2015). Peer-mediated check-in/check-out for students at-risk for internalizing disorders. *School Psychology Quarterly*, *30*(2), 229-243. http://dx.doi.org/doi.org/10.1037/spq0000092

Doll, B., & Lyon, M. A. (1998). Risk and Resilience: Implications for the Delivery Of Educational and Mental Health Services in Schools. *School Psychology Review*, *27*(3), 348.

Dikel, W. (2014). *The teachers guide to student mental health* (1st ed.). New York, NY: W.W. Norton & Company, Inc.

Education Reform. (2014). https://www.edglossary.org/

IBM Corp. Released 2016. IBM SPSS Statistics for Windows, Version 24.0. Armonk, NY: IBM Corp.

Individuals with Disabilities Education Act. (n.d.). https://sites.ed.gov/idea/regs/b/a/300.8

Jordan, A., Schwartz, E., & McGhie-Richmond, D. (2009). Preparing teachers for inclusive classrooms. *Teaching and Teacher Education*, *25*(4), 535–542. https://doi.org/10.1016/j.tate.2009.02.010

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, *20*(4), 359–364.

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., Rahman, A. (2011). Child and adolescent mental health worldwide: Evidence for action. *The Lancet*, *378*(9801), 1515–1525.

Killu, K., & Crundwell, R. A. (2008). Understanding and developing academic and behavioral interventions for students with bipolar disorder. *Intervention in School & Clinic*, *43*(4), 244-251.

Koller, J. R., & Bertel, J. M. (2006). Responding to today's mental health needs of children, families and schools: Revisiting the preservice training and preparation of school-based personnel. *Education & Treatment of Children*, *29*(2), 197-217.

Kovacs, M., & Devlin, B. (1998). Internalizing disorders in childhood. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 39*(1), 47-63.

Lindo, N. A., Dillman, T. D., Meany-Walen, K. K., Purswell, K., Jayne, K., Gonzales, T., & Jones, L. (2014). Teachers as therapeutic agents: perceptions of a school-based mental health initiative. *British Journal of Guidance & Counselling*, *42*(3), 284-296. http://dx.doi.org/doi.org/10.1080/03069885.2014.896452

Loades, M. E., & Mastroyannopoulou, K. (2010). Teachers' recognition of children's mental health problems. *Child & Adolescent Mental Health, 15*(3), 150-156. http://dx.doi.org/doi.org/10.1111/j.1475-3588.2009.00551.x

Lohrmann, S., & Bambara, L. M. (2006). Elementary education teachers' beliefs about essential supports needed to successfully include students with developmental disabilities who engage in challenging behaviors. *Research & Practice for Persons with Severe Disabilities, 31*(2), 157–173.

Mackey, A. (2012). Why (or why not), when and how to replicate research. *Replication Research in Applied Linguistics, 2146.*

Mazzer, K. R., & Rickwood, D. J. (2015). Teachers' and coaches' role perceptions for supporting young people's mental health: Multiple group path analyses. *Australian Journal of Psychology, 67*(1), 10-19. http://dx.doi.org/doi.org/10.1111/ajpy.12055

McGorry, P. D., Purcell, R., Goldstone, S., & Amminger, G. P. (2011). Age of onset

and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care: *Current Opinion in Psychiatry*, *24*(4), 301–306. https://doi.org/10.1097/YCO.0b013e3283477a09

Merikangas, K. R., He, J., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Swendsen, J. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980–989. https://doi.org/10.1016/j.jaac.2010.05.017

Merriam Webster. (2018). https://www.merriam-webster.com/

Miller, D. N., & Jome, L. M. (2008). School Psychologists and the Assessment of Childhood Internalizing Disorders: Perceived Knowledge, Role Preferences and Training Needs. *School Psychology International*, *29*(4), 500–510. https://doi.org/10.1177/0143034308096432

Miller, D. N., & Jome, L. M. (2010). School psychologists and the secret illness: Perceived knowledge, role preferences, and training needs regarding the prevention and treatment of internalizing disorders. *School Psychology International*, *31*(5), 509-520. http://dx.doi.org/10.1177/0143034310382622

Millet, A. J. (2016). *Evaluating the Effects of Strong Teens on High School Student Levels of Internalizing Symptoms and Resilience* (Doctoral dissertation).

Missouri Suicide Prevention Project (MSPP). (n.d.). Retrieved July 1, 2018, from

https://www.mimh.edu/projects/missouri-suicide-prevention-project-mspp/

Montgomery, A. (2013). *Teachers' self-efficacy, sentiments, attitudes, and concerns about inclusion of students with developmental disabilities* (PhD Thesis). University of British Columbia.

Murthy, R. S., Bertolote, J. M., Epping-Jordan, J., Funk, M., Prentice, T., Saraceno, B., & Saxena, S. (2002). *Mental health: New understanding, new hope*. [Adobe Digital Edition]. Retrieved from http://www.who.int/whr/2001/en/

ProjectIDEAL. (2013). http://www.projectidealonline.org/

Reinke, W. M., Stormont, M., Herman, K. C., Puri, R., & Goal, N. (2011). Supporting children's mental health in schools: Teacher perceptions of needs, roles, and barriers. *School Psychology Quarterly*, *26*(1), 1-13. http://dx.doi.org/10.1037/a0022714

Reynolds, W. M. (1990). Introduction to the nature and study of internalizing disorders in children and adolescents. *School Psychology Review*, *19*(2), 137.

Salzer, M. S. (2012, January 1). A comparative student of campus experiences of college students with mental illness versus a general college sample. *Journal of American College Health*, *60*(1), 1-7. http://dx.doi.org/doi:10.1080/07448481.2011.552537

Schilling, B. L. (2009). *Teacher perspectives on behaviors exhibited by students at risk for EBD and the implications of these behaviors for the development of an EBD screener in the middle and junior high schools* (Doctoral dissertation,

Brigham Young University). Retrieved from http://scholarsarchive.byu.edu/etd/1860/

Strange, L. (2014). Standards & Indicators. Retrieved from https://dese.mo.gov/special-education/compliance/standards-indicators

Sternlof, S., Pace, T. M., & Beesley, D. (2005). Educators' responses to internalizing and externalizing symptomatology in children: Implications for school professionals. *Journal of School Counseling, 3*(9), 1-28.

Sutton, K. K. (2013). Childhood bipolar disorder: A difficult diagnosis. *Beyond Behavior, 23*(1), 30-37.

Terzian, M., Hamilton, K., & Ericson, S. (2011). *What works to prevent or reduce internalizing problems or socio-emotional difficulties in adolescents: Lessons from experimental evaluations of social interventions*. Retrieved from Child Trends: https://www.childtrends.org/publications/what-works-to-prevent-or-reduce-internalizing-problems-or-socio-emotional-difficulties-in-adolescents-lessons-from-experimental-evaluations-of-social-interventions/

U.S. Department of Health and Human Services. (2014). *Health, United States, 2013*. Washington, DC: Author.

Vaughn, S., Bos, C.S., & Schumm, J.S., (2007). Teaching Students Who Are Exceptional, Diverse, and at Risk in the General Education Classroom (4th ed.). Boston, MA: Pearson Education.

Williams, J. H., Horvath, V. E., Hsi-Sheng, W., Van Dorn, R. A., & Jonson-Reid, M. (2007). Teachers' perspectives of children's mental health service needs in urban elementary schools. *Children & Schools*, *29*(2), 95-107.

Yell, M., Smith, C., Katsiyannis, A., & Losinski, M. (2018). Mental health services, free appropriate public education, and students with disabilities: Legal considerations in identifying, evaluating, and providing services. *Journal of Positive Behavior Interventions*, *20*(2), 67–77. https://doi.org/10.1177/1098300717722358

Appendix A

Dissertation Survey

Q1. Welcome to my research study of Internalizing Disorders! I am a doctoral student and I am interested in studying Internalizing Disorders. You will be asked to answer some questions about your perceptions of your training, role, and knowledge for working with students with internalizing disorders. Please be assured that your responses will be kept completely confidential.

The study should take you no longer than 10 minutes to complete. Your participation in this research is voluntary. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. If you would like to contact the Principal Investigator in the study to discuss this research, please e-mail Lauren Stutzman at lstutzman@plymouth.edu.

By clicking the button below, you acknowledge that your participation in the study is voluntary, you are 18 years of age, and that you are aware that you may choose to terminate your participation in the study at any time and for any reason.

Please note that this survey will be best displayed on a laptop or desktop computer. Some features may be less compatible for use on a mobile device.

- o I consent to participate in the study. Let's begin the survey! (1)
- o I do not consent. I do not wish to participate. (2)

Q2. Do you currently hold a Missouri Educator Certificate?

- o Yes (1)
- o No (2)

Q3. My current teaching assignment is as a general or special education teacher.

- o Yes (1)
- o No (2)

Skip To: End of Survey If My current teaching assignment is as a general or special education teacher. = No

Q4. My current teacher assignment most closely resembles:

- o General Education Early Childhood Teacher (1)
- o General Education Elementary Teacher (K-5) (2)
- o General Education Intermediate Teacher (6-8) (3)
- o General Education Secondary Teacher (9-12) (4)
- o Special Education Early Childhood Teacher (5)
- o Special Education Elementary Teacher (K-5) (6)
- o Special Education Intermediate Teacher (6-8) (7)
- o Special Education Secondary Teacher (9-12) (8)

Q5. Please select the county where you are currently employed as a general or special education teacher.

*A total of 115 counties were available for participants to choose from i.e. Adair County (1) ... Wright County (115)

Q6. I would describe the region where I teach to be:

- o Rural (1)
- o Suburban (2)
- o Urban (3)

Q7. What is the highest level of school you have completed or the highest degree you have received?

- o Less than high school degree (1)
- o High school graduate (high school diploma or equivalent) (2)
- o Some college but no degree (3)
- o Associate degree in college (2-year) (4)
- o Bachelor's degree in college (4-year) (5)
- o Master's degree (6)
- o Doctoral degree (7)
- o Professional degree (JD, MD) (8)

Q8. Choose one or more races that you consider yourself to be:

- ▢ White (1)
- ▢ Black or African American (2)
- ▢ American Indian or Alaska Native (3)
- ▢ Asian (4)
- ▢ Native Hawaiian or Pacific Islander (5)
- ▢ Other (6) _____

Q9. What is your sex?

- o Male (1)
- o Female (2)
- o Other (3)
- o Do not wish to respond (4)

Q10. Information about income is very important to understand. Would you please give your best guess? Please indicate the answer that includes your entire household income in (previous year) before taxes.

- o Less than $10,000 (1)
- o $10,000 to $19,999 (2)
- o $20,000 to $29,999 (3)
- o $30,000 to $39,999 (4)
- o $40,000 to $49,999 (5)
- o $50,000 to $59,999 (6)
- o $60,000 to $69,999 (7)
- o $70,000 to $79,999 (8)
- o $80,000 to $89,999 (9)
- o $90,000 to $99,999 (10)
- o $100,000 to $149,999 (11)
- o $150,000 or more (12)

Q11. Do you believe you are in a position to support students with internalizing disorders?

- o Yes (1)
- o No (2)

Q12. What factors contributed to your above response?

Q13. Have you received training on internalizing disorders in the last five years? (For the purposes of this study training may consist of workshops, conferences, in-service, and district driven initiatives, but do not include formal education.)

- o Yes (1)
- o No (2)

Q14. How many trainings have you received in the following internalizing disorder/condition?

	0-2 Trainings (1)	3-5 Trainings (2)	6+ Trainings (3)
Generalized Anxiety Disorder (1)			
Major Depressive Disorder (2)			
Bipolar Disorder (3)			
Schizophrenia (4)			
School/Social Phobia (5)			
Suicidal Ideations (6)			

Q15. What is your perception of your training in the following internalizing disorder/condition?

	Need Significant Training (1)	Need Some Additional Training (2)	Adequately Trained (3)
Generalized Anxiety Disorder (1)			
Major Depressive Disorder (2)			
Bipolar Disorder (3)			
Schizophrenia (4)			
School/Social Phobia (5)			
Suicidal Ideations (6)			

Q16. How important is your training in the following internalizing disorder/condition?

	Not at all important (1)	Somewhat important (2)	Very important (3)
Generalized Anxiety Disorder (1)			
Major Depressive Disorder (2)			
Bipolar Disorder (3)			
Schizophrenia (4)			
School/Social Phobia (5)			
Suicidal Ideations (6)			

Q17. What is your perception of your perceived knowledge of the following?

	I don't believe I have the knowledge to provide school-based prevention (treatment) of this disorder/condition because I believe another professional with in the school (e.g. school counselor, school nurse, etc.) has this knowledge. (1)	I don't believe I have the knowledge to provide school-based prevention (treatment) of this disorder/condition because I believe another professional outside the school (e.g. private practitioners, psychiatrists, etc.) has this knowledge. (2)	I believe that the General and Special Education teacher team should have the knowledge of school-based prevention (treatment) of this disorder/condition. (3)	I believe that Special Education teachers should have knowledge of school-based prevention (treatment) of this disorder/condition. (4)
Generalized Anxiety Disorder (1)				
Major Depressive Disorder (2)				
Bipolar Disorder (3)				
Schizophrenia (4)				
School/Social Phobia (5)				
Suicidal Ideations (6)				

Q18. If you would like to include additional information on your responses above please include that in the text box below:

Q19. What is your perception of the general education teacher's role in the following?

	I don't believe General Education teachers should be providing school-based prevention (treatment) of this disorder/condition because I believe this is the job of another professional within the school (e.g. school psychologist, school counselors, school nurse, etc.) (1)	I don't believe General Education teachers should be providing school-based prevention (treatment) of this disorder/condition because I believe this is the job of another professional outside the school (e.g. private practitioners, psychiatrists, etc.) (2)	I believe school-based prevention (treatment) of this disorder/condition is an appropriate role for a general education teacher assuming that teacher has adequate training experience and time. (3)
Generalized Anxiety Disorder (1)			
Major Depressive Disorder (2)			
Bipolar Disorder (3)			
Schizophrenia (4)			
School/Social Phobia (5)			
Suicidal Ideations (6)			

Q20. If you would like to include additional information on your responses above please include that in the text box below:

Q21. What is your perception of the special education teacher's role in the following?

	I don't believe General Education teachers should be providing school-based prevention (treatment) of this disorder/condition because I believe this is the job of another professional within the school (e.g. school psychologist, school counselors, school nurse, etc.) (1)	I don't believe General Education teachers should be providing school-based prevention (treatment) of this disorder/condition because I believe this is the job of another professional outside the school (e.g. private practitioners, psychiatrists, etc.) (2)	I believe school-based prevention (treatment) of this disorder/condition is an appropriate role for a general education teacher assuming that teacher has adequate training experience and time. (3)
Generalized Anxiety Disorder (1)			
Major Depressive Disorder (2)			
Bipolar Disorder (3)			
Schizophrenia (4)			
School/Social Phobia (5)			
Suicidal Ideations (6)			

Q22. If you would like to include additional information on your responses above please include that in the text box below:

Appendix B

Informed Consent Document

CONSENT TO PARTICIPATE

VOLUNTARILY IN A RESEARCH INVESTIGATION

PLYMOUTH STATE UNIVERSITY

INVESTIGATOR(S) NAME: Lauren Stutzman, a doctoral candidate at Plymouth State University.

STUDY TITLE: Internalizing Disorders and Teacher Self-Efficacy: A Relational Study of General and Special Education teachers

PURPOSE OF THE STUDY

The purpose of this research study is to understand the perceived training, knowledge, and roles of special and General Education teachers when working with students who have internalizing disorders. Perceptions of teachers play an important role in determining further research needs in the area of internalizing disorders. I am being asked to be a participant in the study because I am currently a general or special education teacher in the state of Missouri.

DESCRIPTION OF THE STUDY

This study consists of 21 survey questions presented in an online format. I am being asked to provide information about my background and teaching assignment. Furthermore, I am being asked specific questions relating to my perception of my

training, knowledge, and role when working with students who may have internalizing disorders.

I understand that the amount of time required to participate in the study is no more than 10 minutes. There are no costs associated with this study.

RISKS AND DISCOMFORTS

As a participant in this study, I understand there are no risks as the subject material relates to current teaching practices and the online survey is anonymous.

BENEFITS

There may be no direct benefits of participating in this study; however, the knowledge received may be of value to educators who work with students who have internalizing disorders.

ALTERNATIVE PROCEDURES

The alternative would be not to participate in the study.

CONFIDENTIALITY

All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. I understand that data generated by the study may be reviewed by Plymouth State University's Institutional Review Board, which is the committee responsible for ensuring my welfare and rights as a research participant, to assure proper conduct of the study and compliance with university regulations. If any presentations or publications result from

this research, I will not be identified by name. All data will be aggregated for use in analysis and presentations.

The information collected during my participation in this study will be kept for five years.

My confidentiality will be also protected by using a survey website with a direct link to the survey so no information can be traced back to me.

TERMINATION OF PARTICIPATION

I may choose to withdraw from this study at any time and for any reason. If I choose to drop out of the study, I will not complete the survey. This is an anonymous survey, research records cannot be destroyed following submission of the survey.

COMPENSATION

I will not receive payment for being in this study. Participation in this study is strictly voluntary. There will be no cost to me for participating in this research.

INJURY COMPENSATION

Neither Plymouth State University nor any government or other agency funding this research project will provide special services, free care, or compensation for any injuries resulting from this research. I understand that treatment for such injuries will be at my expense and/or paid through my medical plan.

QUESTIONS

All of my questions have been answered to my satisfaction and if I have further questions about this study, I may contact Lauren Stutzman, at lstutzman@plymouth.edu. If I have

any questions about the rights of research participants, I may call the Chairperson of the Plymouth State University's Institutional Review Board at 603-535-3221 (Valid until July 31, 2018).

VOLUNTARY PARTICIPATION

I understand that my participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of benefits to me. I am free to withdraw or refuse consent, or to discontinue my participation in this study at any time without penalty or consequence.

I voluntarily give my consent to participate in this research study. I acknowledge the study has been fully and carefully explained by me and have been given an opportunity to ask any questions.

By clicking, I agree to participate button in the online survey, I acknowledge consent to participate in this survey. I acknowledge that I can click I do not agree to participate. Plymouth State University's IRB has approved the solicitation of participants for the study until January 31, 2019.