Spring 5-2017

Responses of Education Preparation Program Instructors toward Mental Health Legislation

Alison Bradford
Stephen F Austin State University, wilhiteam@jacks.sfasu.edu

Responses of Education Preparation Program Instructors toward Mental Health Legislation

RESPONSES OF EDUCATION PREPARATION PROGRAM INSTRUCTORS TOWARD MENTAL HEALTH LEGISLATION

By

ALISON WILHITE BRADFORD, M.A.

Presented to the Faculty of the Graduate School of

Stephen F. Austin State University

In Partial Fulfillment

Of the Requirements

For the Degree of

Maters of Arts in School Psychology

STEPHEN F. AUSTIN STATE UNIVERSITY

May 2017

RESPONSES OF EDUCATION PREPARATION PROGRAM INSTRUCTORS

TOWARD MENTAL HEALTH LEGISLATION

By

ALISON WILHITE BRADFORD, MA

APPROVED:

_____
Dr. Robbie Steward, Thesis Director

_____
Dr. Nina Ellis-Hervey, Committee Member

_____
Dr. Ginger Kelso, Committee Member

_____
Dr. Frank Mullins, Committee Member

_____

Dr. Richard Berry, D.M.A.
Dean of Graduate School

ABSTRACT

In 2013, Texas State legislature passed Senate Bill 460 which implemented a law that requires the inclusion of knowledge relating to students' mental health status in teacher preparation curriculum. This requirement is explained in Texas Education Code (TEC) §21.044(b). The purpose of this study is to examine the degree of awareness of the new requirement and the attitudes toward mental health among Education Preparation Program (EPP) instructors. In addition, faculty were asked about their implementation plans for the new requirement.

A survey was developed to address these research questions. Thirty-five public and private universities in Texas were targeted, which resulted in the identification of seventy-five (N=75) faculty participants. The survey included items that addressed faculty attitudes and current level of knowledge about 13 different mental health disorders perception regarding the locus of responsibility for awareness of mental health issues in the school setting. Finally, there were questions about how instructors and affiliated Education Preparation Programs were going to address the change in legislation. Knowledge, awareness, rank, years of experience, and attitudes were found to predict the degree to which faculty members' included mental health issues in instruction- F (5,63) = 10.129, p< .001.

ACKNOWLEDGEMENTS

The completion of this document could not have been accomplished without the help and support of the following professors: Dr. Robbie Steward, Dr. Nina Ellis-Hervey, Dr. Ginger Kelso, and Dr. Frank Mullins. I'd also like to thank my sisters, Aubrey and Amanda, for being the best big sisters a girl could have; my parents for supporting me and believing in me in all my academic adventures, and my husband, Chance, for all his love, hugs, and support on this journey through graduate school.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

Introduction

The U.S. Department of Health and Human Services reports about 20% of adolescents suffer from mental health disorders that impact students' academic success (Haertel, Walberg, & Weinstein, 1983; Masten et al., 2005; Wang, Haretel, & Walberg, 1990). Most students that receive mental health services receive them through the public school system (Doll, 1996). School psychologists, school counselors, school social workers, and community mental health workers provide support services for students. Classroom teachers have not been a part of this service model in the past. A new law requires teachers to be instructed on various mental or emotional disorders so that they might serve as trained front-line gatekeepers to service providers to increase the probability of early intervention.

Texas Senate Bill 460 (SB 460) was signed on June 14, 2013 by Governor Rick Perry and went into effect on September 1, 2013 (Texas Senate Bill 460). SB 460 required changes to Texas Administrative Code (TAC), a compilation of all state agency rules in Texas and the Texas Education Code, the rules and laws that apply to any educational institutions that are supported in part or whole by state tax funds, unless specifically excluded in the rules.

Texas Administrative Code Chapter 228.30 covers the requirements for Educator Preparation Curriculum. The new addition under Chapter 228.30.b. states:

> "The following subject matter shall be included in the curriculum for candidates seeking initial certification: […] 5) instruction in detection of students with mental or emotional disorder, as indicated in Texas Education Code (TEC) 21.044".

The Texas Education Code goes into greater detail explaining how the instruction should be developed and what it should cover. Instruction must be "developed by a panel of experts in the diagnosis and treatment of mental or emotional disorders who are appointed by the board" (Sec.21.044.c-2.1). The mandate outlines what the educator preparation program instructors should cover:

> "a) characteristics of the most prevalent mental or emotional disorders among children; b) identification of mental or emotional disorders; c) effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports; and d) providing, in compliance with Section 38.010, notice and referral to a parent or guardian of a student with a mental or emotional disorder so that the parent or guardian may take appropriate action such as seeking mental health services" (TEC 21.044).

This addition to the curriculum of pre-service teachers is substantial.

These new legislative requirements will need thorough curriculum development from trained mental health professionals. The updated curriculum will also require considerable time dedicated to teaching it to pre-service teachers.

In Texas, as in other states within the USA, teachers are on the front lines with students; working, talking, and building relationships with students 5 days a week, 8 hours a day, for 187 days out of the year. Because of this ongoing regular contact in which to become familiar with students and have awareness of their day to day interpersonal relationships mood, and academic performance, there are a number of

reasons for them to be asked to provide information that could lead to early identification of problems and interventions. Teachers have a unique relationship with students in an alternative setting from their home environment. Teachers have the opportunity to see a diverse population of students and could be considered an informal judge of normal child development within the context of the learning environment. A master teacher can easily tell which students struggle academically. A novice teacher can identify students with behavior issues. If Education Preparation Programs (EPPs) can appropriately train teachers to be on the lookout for other symptoms or red flags of mental or emotional disorders, more students might receive services within the public schools. However, the curriculum for these pre-service teachers must be created by trained professionals in counseling or psychology-related field to ensure that teachers operate within their realm of knowledge and training. There is much to do in faculty and curriculum development at this university level if the EPPS are to effectively address the mandate to prepare teacher to do that which they have not been required to do before. Attitudinal shifts will also have to be made given the pre-existing responsibilities associated with faculty and program attention to numerous professional training standard. Some university faculty and K-12 teacher may have concluded that their responsibilities are already overwhelming and somewhat unreasonable. Preparing teachers to comply to the legislative mandate may require both a curriculum and attitudinal shift, but at this point the individual variable associated with compliance have yet to be identified.

The purpose of this study is to identify the variables associated with compliance to this relatively new legislative act associated with Education Preparation programs and teachers' practices within the classroom. The study examines EPP instructors' awareness about the change in legislation, their programs' plans to address the new mandate and their personal attitudes towards addressing mental health in the school setting. The following research question will be addressed:

1) What are Education Preparation Program (EPP)-affiliated university faculty members' attitudes regarding state mandated [TEC §21.044(b)] inclusion of mental health-related content within the college curriculum?
2) What have been EPP faculty members' responses to the mental health requirement under TEC §21.044(b) on teacher preparation curriculum in the instructors' course?
3) To what degree does EPP faculty members' demographic information (i.e. type of institution, department, years of experience, title, gender), attitudes, awareness of the law, and knowledge of mental disorders predict the current inclusion level of instruction of mental health curriculum?

CHAPTER 2

Mental Health in Schools

The link between mental health disorders and psychological well-being and school success is well established in the literature (Haertel, Walberg, & Weinstein, 1983; Masten et al., 2005; Wang, Haretel, & Walberg, 1990). The U.S. Department of Health and Human Services reports about 20% of adolescents suffer from mental health disorders (Doll & Cummings, 2008). Students with disorders like Attention Deficit/Hyperactivity Disorder that affects executive functioning will often have behavioral or academic problems in the classroom. Another population of concern are students under the special education eligibility of Emotional Disturbance (ED). Students with ED earn lower grades than their peers and are more likely to drop out of school than other disability populations (Reid, Epstein, Gonzalez, Nordness, & Trout, 2004). For elementary age students, the most prevalent diagnosable psychiatric disorders are anxiety and behavior disorders while secondary students are most likely to suffer from depression and suicidal behavior (Doll, 1996). These are a few examples of different mental disorders and the associated risks. Untreated mental or emotional disorders can make learning difficult for many students. Most students receive mental health services at school rather than through community resources (Doll, 1996). Consequently, the incorporation of teachers into this service model would seem logical. However, best practices do not specifically address teachers' roles in mental health services (Natasi

&Varjas, 2008). Teachers are considered stakeholders who should be collaborated with, but the nature of these collaborations and what role or responsibility should be undertaken by teachers is unclear. Although teachers may be the first to encounter students' behaviors that reflect mental health problems, they traditionally have received no training to discern between normal development and psychological-emotional disturbance. Counselors, school psychologists, school social workers, and other mental health professionals, who traditionally provide mental health services in the school setting, may consequently remain uniformed and intervention possibly delayed (Natasi &Varjas, 2008).

Teachers encounter a wide range of social issues in their classrooms as schools in America become more diverse every day (De Vita & Pollard, 1996). Today teachers must address issues of poverty, prejudice, gender, substance abuse, and hunger among traditional issues related to child development and learning. To combat these challenges, teacher education programs have focused on diversity, multiculturalism, and the effects of socioeconomic status for some time now. In recent years, Education Preparation Programs (EPPs) have shifted their focus to best practices in teaching diverse populations including English Language Learners, students with disabilities, and students with mental or emotional disorders. Nevertheless, until this most recent legislation, curriculum specifically addressing an increasing representation of children with psychological-emotional issues that affect academic performance and persistence in the school setting has not been required.

Current Initiatives

Recently there has been a shift in EPP towards special education and the needs of students with disabilities due to guidelines requiring more inclusion of special education students into the general education classroom. Teachers need to be prepared to teach all populations of students in their classrooms, including those with mental or emotional disorders. To promote mental health in the classrooms, teachers and school administrators require input and collaborations across many different agencies and organizations.

The World Health Organization (WHO, 2014) recommends that national mental health policies should promote mental health, and not center exclusively on mental disorders. These mental health programs should occur in and out of the governmental sectors including the education sector. WHO recommends specific ways to promote children's mental health by: "early childhood interventions, support to children, mental health promotional activities in schools (e.g. programmes supporting ecological changes in schools and child-friendly schools)" (WHO, 2014). Countries around the world have responded to this call to action.

The United Kingdom has recently introduced new government programs to address mental health and well-being in schools. National Healthy Schools Programme, which focuses on emotional health and well-being, Social Emotional Aspects of Learning (SEAL), and Targeted Mental Health in Schools Programme (TAMHS), which provides ways to support students experiencing mental health problems, are examples of current

initiatives in Britain (Kidger, Gunnell, Biddle, Campbell, & Donovan, 2010). Australia has adopted mental health promotion initiatives such as National Safe Schools Framework in response to the World Health Organization (WHO) recommendations (Mazzer & Rickwood, 2014). Teachers in Australia play a pivotal role in all three tiers of intervention such as leading social and emotional learning programs in classrooms, leading anti-bullying interventions in small groups, and identifying and referring students to others for more extensive services (Askell-Williams & Lawson, 2013). Australia's program far exceeds what the TEC 228 requires of teachers.

In the United States, several states are in the process of developing and implementing mental health initiatives. Currently initiatives include collaborations between leaders in education and mental health, schools' adoption of social-emotional curriculum, or providing more mental health services in the schools (Weston, Anderson-Butcher, & Burke, 2008). Some psychologists, teachers, and teacher educators believe the future of education will require comprehensive integration of mental health and education. The Mental Health and Education Integration Consortium (MHEDIC) was developed in 2005 as a cross-disciplinary policy group of professionals to make gains towards this common goal (Weston, Anderson-Butcher, & Burke, 2008). There are volumes of literature on these new mental health initiatives and their importance to students (WHO, 2014; Kidger, et al., 2010; Mazzer & Rickwood, 2014; Askell-Williams & Lawson, 2013). For the purpose of this study, however, the author focuses primarily on teachers' responses to mental health initiatives and factors that influence implementation.

Factors in Compliance

A review of current research on compliance to state mandates in education revealed several factors that influence whether an agency or district complied with state mandates in the school setting. When reviewing the research on variables that predict compliance to state mandates two themes emerged, 1) school personnel need to value or believe in the mandates, and 2) school personnel require knowledge and guidance in order to implement mandates (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011).

After the reauthorization of No Child Left Behind (NCLB Act in 2001), researchers have begun to examine the process of how school districts implement federal policy mandates (Terry, 2010). Researchers conducted two case studies and through within and cross-case analyses, they created the Compliance, Commitment, and Capacity Model (CCCM) to explain the districts' responses to mandates (Terry, 2010). The CCCM explains districts' responses to mandates in 3 stages. The first stage is building understanding and assessing requirements. In this first stage, districts assess the requirements of the mandate and decide whether or not compliance is necessary and the benefits of compliance for the district (Terry, 2010). This first step results in compliance. The second stage is internal management issues in which the district looks closer at the requirements of the mandate, examines the internal and external resources in their district in order to assign responsibilities to district team members (Terry, 2010). Once the district delegates the responsibilities of the mandate, then districts' staff members are at

the commitment stage of the CCCM model. The third and final stage of the CCCM model is innovation and change affirmative response. In this last stage, the district addresses cultural beliefs and practice relative to requirements, and builds a community to make larger changes to practices (Terry, 2010). This is the capacity-building stage, but could also be understood as the stage where the district takes ownership in the mandate.

Research suggests compliance is implemented when school districts have buy-in from their staff, and when staff is well-trained and knowledgeable about the requirements of the mandate. The more specific guidelines the mandate provides the easier it is for the people implementing it to find the right professional development and training programs. The other key factor in creating buy-in is how closely the mandate aligns to personnel's beliefs and values.

Researchers surveyed and interviewed secondary school principals about their decision-making in regards to mandate changes (Larsen & Hunter, 2014). Principals expressed difficulty in setting their personal and professional values aside in order to comply with district, state, or federal mandates. One participant said, "Depending on the week and what is going on at the school, I definitely feel my own beliefs and values are in conflict with mandates" (Larsen & Hunter, 2014, p. 74). From their study, the researchers found that the participating principals spent a significant amount of mental energy contemplating decisions and how to maintain balance between the mandates and their own core values and beliefs (Larsen & Hunter, 2014). If people feel a dissonance

between their personal values and the goals of an initiative, then they are less likely to comply to the requirements of the initiative.

In a study about Alabama school's compliance to state mandates concerning nutritional wellness, researchers found 71% of policies fully complied with federal guidelines (Gaines, Lonis-Shumate, Gropper, 2011). While this mandate was in reference to nutritional wellness, and not mental wellness, the contributing factors to whether staff complied are relevant to both areas of wellness. Many of these nutrition policies have specific guidelines for schools to implement. The least completed mandate was providing training to teachers about nutrition and physical activity. The researchers stated staff members were not qualified or were not provided adequate professional development (Gaines, Lonis-Shumate, Gropper, 2011). The more specific the guidelines, the more likely educators and administrators understand the policy and are able to comply with the mandate.

In this current study, these variables of compliance and alignment with personal beliefs and values are measured in EPPs faculty members in public institutions.

Attitudes of Teachers

Kidger, et al. (2010) asked school staff about their views on incorporating mental health supports into the school setting in England. A few earlier studies identified some of the teachers' reservations about adopting these new responsibilities such as:

> "[teachers] feel burdened by students' mental health needs; lack confidence in managing mental health-related problems in the classroom; often have difficulty identifying pupils with problems that may require intervention; and experience

> discomfort in discussing mental or emotional health with students compared to other health topics" (Kidger, et al., 2010, p 921).

However, in this study researchers found three main themes emerged from the staff interviews:1) teaching and mental health are linked, 2) teachers seem reluctant to work with mental health issues, and 3) worries about teachers' own mental and emotional health (Kidger, et al., 2010). Teaching and mental health are linked by the very nature of everyday interactions with students and the relationship built between students and teachers. Emotional and mental health are also seen as a pivotal part of growing up and learning. Positive emotional well-being supports are also a key to dealing with behavior issues in the classroom. Teachers' attitudes toward mental health may predict how much or how willing they would be to include mental health curriculum into courses.

Teachers' Knowledge

Teachers seem to be reluctant to work with students on mental health issues because they might not realize the importance, prefer to not take time from academics, or they simply do not have enough content knowledge about mental health. Finally teachers may be overwhelmed with their other duties to take time to address mental health concerns, drained from the demands of teaching and dealing with problem behaviors, or in the midst of their own emotional or mental health turmoil (Kidger, et al., 2010). One way to combat these three themes is school-wide interventions that promote positive teacher-student relationships. Breaking the cycle of stressed teachers interacting with

stressed adolescences would be the most effective intervention by addressing a source of the problem (Kidger, et al., 2010).

Askell-Williams & Lawson (2013) addressed an important concern about teachers' knowledge and self-efficacy; often when teachers feel unsure about their content they rely heavily on the textbook, focus on teaching basic facts, and spent less time clarifying students' understanding. This is why it is important for teachers to be well-versed and comfortable with their knowledge of mental health. Before the first round of their mental health initiative, one half of teachers rated themselves as under-prepared to lead the initiative in their schools. However, over time, the teachers' knowledge, pedagogy, and self-efficacy scores improved with the initiative.

The prior research serves as a basis for this study. Texas recently adopted changes to TAC 288, a state mandate that requires EPPs to teach preservice teachers to identify symptoms of common mental disorders. On the surface, this seems to be an added precaution to help gain early intervention for mental health issues in student populations. However, there are several factors involved that may determine the mandate's success such as compliance, teacher attitudes, and teacher knowledge of the content.

The legislation immediately effects current EPP instructors and course curriculum. Current teachers in the field are not yet required to meet the requirements under this mandate. Researchers decided to focus on EPP instructors rather than current teachers because of the potential direct impact EPP instructors' knowledge and attitudes

will have on the implementation of the legislation requiring incorporation of mental health into curriculum.

Purpose of Study

The purpose of this study is to determine the awareness of the legislation and the attitudes toward mental health among Education Preparation Program (EPP) instructors. In addition, researchers asked about implementation plans for the new requirement under Texas Administrative Code §228.30(b)(5). The three research questions are as follows:

1) What are Education Preparation Program (EPP)-affiliated university faculty members' attitudes regarding state mandated [TEC §21.044(b)] inclusion of mental health-related content within the college curriculum?
2) What have been EPP faculty members' responses to the mental health requirement under TEC §21.044(b) on teacher preparation curriculum in the instructors' courses?
3) To what degree does EPP faculty members' demographic information (i.e. type of institution, department, years of experience, title, gender), attitudes, awareness of the law, and knowledge of mental disorders predict the current inclusion level of instruction of mental health curriculum?

CHAPTER 3

Methodology

The purpose of this mixed method study is to examine the following three research questions:

1) What are Education Preparation Program (EPP)-affiliated university faculty members' attitudes regarding state mandated [TEC §21.044(b)] inclusion of mental health-related content within the college curriculum?
2) What have been EPP faculty members' responses to the mental health requirement under TEC §21.044(b) on teacher preparation curriculum in the instructors' course?
3) To what degree does EPP faculty members' demographic information (i.e. type of institution, department, years of experience, title, gender), attitudes, awareness of the law, and knowledge of mental disorders predict the current inclusion level of instruction of mental health curriculum?

Subjects

During Fall 2014, public university faculty members in Texas were targeted for inclusion in the sampling. Faculty members' email addresses were obtained through websites and a stratified sampling was used for participant selection to ensure the inclusion of all sizes of institutions. Only institutions in Texas were affected by the recent

change in state legislature therefore, 45 public Texas schools (universities/colleges) were included. No community colleges were included in the sample. Each institution was then accessed through the hyperlink provided on the Texas Higher Education Coordinating Board's page (http://www.txhighereddata.org) and respective webpages were reviewed to identify sites having an education preparation program, a criterion for inclusion. This final list of 24 institutions, which met the criterion for inclusion, was inserted into an Excel file and affiliated program faculty members' emails were obtained from institutional websites through faculty directories and department home pages. These institutions ranged in size in student population from 1,800 to 52,000 and included the following institutional categories: regional comprehensive (n=43) to Research I or II (n= 24). Participants l The survey was developed in Qualtrics, an online data collection system, and a link to the survey was provided in the emails sent out to EPP instructors (n= 637).

Instrumentation

The Texas Education Code 228 Awareness Survey

The Texas Education Code 228 Awareness Survey (Appendix A), -a researcher-developed, 11-item, 5-point Likert-scale-based survey was used to identify university EPP faculty member's attitudes and perceptions of the state-mandated inclusion of mental health content into the teacher preparation curriculum. Survey items were based on a professional development presentation created by the Texas Tech University (Miller, Evans, & Philips, 2013), which was facilitated by a grant from Texas Office of the

Governor's Criminal Justice Planning Department. The presentation outlined 14 specific mental health disorders that EPP faculty and teachers should address in coursework associated with mental health. The survey addressed the following points: 1) participants' awareness of the Texas Education Code 228; 2) how and to what degree participants prepare pre-service teachers to detect and refer students whose behaviors are associated with issues related to mental health; and 3) one open-ended question about participants' definition of mental health. The survey's results were broken into categories and scales, including demographic information, a Mental Health Knowledge scale, Current Level of Instruction scale, and a Mental Health Attitudes scale.

Demographic Information

Twenty-four institutions were recruited based on the criteria of having an EPP. Of the 637 faculty population from those twenty-four intuitions surveyed, seventy-five (12%) responded. The following points were noted in the demographic survey: gender, type of institution, academic rank, and years of teaching experience.

Mental Health Knowledge Scale

The Mental Health Knowledge Scale (Appendix A, Question 2) is a researcher-designed, Likert-based scale designed to identify participants' knowledge of 14 disorders (attention deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, reactive attachment disorder, disruptive mood dysregulation disorder, anxiety, post-traumatic stress disorder, depression, bipolar disorder, pervasive developmental disorder, autism spectrum, eating disorder, obsessive-compulsive disorder, and fetal alcohol

syndrome). These disorders were selected from a professional development presentation by Texas Tech University faculty, which was specifically designed to address the implementation of TEC §21.044(b) (Miller, Evans, & Phillips, 2013). A rating of 1 indicates no knowledge or experience, a rating of 2 indicates informal knowledge or experience, a rating of 3 indicates formal knowledge or experience, and a rating of 4 indicates expert knowledge or experience. Total scores were calculated for all participants with a range of scores falling between 14 to 56. A higher knowledge score represents a more experienced or more knowledgeable instructor, whereas the lower knowledge score indicates the instructor has limited knowledge or experience.

Current Level of Instruction Scale

The Current Level of Instruction Scale (Appendix A, Question 3) is a researcher-designed, Likert-based scale used to identify participants' current incorporation of each of the 14 mental health disorders in EPP course instructions. A rating of 1 indicates never addressed in class, a rating of 2 indicates mentioned informally in class, a rating of 3 indicates included in formal lecture/discussion, and a rating of 4 indicates included in curriculum. Participants responses were calculated and a total score was assigned ranging from 14 to 56. A low score means an instructor had a limited inclusion of mental health disorders in their course(s), and a higher score indicated extensive attention to mental health disorders in the curriculum of the instructors' courses.

Mental Health Attitudes Scale

The researcher-designed, Likert-based Mental Health Attitude Scale (Appendix A, Question 4) was designed to identify participants' attitudes about the inclusion of mental health issues in the school setting by asking participants to agree or disagree to ten statements concerning this issue. A list of the statements can be seen in question four of the survey found in Appendix A. A Mental Health Attitude score was totaled for each participant's responses ranging from 10 to 50. A low score for attitude translates to a positive attitude about incorporating mental health issues into schools, and a high score represents a negative attitude.

Design and Procedure

A non-experimental quantitative research design through the form of a survey documented the EEP instructors' attitudes, knowledge, and beliefs about mental health disorders. The correlational relationship between the participants' compliance to the law and the participants' attitudes, knowledge, and demographic information was examined.

After approval was granted by the researcher's Institutional Review Board, introductory emails were sent out to Texas colleges and universities to inform potential participants of an upcoming opportunity to assist in the researcher's study. This email, located in Appendix B, included a brief description of the study, and an approximation of how long the survey would take. Two follow up emails, also located in Appendix B, were sent to remind potential participants as well. Once participants clicked on the link they were taken to an introductory screen within Qualtrics with a brief informed consent.

Data Analysis

To address the first research question, descriptive analysis was used. Means and standard deviation will be reported. For research question (2) What will be or have been the implications of the mental health requirement under TEC §21.044(b) on EPP instructors' course instruction? Descriptive statistics were used and means, standard deviations, and percentiles were reported. The third research question (3) To what degree do EPP faculty members' demographic information (i.e. type of institution, department, years of experience, title, gender), attitudes, awareness of the law, and knowledge of mental disorders predict the current level of instruction of mental health curriculum? required a *hierarchal multiple* regression analysis. Descriptive statistics were also compiled. The dependent variable is the EPP instructors' current level of instruction of mental health curriculum and the independent variables were demographic information, attitudes about mental health, awareness of the legislation, and knowledge about specific mental health disorders.

CHAPTER 4

Results

Participants included 48 (65.5%) females, 18 (24.7%) males, and 5 (6.8%) individuals who did not indicate gender. The participants reported rank as follows: 10 (14.1%) Instructors, 27 (38.0%) Assistant Professors, 17 (23.9%) Associate Professors, and 17 (23.9%) Full Professors. Respondents indicated years of professional experiences as follows: 17 (23.3%) participants had one to five years of experience, 20 (27.4%) participants had two to nine years of experience, 12 (16.4%) participants had ten to fourteen years of experience, 9 (12.3%) participants had fifteen to nineteen years of experience, and 15 (20.5%) participants had twenty plus years of experience. Table 1 presents the participants' demographics.

Table 1

Demographics of Survey Participants

	n	%
Gender		
Male	18	25.4
Female	48	67.6
Prefer Not to Say	5	7.0
Rank		
Instructor	10	14.1
Associate Professor	27	38.0
Assistant Professor	17	23.9
Full Professor	17	23.9
Institution		
Research I or II	25	34.2
Regional Comprehensive	42	57.5
Other	6	8.2
Department		
Elementary Education	13	17.6
Secondary Education	10	13.5
Curriculum and Instruction	34	45.9
Other	17	22.9
Experience		
1-4 years	17	23.3
5-9 years	20	27.4
10-14 years	12	16.4
15-19 years	9	12.3
20+ years	15	20.5

Assumptions and Correlation Matrix

A Pearson correlation analysis was performed to examine the relationships between awareness of the legislation, total attitude regarding the mental health curriculum and expectations, faculty members' years of experience and academic appointment level. Significant positive correlations were found between years of experience and total attitude (r =.430, p<.001, r^2= .185) and professional level and years

of experience (r=.565, p<.001, r^2=.319). Those with greater experience teaching in EPPs had a more positive attitude about mental health in general and also held a higher professional rank. No other significant relationships were found between the variables. Table 2 presents the results of the Pearson correlation matrix.

Table 2

Correlation matrix

	Awareness	Total Attitude	Years of Experience	Professional Level
Awareness		-.086	.087	.079
Total Attitude			.430*	.199
Years of Experience				.565*
Professional Level				

Note. * signifies p<.001

The first research question asked: What are the attitudes of EPP instructors about attention to mental health in the school setting? To address this first research question, descriptive analysis was used. Table 3 lists the ten statements participants were asked to agree or disagree on a Likert-Scale and the percentages for each statement. Thirty-five (46%) participants agreed mental health should be addressed in public school. Approximately 34 (45%) participants agreed teachers should be aware of mental health issues and 45 (60.8%) participants strongly agreed that mental health issues affect classrooms. Twenty-five (33.3%) participants agreed preservice teachers would be prepared to address mental health issues. Thirty-one (41.9%) participants disagreed only school counselors should be prepared to address mental health issues in schools. Notice

the participants disagreed with this reverse coded statement. Thirty-two (43.2%) participants disagreed that university faculty are currently prepared to teach mental health content. While most participants agreed mental health is critical, a majority of participants 29 (38.7%) disagreed mental health issues should not be included in the preservice teacher curriculum. It is the responsibility of all school personnel to be aware of mental disorders; 38 (52%) participants agreed. Today's student population has more mental health disorder than previous generations had 26 (34.7%) participants in agreement. For the last statement, 34 (45.9%) participants agreed maintaining the mental health of students is the sole responsibility of the parents. See Table 3 below.

Table 3
Attitudes of Mental Health Inclusion in classroom

	Strongly Agree (n)	Agree (n)	Neutral (n)	Disagree (n)	Strongly Disagree (n)
1. Mental health should be addressed in public schools.	36.8% (28)	46.1% (35)	14.5% (11)	1.3% (1)	1.3% (1)
2. Teachers should be aware of mental health.	44% (33)	45.3% (34)	8% (6)	0% (0)	2.7% (2)
3. Mental health affects classrooms.	60.8% (45)	32.4% (24)	6.8% (5)	0% (0)	0% (0)
4. Preservice teachers should be prepared to address mental health issues.	25.3% (19)	33.3% (25)	22.7% (17)	12% (9)	6.7% (5)
5. Only school counselors should be prepared to address mental health.	10.8% (8)	24.3% (18)	8.1% (6)	41.9% (31)	14.9% (11)
6. University faculty are currently prepared to mental health awareness.	4.1% (3)	12.2% (9)	12.2% (9)	43.2% (32)	28.4% (21)
7. Mental health issues should not be included in EPP curriculum.	8% (6)	14.7% (11)	13.3% (10)	38.7% (29)	25.3% (19)
8. It is the responsibility of all school personnel to be aware of mental health issues.	21.9% (16)	52.1% (38)	19.2% (14)	5.5% (4)	1.4% (1)
9. Today's student population has more mental health disorders than previously.	17.3% (13)	34.7% (26)	33.3% (25)	13.3% (10)	1.3% (1)
10. Maintaining the mental health of students is the sole responsibility of parents	6.7% (5)	4.1% (3)	10.8% (8)	45.9% (34)	32.4% (24)

The second research question asked: What have been EPP faculty members' responses to the mental health requirement under TEC §21.044(b) on teacher preparation

curriculum in the instructors' course? To answer the second research question, descriptive analysis was used. Percentages were reported. Participants responded they would address the mandate as follows: 3 (4.3%) participants will not include mental health curriculum in courses, 8 (11.4%) participants will make no changes as they already address mental health in courses, 51 (72.9%) participants will make minor changes, and 8 (11.4%) participants will make major changes to their courses. These results are presented in Table 4.

Table 4

Response to law in courses

	n	%
It will not affect it at all; I will not include it.	3	4.29
It will not affect it; I already address these issues.	8	11.43
I will make some changes to my practices.	51	72.86
I will make major changes to my practices.	8	11.43

The third and final research question asked to what degree does EPP faculty members' demographic information (i.e. rank, years of experience), attitudes, awareness of the law, and knowledge of mental disorders predict the current inclusion level of instruction of mental health curriculum. The third research question was answered by using a hierarchal regression analysis. Descriptive statistics are provided for each variable, including percentages.

The first dependent variable is professional demographics which includes rank or title of the participant and years of experience. This information can be found in Table 1 previously covered in this chapter. The second dependent variable is the attitudes of the participants towards mental health awareness in school settings. Again this variable was tabled earlier in this chapter; results are shown in Table 3. The third dependent variable is awareness of the law; 41 (56.9%) participants were aware of the new legislation and 31 (43.1%) were unaware of the new legislation. See Table 5 below.

Table 5

Awareness of legislation

	n	%
Yes	41	56.9
No	31	43.1

The fourth dependent variable is the participants' current knowledge of mental health disorders. For each disorder, participants were asked to rank how much personal knowledge or experience they had. The three disorders that most participants were familiar with were attention deficit/hyperactivity disorder (50.7%), depression (42.7%), anxiety (41.3%), and bipolar disorder (34.7%). The five disorders that participants were least familiar with were disruptive mood dysregulation disorder (56%), reactive attachment disorder (48%), pervasive developmental disorder (37.3%), conduct disorder (20%) and oppositional defiant disorder (18.7%). Results of this can be seen in Table 6.

Table 6

Current Knowledge of Mental Health Disorders

	No knowledge/ experience (n)	Informal knowledge/ experience (n)	Formal knowledge/ experience (n)	Expert knowledge/ experience (n)
Attention-Deficit/ Hyperactivity	1.3% (1)	29.3% (22)	50.7% (38)	18.7% (14)
Oppositional Defiant Disorder	18.7% (14)	45.3% (34)	26.7% (20)	9.3% (7)
Conduct Disorder	20% (15)	44% (33)	28% (21)	8% (6)
Reactive Attachment Disorder	48% (36)	36% (27)	10.7% (8)	5.3% (4)
Disruptive Mood Dysregulation Disorder	56% (42)	26.7% (20)	13.3% (10)	4% (3)
Anxiety	4% (3)	36% (27)	41.3% (31)	18.7% (14)
Post-Traumatic Stress Disorder	9.3% (7)	56% (42)	25.3% (19)	9.3% (7)
Depression	2.7% (2)	37.3% (28)	42.7% (32)	17.3% (13)
Bipolar Disorder	9.3% (7)	48% (36)	34.7% (26)	8% (6)
Pervasive Developmental Disorder	37.3% (28)	32% (24)	18.7% (14)	12% (9)
Autism Spectrum Disorder	5.3% (4)	38.7% (29)	42.7% (32)	13.3% (10)
Eating Disorder	5.3% (4)	56% (42)	28% (21)	10.7% (8)
Obsessive-Compulsive Disorder	8.1% (6)	52.7% (39)	32.4% (24)	6.8% (5)
Fetal Alcohol Syndrome	13.5% (10)	52.7% (39)	27% (20)	6.8% (5)

The independent variable is current level of instruction of mental health disorders in EPP courses. For Disruptive Mood Dysregulation Disorder, 71.2% never addressed the disorder in class. Reactive Attachment disorder was never addressed in a class for 71.8% of participants. Interestingly, pervasive developmental disorder, obsessive-compulsive disorder, and fetal alcohol syndrome were not address in 53% of participants' courses. These are the least covered disorders, while attention deficit/hyperactivity disorder (41.%), autism spectrum disorder (35%), and anxiety (28%) were the most included disorders in class instruction. Below in Table 7 are the results show in percentages for each disorder.

Table 7

Current Inclusion Level of Instruction

	Never Addressed in Class (n)	Informally included (n)	Included in lesson (n)	Included in curriculum (n)
Attention-Deficit/ Hyperactivity	13.7% (10)	26% (19)	41.1% (30)	19.2% (14)
Oppositional Defiant Disorder	52.1% (38)	21.9% (16)	20.6% (15)	5.5% (4)
Conduct Disorder	49.3% (36)	24.7% (18)	16.4% (12)	9.6% (7)
Reactive Attachment Disorder	71.8% (51)	19.7% (14)	2.8% (2)	5.6% (4)
Disruptive Mood Dysregulation Disorder	71.2% (52)	17.8% (13)	5.5% (4)	5.5% (4)
Anxiety	29.7% (22)	35.1% (26)	28.4% (21)	6.8% (5)
Post-Traumatic Stress Disorder	50.7% (37)	23.3% (17)	20.6% (15)	5.5% (4)
Depression	32.9% (24)	34.2% (25)	24.7% (18)	8.2% (6)
Bipolar Disorder	50.7% (37)	27.4% (20)	15.1% (11)	6.8% (5)
Pervasive Developmental Disorder	53.4% (39)	23.3% (17)	10.9% (8)	12.3% (9)
Autism Spectrum Disorder	16.2% (12)	27% (20)	35.1% (36)	21.6% (16)
Eating Disorder	52.8% (38)	26.4% (19)	11.1% (8)	9.7% (7)
Obsessive-Compulsive Disorder	53.4% (39)	27.4% (20)	12.3% (9)	6.9% (5)
Fetal Alcohol Syndrome	53.4% (39)	24.7% (18)	13.7% (10)	8.2% (6)

To test the hypothesis that the instructional level of inclusion of mental health is a function of the following variables, awareness of the law, total attitude score towards mental health curriculum, years of experience, and professional level, a hierarchical multiple regression analysis was performed. Tests for multicollinearity indicated that a low level of multicollinearity was present. Total knowledge about mental health was the first variable entered, followed by awareness of the law, total attitudes score towards mental health curriculum, years of experience, and professional level. Variables were entered according to research that states knowledge and attitudes are likely to determine if individuals comply to a mandate (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011). The hierarchical multiple regression ran two models. The first model compared total knowledge of mental health disorders to the degree of instructional inclusion of mental health disorders. The first model was significantly related to current level of instruction, F (1,63) = 42.601, p<.000. The second model included the additional variables of awareness of the law, total attitude scores toward mental health, years of experience and professional level, F (5,63) = 10.129, p< .001. The sample multiple correlation coefficient was .41, indicating that approximately 41% of the variance of the current level of instruction can be accounted for by knowledge, awareness, attitudes, years or experience, and professional level. The best fitting model for predicting instructors total of mental health instruction is a combination of the total knowledge and years of experience. The best predictor for an instructor's degree of

mental health curriculum in instruction is the instructor's knowledge of mental health and their years of experience teaching. Table 8 indicates these results below.

Table 8

Hierarchical Regression for Total Instruction

	B	SE	β	R2	$\Delta R2$
Model 1				.407	.407
Total Knowledge	.764	.117	.638**		
Model 2				.466	.059
Total Knowledge	.748	.123	.625**		
Awareness	-.216	.160	-.135	--	--
Total Attitude	-.134	.157	-.093	--	--
Years of Experience	.149	.069	.275*	--	--
Level	-.150	.094	-.183	--	--

** Clinically significant $p<.001$

* Partial significant $p<.05$

CHAPTER 5

Discussion

The purpose of this study was to determine the awareness of the legislation and the attitudes toward mental health among EPP instructors. The central question of this study examined the degree to which EPP instructors' demographic information predicted instructors' current inclusion of mental health curriculum in EPP courses. Research supports the importance of mental health as related to school success and academic achievement (Haertel, Walberg, & Weinstein, 1983; Masten, et al., 2005; Wang, Haretel, & Walberg, 1990). In past studies, researchers also found two themes that improve compliance to legislation or mandates: values and belief align with mandates and that personnel require knowledge and guidance in implementation of mandates (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011). Research included in the literature review highlighted the connection between knowledge, attitudes, values and beliefs with compliance to mandates. Results from prior empirical studies were supported in that significant relationship between knowledge of mental health disorders and how much EPP instructors' included mental health issues in their courses.

In this study, EPP instructors overall reported a positive attitude toward the inclusion of mental health into curriculum (38.7%) and that mental health is an important issue that affects students' learning and the classroom environment (60%). It is also mostly agreed that schools share the responsibility to address mental health, but there was

noteworthy variance in the assignment of specific roles and responsibilities in attending to students' mental health.

According to the literature review (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011), knowledge would be a good predictor for how much EPP instructors taught the specific content of mental health. The central research question of this study examined how the other variables of awareness, attitudes, rank, and years of experience would change the amount of time spent on instruction of mental health. Through the hierarchical regression, knowledge was supported as a significant predictor. An unexpected predictor of instructional time spent on mental health was years of experience of the EPP instructor. No significant relationship was found between years of experience and knowledge, but there is an understandable relationship.

Implications

These results suggest that EPP instructors overall agree regarding the importance and belief in the need for mental health in school settings as well as sharing the responsibility of students' mental health. However, there is some variance in who should address these needs. Teachers in the k-12 system are susceptible to burnout and occupational stress. Overloading teachers with mental health roles and responsibilities may not be ethical. Mental health awareness is important for teachers, EPP instructors, parents, and administrators. These results also align with previous research (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011) that more knowledge of a content is key to teaching it and implementing plans. Ultimately, educators teach

content that they are more knowledgeable about and more comfortable with. Empowering educators through different means will result in more mental health supports in schools. This supports more collaboration between colleges so that professionals in mental health may help educated EPP instructors as well as their students. Professional development for EPP instructors as well as current teachers can help educate professionals about the most up-to-date and prevalent mental health issues affecting students, schools, and districts. School Psychologist are trained in professional development and could easily fill this role as campus or district mental health liaison. Professional development will help teachers be knowledgeable and aware of mental health, but also the referral process, mental health services and personnel available in their districts.

Future research would benefit from pinpointing exactly what aspects of mental health needs to be addressed in EPP courses, such as what information would most benefit teachers in the field. One way to find and focus on key mental health factors for a school district is recruiting the help of licensed specialist in school psychology or school psychologist. There are currently systematic problem solving and program evaluations that can accomplish this goal for districts. Another area for future research is studying structured curriculum created by experts and research-based about mental health issues and disorders. Once specific studies are conducted for individual districts, data can be collected and aggregated to determine what is needed on state level. Reviewing other areas of EPP curriculum could also be useful in finding new courses to educate future teachers about applied behavior analysis or developmental psychology.

While SB 460 focuses on mental health disorders, it may also be beneficial for teachers to have more courses on child and human development to discern what is typical or atypical features of childhood and adolescence.

Limitations

This study was a state based study as it looked at state legislation and public universities and colleges. However, the participation response percentage was low (12%). Due to the low response rate, a sample bias cannot be ruled out. Only 3 (4.3%) participants said they would not implement the mandate at all in their EPP courses. Another limitation of this study is the researcher originated survey lacks reliability and validity of a tested survey. The results of this study align with previous research (Terry, 2010; Larsen & Hunter, 2014; Gaines, Lonis-Shumate, & Gropper, 2011) that more knowledge of a content is key to teaching it and implementing plans. Recommendations for future research would address other education and mental health stakeholders' attitudes and current practice, such as teachers, administration, and mental health service providers in the schools, preservice teachers, and mental health professionals. Another possible direction future research could examine the factors that predict compliance in other fields than education.

Conclusion

Mental health affects students' in the classroom. Mental health disorders affect 20% of adolescents (Doll & Cummings, 2008). Senate Bill 460 (SB 460) required changes to Texas Administrative Code (TAC), specifically Chapter 228.30 which covers the requirements for Educator Preparation Curriculum. The changes required EPP curriculum to cover: characteristics and identification of prevalent mental or emotional disorders among children and "effective strategies for teaching and intervening with students with mental or emotional disorders, including de-escalation techniques and positive behavioral interventions and supports" (TEC 21.044). EPP instructors were called to action to include mental health issues and disorders into their curriculum. This study found significantly positive relationship between knowledge and years of experience on the inclusion of mental health in EPP course. This study found important relationships between knowledge about mental health and its instruction in EPP courses. Findings support the addition of mental health in curriculum, and encouragement of more training for instructors on mental health content. This study found the following disorders to be the least known about disorders: disruptive mood dysregulation disorder (DMDD), reactive attachment disorder (RAD), pervasive developmental disorder, conduct disorder and oppositional defiant disorder. While DMDD and RAD may not be as common, the other three are common in the K-12 system. EPP instructors should be aware of the likelihood the more knowledge they have about a topic the more likely they will be to incorporate it in their courses. These findings present administration from college of

educations the opportunity to encourage cross-disciplinary collaborations between the school of education and psychology or school psychology programs.

References

Askell-Williams, H., & Lawson, M.J. (2013). Teachers' knowledge and confidence for promoting positive mental health in primary school communities. *Asia-Pacific Journal of Teacher Education*, *41*(2), 126-143.

De Vita, C.J., & Pollard, KM. (1996). Increasing diversity of the U.S. population. Statistical Bulletin, Metropolitan Insurance Company. 1996 Jul-Sep;77(3):12-7

Doll, B. (1996). Prevalence of psychiatric disorders in children and youth: An agenda for advocacy by school psychology. *School Psychology Quarterly*, *11*, 20-26.

Doll, B. & Cummings, J.A. (2008). Best practices in population-based school mental health services. *Best Practices in School Psychology V*, (4), 1333-1352.

Doll, B., Spies, R., & Champion, A. (2012). Contributions of Ecological School Mental Health Services to Students' Academic Success. *Journal Of Educational & Psychological Consultation*, *22*(1-2), 44-61.

Education Code, Title 2. Public Education, Subtitle D. Educators and school district employees and volunteers, Chapter 21. Educators, Subchapter A. General provisions. http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.21.htm#21.044

Gaines, A.B., Lonis-Shumate, S.R., & Gropper, S.S. (2011). Evaluation of Alabama public school wellness policies and state school mandate implementation. *Journal of School Health*, 81 (2011), 281-287.

Gandarilla, M., & O'Donnell, J. (2014). Keeping Children Safe: Afterschool Staff and Mandated Child Maltreatment Reporting. *Afterschool Matters*, (20), 28-38.

Haertel, G.D., Walberg, H.J. & Weinstein, T. (1983). Psychological models of educational performance: A theoretical synthesis of constructs. *Review of Educational Research*, 53, 75-92.

Johnson, C., Eva, A.L., Johnson, L., & Walker, B. (2011). Don't Turn Away: Empowering Teachers to Support Students' Mental Health. *Clearing House*, *84*(1), 9-14.

Kidger, J., Gunnell, D., Biddle, L., Campbell, R., & Donovan, J. (2010). Part and parcel of teaching? Secondary school staff's views on supporting student emotional health and well-being. *British Educational Research Journal*, *36*(6), 919-935.

Larsen, D. & Hunter, J. (2014). Separating wheat from chaff: How secondary school principals' core values and beliefs influence decision-making related to mandates. *NCPEA International Journal of Educational Leadership Preparation*, *9*(2), 71-90.

Masten, A.S., Roisman G.I., Long, J.D. Burt, K.B., Obradovic, J., Riley, J.R., et al. (2005). Developmental cascades: Linking academic achievement and

externalizing and internalizing symptoms over 20 years. *Developmental Psychology*, *41*, 733-746.

Mazzer, K.R., & Rickwood, D.J. (2014). Teachers' role breadth and perceived efficacy in supporting student mental health. *Advances in School Mental Health Promotion*, *8*(1), 29-471.

Miller, R., Evans, M., & Philips B. (2013). Mental health and education. Symposium conducted at The TWITR Project, Lubbock, Texas.

Natasi, B.K & Varjas, K.(2008). Best practices in developing exemplary mental health programs in schools. *Best Practices in School Psychology V*, (IV), 1349-1360.

Terry, K. (2010). Compliance, commitment, and capacity: Examining districts' responses to No Child Left Behind. *Planning and Changing*, *41*(½), 80-109.

Texas Senate Bill 460 (Prior Session Legislature) LegiScan: Bringing People to the Process. https://legiscan.com/TX/bill/SB460/2013

Texas Teacher to Study Mental Health, Positive Behavioral Interventions. Texas Council for Developmental Disabilities June 26, 2013 http://tcdd.texas.gov/texas-teachers-to-study-mental-health-positive-behavioral-interventions/

Reid, R., Epstein, M.H., Gonzalez, J.E., Nordness, P.D., &Trout, A. (2004). A meta-analysis of the academic status of students with emotional/behavioral disturbance. *Journal of Special Education*, *38*(3) 130-43.

Wang, M.C., Haertel, G.D., & Walberg, H.J. (1990). What influences learning? A content analysis of review literature. *Journal of Educational Research*, *84*, 30-43.

Weston, K.J., Anderson-Butcher, D., & Burke, R.W. (2008). Developing a comprehensive curriculum framework for teacher preparation in expanded school mental health. *Advances In School Mental Health Promotion*, *1*(4), 25-41. doi:10.1080/1754730X.2008.9715737

World Health Organization (Aug 2014). Mental health: strengthening our response. Retrieved October 24, 2015, from http://www.who.int/mediacentre/factsheets/fs220/en/

APPENDIX A

Mental Health

State legislation has changed to now include mental health issues in teacher preparation curriculum. The purpose of this research study is to determine the awareness of the legislation and the attitudes toward mental health among EPP instructors. This survey should take 15 to 20 minutes to complete. Participation is voluntary. By completing the survey, you are giving consent to participate in the study. You may stop the survey at any time and not submit your answers with no penalty to you. There are no risks involved in participation in the study. Your responses will be anonymous. The benefit is that there will be a better understanding of what is happening in the teacher preparation programs in relation to mental health. Please print this page if you would like a copy for your records. If you have any questions, please contact Dr. Amanda Rudolph at rudolpham@sfasu.edu or 936.468.1891. Any concerns with this research may be directed to the Office of Research and Sponsored Programs at 936-468-6606.

Q1 Are you aware of the addition of instruction in the detection of students with mental or emotional disorders in Texas Administrative Code 228.30(b)(5)?

- ❍ Yes
- ❍ No

Q2 For the disorders listed below, please indicate your knowledge or experience level. Examples of Informal knowledge or experience would be websites, media, and friends with conditions. Examples of formal knowledge or experience would be training, coursework, family with

condition. Examples of expert knowledge or experience would be psychology degree, certifications, and having a condition yourself.

	No knowledge or experience	Informal knowledge or experience	Formal knowledge or experience	Expert knowledge or experience
Attention-Deficit/Hyperactivity Disorder	❍	❍	❍	❍
Oppositional Defiant Disorder	❍	❍	❍	❍
Conduct Disorder	❍	❍	❍	❍
Reactive Attachment Disorder	❍	❍	❍	❍
Disruptive Mood Dysregulation Disorder	❍	❍	❍	❍
Anxiety	❍	❍	❍	❍
Post-Traumatic Stress Disorder	❍	❍	❍	❍
Depression	❍	❍	❍	❍
Bipolar Disorder	❍	❍	❍	❍
Pervasive Developmental Disorder	❍	❍	❍	❍
Autism Spectrum	❍	❍	❍	❍
Eating Disorders	❍	❍	❍	❍
Obsessive-Compulsive Disorder	❍	❍	❍	❍
Fetal Alcohol Syndrome	❍	❍	❍	❍

Q3 For the following disorders, please indicate to what level each is currently being addressed in your teacher education courses.

	Never addressed in class	Mentioned informally in class	Included in formal lecture/discussion	Included in curriculum
Attention-Deficit/Hyperactivity Disorder	❍	❍	❍	❍
Oppositional Defiant Disorder	❍	❍	❍	❍
Conduct Disorder	❍	❍	❍	❍
Reactive Attachment Disorder	❍	❍	❍	❍
Disruptive Mood Dysregulation Disorder	❍	❍	❍	❍
Anxiety	❍	❍	❍	❍
Post-Traumatic Stress Disorder	❍	❍	❍	❍
Depression	❍	❍	❍	❍
Bipolar Disorder	❍	❍	❍	❍
Pervasive Developmental Disorder	❍	❍	❍	❍
Autism Spectrum	❍	❍	❍	❍
Eating Disorders	❍	❍	❍	❍
Obsessive-Compulsive Disorder	❍	❍	❍	❍
Fetal Alcohol Syndrome	❍	❍	❍	❍

Q4 Please rate how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Mental health should be addressed in public schools.	❍	❍	❍	❍	❍
Teachers should be aware of mental disorder symptoms.	❍	❍	❍	❍	❍
Mental health issues affect classroom interactions.	❍	❍	❍	❍	❍
Preserves teachers should be prepared to identify mental disorder symptoms.	❍	❍	❍	❍	❍
Only school counselors should be prepared to address mental health issues in the public school.	❍	❍	❍	❍	❍
University faculty members are currently prepared to teach mental health awareness to preservice teachers.	❍	❍	❍	❍	❍
Mental health issues should not be included in the preservice teacher curriculum.	❍	❍	❍	❍	❍

It is the responsibility of all school personnel to be aware of mental disorder symptoms.	❍	❍	❍	❍	❍
Today's student population has more mental health disorders than previous generations.	❍	❍	❍	❍	❍
Maintaining the mental health of students is the sole responsibility of the parents.	❍	❍	❍	❍	❍

Q5 What is your definition of mental health?

Q6 How will this legislation affect your university classroom practices?

❍ It will not affect it at all; I will not include it.
❍ It will not affect it; I already address these issues.
❍ I will make some changes to my practices.
❍ I will make major changes to my practices.

Q7 What are the plans to address this legislation at your education preparation program?

❍ I do not know.
❍ We are working on it as a faculty.
❍ Each instructor is responsible for addressing it.
❍ We are bringing in outside resources to help.
❍ We are not going to include it.
❍ Other _____

Q8 I am a faculty member at at:

❍ a research I or II institution.
❍ a regional comprehensive institution.
❍ other _____

Q13 The department in which I teach is:

- ❍ Elementary Education
- ❍ Secondary Education
- ❍ Curriculum and Instruction
- ❍ Other _____

Q9 I have been teaching at the university level for:

- ❍ 1-4 years
- ❍ 5-9 years
- ❍ 10-14 years
- ❍ 15-19 years
- ❍ 20+ years

Q10 I am currently:

- ❍ an instructor.
- ❍ assistant professor.
- ❍ associate professor.
- ❍ full professor.

Q11 I identify as:

- ❍ female.
- ❍ male.
- ❍ other or prefer not to say.

APPENDIX B

Tue 11/18/2014 12:02 PM

Hello Colleagues,

Greetings across Texas! I am Amanda Rudolph and I work at Stephen F. Austin State University. Along with the assistance of a doctoral candidate in School Psychology, Alison Bradford, I am conducting research into the attitudes toward the new requirement in Texas Education Code that requires teacher preparation programs to provide instruction in the detection of mental or emotional disorders (TAC Chapter 228.30(b)(5)). By the end of the week, you will receive a link to a survey administered by Qualitrics. The survey should only take 10 minutes. Even if you are not aware of the change in code, you opinion on other items is very valuable. All surveys are anonymous and all responses will be kept confidential.

We really appreciate your time. Please let me know if you have any questions.

Thanks so much,
Amanda

Amanda M. Rudolph, Ph.D.
Professor
Department of Secondary Education and Educational Leadership
Stephen F. Austin State University
Box 13018
Nacogdoches, TX 75962
rudolpham@sfasu.edu
936.468.1891

Fri 11/21/2014 2:43 PM
Good Afternoon Colleagues,

As promised earlier this week, I am sending the link for our survey about the inclusion of mental health curriculum in our teacher education programs. If you recall, I am working with a doctoral candidate in School Psychology, Alison Bradford, conducting research into the attitudes toward the new requirement in Texas Education Code that requires teacher preparation programs to provide instruction in the detection of mental or emotional disorders (TAC Chapter 228.30(b)(5)). The link below will take you to a survey administered by Qualitrics. The survey should only take 10 minutes. Even if you are not aware of the change in code, you opinion on other items is very valuable. All surveys are anonymous and all responses will be kept confidential.

http://sfasu.qualtrics.com/SE/?SID=SV_8wyEG3ZPsq5fLql

We would like to have the survey completed by December 5th. If you are not currently working in teacher education, please feel free to forward the link to your colleagues who are. We really appreciate your time. Please let me know if you have any questions.

Thanks so much,
Amanda

Amanda M. Rudolph, Ph.D.
Professor
Department of Secondary Education and Educational Leadership
Stephen F. Austin State University
Box 13018
Nacogdoches, TX 75962
rudolpham@sfasu.edu
936.468.1891

Tue 12/16/2014 9:44 AM
Season Greetings!

I want to thank those of you who have been so kind as to complete our survey on including Mental Health in teacher preparation curriculum. I am sending the link to the survey once more in hopes those of you who have not completed will complete in these last days of the semester. I know this is a busy time, but we would really appreciate your input. Also, feel free to forward to others you know in teacher preparation.

http://sfasu.qualtrics.com/SE/?SID=SV_8wyEG3ZPsq5fLql

Thank you so much! I hope you have a great break!

Amanda Rudolph

Amanda M. Rudolph, Ph.D.
Professor
Department of Secondary Education and Educational Leadership
Stephen F. Austin State University
Box 13018
Nacogdoches, TX 75962
rudolpham@sfasu.edu
936.468.1891

VITA

Alison W. Bradford began her collegiate career as a Lumberjack in 2005, when she transferred to Stephen F. Austin State University from Northeast Texas Community College in Mount Pleasant, Texas. She received her bachelor of arts degree in English and Secondary Education in 2008. In 2010, she completed her master of arts degree in English Literature. Alison taught high school and introductory college composition courses for two years. In 2013, she returned to Stephen F. Austin State University and entered the School Psychology program. In May 2017, she received the degree of Master of Science in School Psychology.

APA/ SFASU Graduate School

This thesis was typed by Alison W. Bradford