The Perceptions and Experiences of Elementary School Counselors Collaboration with Community Mental Health Providers

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The Perceptions and Experiences of Elementary School Counselors

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Abstract

Millions of children are suffering from mental health issues causing impairment in their lives (Center for Mental Health in Schools, n.d -a). Many of these children face barriers which impede the receiving of mental health services (Hodges, Nesman, & Hernandez, 2001). School counselors are in a position to provide mental health assistance. Collaboration is one role of the counselor used to enhance mental health services to children. Therefore, the purpose of this study was to describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. A phenomenological research design was used to better understand the essence of the collaborative experience. Ten elementary school counselors participated in two face-to-face, in-depth interviews. Triangulation of various data sources, including participant interviews, field notes, and reflexive journal entries, was conducted. These three data sources and a demographic survey were used for data analysis purposes. Data analysis included the process of code mapping of data.

Six themes resulted from the data analysis. School counselor participants identified many types of interactions that occur through collaboration, including the sharing of knowledge, goal setting, conflict management, and the acting on information. They also determined school counselors and community mental health providers must be committed to the process for collaboration to be effective. Participants indentified several benefits to collaboration, including access to additional resources and support, consistency of counseling services, improvement of the student, time, and good business. It was also determined that there were several components

to effective collaboration. Effective collaboration involved consistent communication, relationship building, networking, and logistics. Several barriers to collaboration were identified, including systemic, personal and/or environmental barriers. Participants also stated various changes needed for collaboration. These changes included more collaboration, consistency, networking, and communication.

Implications of the findings indicate a need for more collaboration between elementary school counselors and community mental health providers. As school counselors, it is an ethical responsibility to advocate for time to collaborate. School counselors also need to allow time to network and build relationships with community mental health providers. These relationships increase the likelihood that collaboration will occur.

Dedication

I would like to dedicate my dissertation to my loving and supportive family. Without you, this would never have been possible. THANK YOU!!!

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Table of Contents

Abstract ii

Dedication iv

Acknowledgements v

Table of Contents vi

List of Tables xii

List of Figures xiii

Chapter One: Introduction 1

Context for the Study 1

Statement of the Problem 4

Purpose of Study and Research Questions 5

Definition of Terms 5

Collaboration 5

Community mental health provider 5

Elementary school counselor 6

Overview of the Method 6

Document Organization 7

Chapter Two: Review of the Literature 8

Scope 8

Literature Search and Review Process 8

Discussion of the Literature 10

Mental Health and Elementary-Aged Children 10

Barriers to Mental Health Care 11

Mental Health and Academics 12
Elementary School Counselor Roles 13
School Counseling Program Components 13
School Counselor and Ethical Responsibility 14
Collaboration Defined 15
Barriers to Collaboration 19
Personal Barriers 19
Systemic Barriers 19
Environmental Barriers 21
Frameworks for Collaboration 21
Components of Collaboration Model 22
Interdisciplinary Collaboration Model 23
Interagency Collaboration Model 25
Collaboration Framework for Current Research 26
Collaboration versus Consultation 28
Synthesis and Summary 29
Research Direction 29
Chapter Three: Methodology 31
Overview of the Study 31
Research Design 31
Role of the Researcher 32
Participant Selection 33
Informed Consent and Permission Procedures 35

Assurance of Confidentiality 35
Gaining Access and Entry 36
Data Collection 36
Interview Method 37
Interview Protocol 38
Field Notes 39
Reflexive Journal Entries 39
Demographic Survey 40
Data Quality Procedures 40
Credibility 41
Transferability 43
Dependability 43
Confirmability 44
Data Management and Analysis 44
Data Management 44
Data Analysis 45
Summary 46
Chapter Four: Results of the Study 47
Introduction 47
Participants 47
School District Descriptions 49
Participant Narratives 51
Results 57

Research Question One....58
Theme 1: Interactions....59
Sharing of knowledge....59
Goal setting....60
Conflict management....60
Acting on information....61
Theme 2: Commitment to collaboration....62
Community mental health provider commitment....62
School counselor commitment....63
Theme 3: Benefits of collaboration....65
Additional resources and support....65
Consistency of counseling services....65
Improvement of child/student....66
Effective use of time....66
Good business....67
Theme 4: Components of effective collaboration....67
Communication....67
Relationship building....70
Logistics....70
Theme 5: Barriers to collaboration....71
Systemic barriers....72
Personal and environmental barriers....74
Theme 6: Changes needed in collaboration....75

Communication 76

More collaboration and consistency 76

Networking 77

Research Question Two 78

Research Question Three 78

Summary 79

Chapter Five: Summary, Conclusions, and Recommendations 80

Summary of the Results 80

Research Question Three 81

Research Question Two 83

Research Question One 84

Discussion and Conclusions 87

Components of Effective Collaboration 88

Personal commitment 88

Interactive relationship 89

Common purpose 92

Shared accountability 93

ConsistentcCommunication 94

Context 96

Influences on Collaboration 96

Ethics 97

Credibility 97

Time 98

Conflict 99

Resources 99

Finances 99

Limitations 101

Implications 102

Implications for School Counselors 102

Implications for Counselor Educators 103

Future Research 104

Summary 105

References 106

Appendices 114

Appendix A: Initial Letter to Coordinators/Administrators 114

Appendix B: Phone Call Script: Coordinators/Administrators 116

Appendix C: Phone Call Script: Interview Participants 118

Appendix D: Informed Consent Form 120

Appendix E: Demographic Survey 123

Appendix F: Virginia Tech Institutional Review Board Approval Letter 124

Appendix G: Cover Letter for Transcript and Member Check 127

Appendix H: Interview Protocol – Interview One 128

Appendix I: Interview Protocol – Interview Two 130

Appendix J: Demographic Survey Results 131

Appendix K: Development of Research Question Themes 134

List of Tables

Table 1: Definitions of Collaboration 15

Table 2: Collaboration vs. Consultation 28

Table 3: Demographic Summary of Participants 48

List of Figures

Figure 1: Components of Collaboration by M. Friend and L. Cook, 2010, *Collaboration Skills for School Professionals* 22

Figure 2: Framework for Collaboration developed specifically for this research study. Framework based on previous research of collaboration 27

Chapter One: Introduction

Jeff comes to school every day distraught, crying uncontrollably, with separation anxiety from his mom. He is unable to attend class and is made fun of by other students. David is completely focused on how much he misses his father since his parents' divorce. This causes major distractions and acting out during class. Sarah has been diagnosed with Attention Deficit Hyperactivity Disorder and has a very difficult time focusing in class. This has caused her grades to slip and her frustration level to rise. According to the Department of Health and Human Services, "Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were meant to take care of them" (Center for Mental Health in Schools, 2008, p. 1)

Context for the Study

A variety of sources describe the significant mental health needs of children in the United States (Center for Mental Health in Schools, n.d.-a, n.d.-b; Hodges, Nesman, & Hernandez, 2001; National Alliance on Mental Illness, October, 2007; The Campaign for Mental Health Reform, 2003). In fact, the American Academy of Pediatrics (2004) noted an increase from 7% to 19% in pediatric psychosocial problems in the last 20 years. Another indicator of mental health needs in children is the data on specific risk factors. The Youth Risk Behavior Survey conducted by the Department of Health and Human Services and Center for Disease Control Prevention in 2009 provided some startling statistics on these risk factors. One such risk factor is that 23.8% of adolescents had drunk alcohol before the age of 13. In addition, 38.1% had used marijuana one or more times in their lives and 13.3% had used inhalants at least once. Unfortunately, 79% of children do not receive adequate mental health care (Kataoka & Zhang, 2002). Many of these children do not receive services for their needs due to various barriers

(Walsh & Galassi, 2002; Weist, Lowie, Flaherty, & Pruitt, 2001). In turn, many children are unable to learn in school and their overall academic performance suffers. As the Center for Mental Health in Schools (2008) states, "Addressing psychosocial and mental…health concerns is essential to the effective school performance of some students" (p. 1). School counselors are in a position to not only identify possible mental health issues but to also provide intervention and support services to the children. In fact, school counselors have the advantage of being a part of the child's daily life (Geroski, Rodgers, & Breen, 1997). The school counselor is usually the one within the school that is the most knowledgeable about the child (Walsh & Galassi, 2002). School counselors are trained through a Master's level degree curriculum to not only address a student's academic needs, but also their developmental and personal/social needs. Through their training they have developed skills in many areas, including effective communication, problem solving, and interpersonal relationships (West & Idol, 1993). In their role as school counselors, they work with students in both prevention and intervention efforts. This is done through four delivery systems; including school guidance curriculum, individual student planning, responsive services, and system support (American School Counselor Association, 2009).

School counselors often serve large caseloads of students through the components of these four delivery systems (Porter, Epp, & Bryan, 2000). In the past, the focus of school counselors has been on a small percentage of the students in their school. This usually involved the high achieving students or the at-risk students. Through the development of the ASCA National Model by the American School Counselor Association, the focus of the school counseling program efforts are on providing direct services to all students (American School Counselor Association, 2003). As Porter et al. (2000) states, "With their large caseloads and

administrative responsibilities, school counselors are often limited to delivering short-term counseling and developmental guidance to the large number of students they serve" (p. 317). This does not allow for school counselors to provide the extensive treatment that some children require, often leading to referrals to community mental health providers (Porter et al., 2000). The situation lends itself to a system of collaboration with other mental health professionals outside of the school. Collaboration is one role of the school counselor that allows them to assist with mental health issues and address barriers to learning (Hodges et al., 2001; Trusty, Mellin, & Hebert, 2008). The American School Counselor Association (2009) highlights the importance of collaboration to promote overall student achievement.

Collaboration is a topic that has been discussed in education since the 1950's. Starting in the 1960's, informal collaboration became a function of schools and led to an increase in both state and federal funding (Mostert, 1998). This funding increased the number of services to students, families, and communities allowing for an establishment of interrelated helping professions. Needs were being met for more diverse families, including an increase in dual employed families, single parent families, and at risk students. There were also a number of legal precedents that increased the amount of collaboration between helping professionals. These included The Rehabilitation Act – Section 504 (1973), The Education for All Handicapped Children Act (EHA), The Individuals with Disabilities Education Act (IDEA) and The Americans with Disabilities Act (1990). Because of these social and legal changes, collaboration became a necessity to provide effective services to children (Mostert, 1998).

Various definitions and models of collaboration have developed over the years. Unfortunately, there has not been a consensus on the general definition (Gajda, 2004). A few characteristics of collaboration are commonly included when various models or frameworks of

collaboration are discussed. One characteristic of importance is the personal commitment of the people involved in the collaboration (Friend & Cook, 2010; Hodges et al., 2001; Mostert, 1998; Rubin, 2009). The interactive relationships among the people collaborating is also of importance (Brown, Pryzwansky, & Schulte, 2006; Rubin, 2009; Sheridan, 1992). Another component of collaboration is effective communication from all parties involved (Brown, Pryzwansky, et al., 2006; Seaburn, Lorenz, Gunn, Gawinski, & Mauksch, 2003). It is also thought that there must be a common purpose or a goal for the collaboration (Fishbaugh, 1997; Hodges et al, 2001; Mostert, 1998; Rubin, 2009; Sheridan, 1992). Shared responsibility and decision making is another important component to collaboration (Caplan & Caplan, 1993; Friend & Cook, 2010; Hobbs & Collison, 1995; Mostert, 1998; Sheridan, 1992; Taylor & Adelman, 2000). A final characteristic of importance in collaboration is the context or the logistics of the process (Friend & Cook, 2010). Even with these similar characteristics of collaboration, researchers have shown there are a variety of barriers that can affect collaborative efforts. Barriers can be personal, systemic, or environmental (Hodges et al, 2001). These barriers must be considered by people working as part of a collaborative.

Statement of the Problem

There is little research on collaboration between school counselors and other mental health professionals in the community. Research that has been conducted has included collaboration with other educational personnel, physicians, and mental health providers within the schools. The research has been both quantitative and qualitative in nature. The most relevant research focused on collaboration with professionals within the schools.

Based on past research completed, there is still a gap in the literature on the experiences of school counselors' collaborative efforts. There is also a gap in overall qualitative research.

The focus of this qualitative study was on the perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers. Based on the increasing mental health needs of children and the impact the needs have on their overall learning, it is imperative that we develop ways to collaborate with others to meet their needs. In addition, more knowledge is needed about the effective components of collaboration and what factors help build and sustain the collaboration (Perrault, McClelland, Austin, & Sieppert, 2011).

Purpose of Study and Research Questions

The purpose of this study was to describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. The research questions for this study were:

1. What are the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers?
2. What components are necessary for effective collaboration?
3. What barriers have emerged in the process of collaboration?

Definition of Terms

In this section, the definition for collaboration, community mental health provider, and elementary school counselor are presented.

Collaboration: According to Friend and Cook (2010), collaboration is "…a style for interaction between at least two co-equal parties voluntarily engaged in shared decision making towards a common goal" (p. 7).

Community mental health provider: Licensed professional counselors (LPC), licensed clinical social workers (LCSW), psychologists and psychiatrists who work in private practice or as part of a larger organization, such as community service boards and other agencies, are

considered community mental health providers. These professionals do not work within the schools and are not employed by the school systems.

Elementary school counselor: According to the American School Counselor Association (n.d.-b), "Elementary school counselors are professional educators with a mental health perspective who understand and respond to the challenges presented by today's diverse student population" (Meeting the Challenge, ¶ 2). They work specifically with elementary aged children. Elementary school counselors have completed a Master's level program and are licensed as school counselors by the Commonwealth of Virginia.

Overview of the Method

A phenomenological research design was used for this study. Elementary school counselor participants were selected through a purposeful, criterion based sample. Guidance coordinators and/or administrators were contacted in school districts in the Commonwealth of Virginia. These contacts made recommendations of elementary school counselors in their district who met criteria for participation in the study. The school counselors recommended were then contacted to assess interest in the study. Ten elementary school counselors who met the two required criteria were chosen to participate. They were currently employed as an elementary school counselor in the Commonwealth of Virginia and they must currently have been collaborating or have previously collaborated with community mental health providers. In-depth interviews were conducted to better understand the elementary school counselor's perceptions and experiences on collaboration with community mental health providers. Two face-to-face interviews were conducted with each participant using an interview guide approach with standardized questions. Participant's responses to the questions from both interviews were digitally recorded and transcribed. Data was also collected through field notes, a reflexive

journal, and a demographic and written survey. Data analysis was conducted using all four sources of data. Analysis included a constant comparative process used to develop common themes among the data. Participant narratives of their collaborative experiences have been described and conclusions and implications are presented and discussed.

Document Organization

This document is organized into five chapters. Chapter One is the introduction to the study; including background information, statement of the problem, and the research questions. The first chapter also contains important term definitions, methodology overview, and the limitations of the study. In Chapter Two, the review of the literature on elementary school counselors and collaboration are discussed. The methodology of the research is the focus of Chapter Three. Chapter Three includes the research questions, the selection process of participants, and the data collection and analysis procedures. The fourth chapter includes an analysis of the participant's responses and a presentation of the thematic findings in narrative format. Chapter Five includes limitations, a summary of the results, implications, and recommendations for future research.

Chapter Two: Review of the Literature

Scope

Chapter Two includes the current literature relevant to this study. It is divided into four sections: the literature search and review process, discussion of the literature, synthesis and summary of the literature, and research direction. The discussion of the literature includes information on current mental health needs of children, elementary school counselor roles, definition of collaboration, qualities of effective collaboration and models of collaboration. It also includes discussion of the benefits of collaboration, possible barriers to collaboration, and ethical concerns with collaboration.

Literature Search and Review Process

The literature review process began with a search for peer reviewed articles on collaboration and school counselor/school counseling. The initial database used for the search was Education Research Complete from EBSCOhost. This database was used to provide focus on collaboration in education and the community. This search yielded fifty-eight articles. This database was also used to search for articles on the role of the school counselor. In addition, other search terms were guidance counselor, education, elementary, benefits, effectiveness, confidentiality and qualitative. Additional databases used included ERIC from Ovid, and PsycINFO from EBSCOhost. After the initial searches, additional articles were found through the reference lists of the scholarly journal articles. Current books on collaboration were located through the use of the online library catalog and through scholarly journal reference lists. The initial searches focused on the previous ten years. Additional years were included to add to the breadth of the literature review.

The World Wide Web was also used to search for information on collaboration. In addition, the Internet was used to collect statistical information on children and mental health. This provided data on the need for mental health services in this age group. A variety of websites, including state and federal government, higher education institutions, and professional organizations were also searched for information on the mental health needs of children and on the concept of collaboration.

Of the research literature discovered through the various searches, approximately one-half of the research articles were quantitative and the other half of the articles were qualitative. The quantitative articles focused on an array of topics related to collaboration. Topics included factors that affect collaboration, service provider perceptions of collaboration, school counselor and school psychologist collaboration, and factors affecting school counselor involvement in partnerships. One article researched school counselor and non-school mental health professional collaboration. The focus of this study was on feedback from school counselors and administrators on the collaborative process and counselor roles. It focused primarily on mental health providers that provided services within the school (Brown, Dahlbeck, & Sparkman-Barnes, 2006).

The qualitative studies focused on interagency collaboration (not including schools), description of school-community agency collaboration with youth service teams, perceptions of collaboration on professional experience/knowledge, and increasing collaborative efforts to provide systems of care. There are currently no quantitative or qualitative studies that focus on the experiences of school counselors collaborative efforts with community mental health providers as part of this literature search.

Discussion of the Literature

Mental Health and Elementary-Aged Children

According to The Campaign for Mental Health Reform (2003), the prevalence of mental health needs in children has become a "public health crisis" (Title). According to Evans (2009), approximately one in five children have been diagnosed with mental, emotional, or behavioral disorders. The Center for Mental Health in Schools (n.d.-a) at UCLA believes there are 14 million children that have not been identified as having a diagnosable disorder but have signs and symptoms of a possible DSM-IV diagnosable disorder (The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition provides criteria used for diagnosis of mental health issues). This number continues to increase if psychosocial issues that may not be diagnosable are included. In a survey funded by U.S. Department of Health and Human Services and Office of the Surgeon General (1999), 73% of schools shared that the most common mental health category for elementary students is personal/social problems involving family and/or friends. The second most prevalent issue for male students included physical aggression. Anxiety was the second rated mental health issue for female students (Foster et al, 2005). Other disorders that are prevalent in children include depression and attention deficit hyperactivity disorder (Substance Abuse and Mental Health Services Administration, 2003).

The causes of these mental health disorders can be biological, environmental or a combination of both. Biological causes can include genetics, chemical imbalances, or brain injury. Environmental causes may include stress and exposure to violence, just to name a few. These risk factors can have a significant effect on a person's overall functioning (Substance Abuse and Mental Health Services Administration, 2003). Knitzer's research (as cited in Weist et al., 2001) shows children who experience at least two risk factors are four times more likely to

have adverse effects. In addition, if children experience four of these risk factors, they are ten times more likely to experience negative effects.

Barriers to Mental Health Care

According to research by the National Alliance on Mental Illness (October, 2007), over one-half of children that have been identified with a mental health disorder are not receiving care. Barriers to mental health services can include demographic factors, personal attitudes, financial, and organizational constraints (U. S. Department of Health and Human Services & Office of the Surgeon General, 1999). Lack of financial resources is considered a top barrier to receiving services (Foster et al., 2005; Walsh & Galassi, 2002). In fact, Wight & Chau (2009) discuss the increasing statistic of children living in low income families, currently 41 percent or 29.9 million. Parents and guardians of the children may not have the money or the insurance benefits to cover the cost of the services. The most common demographic barriers to mental health services include ethnicity and socioeconomic status. African Americans, Hispanics, and women associated with a lower economic status are less likely to seek out services. Because of these demographic barriers associated with adults, many of these adults do not seek assistance for their children. Personal attitudes toward mental health services can include lack of time, lack of trust, and fear of being hospitalized. Stigma is also an attitude that can affect the acceptance of services (U. S. Department of Health and Human Services & Office of the Surgeon General, 1999). Weist et al. (2001) mention a parent's limited knowledge of available services or lack of transportation as being a barrier. They also state a lack of communication and/or coordination between agencies who are offering similar services as a possible barrier. Each of these barriers, individually or in combination, can be a detriment to the child's receiving of services and their overall mental health.

Mental Health and Academics

Through educational reform, the No Child Left Behind Act of 2001 has provided for increased levels of accountability at the state, district, and school level (U. S. Department of Education, January, 2002). Schools are expected to create an effective learning environment for all students. Since the passing of this act, the U.S. Department of Education has reported a narrowing of the achievement gap (U. S. Department of Education, December, 2006). Columbia University's (n.d) program, Teen Screen, believes that although we may be meeting student's academic and other psychosocial needs, the mental health needs of the students go undetected and untreated. The UCLA Center for Mental Health in Schools (2008) believes that mental health issues are a factor in decreased learning and low academic performance. As Walsh, Howard, and Buckley (1999) state, "An increasing number of children are coming to school not ready to learn" (p. 350). Factors that are affecting the children's learning include poor nutrition, abuse (physical, emotional, verbal), homelessness, drug and alcohol use and/or abuse by adults, and exposure to violence within the community (Walsh & Galassi, 2002; Walsh et al., 1999; Weist et al., 2001). Research has shown that students with anxiety and depression have less success in school. This same research has shown that students who are dealing with mental health issues tend to have more school absences and are often tardy when they do attend (Columbia University, n.d.). The Campaign for Mental Health Reform (2003) has found approximately one-half of students age 14 and older with a mental disorder drop out of high school if untreated. These statistics show the negative consequences untreated mental health issues have on the success intended by the No Child Left Behind Act. These statistics also relate to the students future because they have not gained the educational necessities to help them throughout their lives (Columbia University, n.d.).

Elementary School Counselor Roles

A survey funded by the U.S. Department of Health and Human Services in 2002-2003 recorded that one-fifth of students were receiving mental health services in the school. The person in the elementary school that usually provides mental health services to the child is the school counselor (Foster et al, 2005). According to the American School Counselor Association (2003), the school counselor focuses on the students' academic, personal/social, and career related domains. School counselors follow a developmental model to meet the needs of all students in their respective schools. They collaborate with administration, staff, teachers, parents, students and the overall community to provide both prevention and intervention efforts within the school (American School Counselor Association, n.d.-b).

School Counseling Program Components

An elementary school counselor delivers the school counseling program through four systems, including the school guidance curriculum, individual student planning, responsive services, and system support. The school guidance curriculum is provided to all students across all three domains; academic, personal/social, and career. This curriculum is taught in the classroom and is designed to help students achieve in school. Individual student planning is conducted throughout the year and involves the school counselor working with students to develop their short term and long term goals. Responsive services can involve working with individual students on immediate needs. Services can include counseling, consultation, and possible referral. Lastly, the school counselor is involved in system support. These are the everyday administrative duties that are a part of a school counselor position. They are necessary to support the success of the developmental school program (American School Counselor Association, 2003).

Throughout these four delivery systems areas, the school counselor provides developmentally appropriate services to assist all students in being successful academically. Historically, school counselors were focused solely on academics and vocation. In a study by Brown, Dahlbeck, et al. (2006), 75% of respondents believed the school counselor's role involved academic and mental health counseling. In fact, other researchers agree that a large part of the school counselor's role is to promote psychosocial and mental health needs (Dickel, 1978; Hobbs & Collison, 1995). According to Geroski et al. (1997) school counselors come in contact with students on a daily basis and are in an advantageous position to be able to identify possible mental health problems. Due to high counselor to student ratios across the nation, it is often impossible to meet the needs of students who are dealing with long term mental health needs. In fact, the student-to-counselor ratio national average in 2006-2007 was 475 students to 1 counselor (American School Counselor Association, n.d-a). Therefore, referrals are an important role of the school counselor. School counselors refer students to outside resources if a student's problem is considered long term (Millard, 1981; Weinrach, 1984). Referrals might also occur when the student's problem is beyond the scope of the school counselor. The problem may be an issue that is too complex or one in which the school counselor has no knowledge base. Therefore, it is important for the school counselor to be aware of the available resources and how to access them when necessary (Millard, 1981).

School Counselor and Ethical Responsibility

The American School Counselor Association supplies "Ethical Standards for School Counselors" that provide guidance for the profession. The ethical standards are divided into sections based on the groups served by the school counselor. Groups include the student, the parent, the school and community, and the counselor themselves. Ultimately, the counselor has a

"primary obligation to the student" (American School Counselor Association, 2010, A.1., Responsibilities to Students). The school counselor must be mindful of all intended roles daily to meet this obligation. In addition, there is one particular ethical standard that applies to the discussion above and the responsibility of the school counselor to the student and the community. The ethical standards state the school counselor "collaborates with agencies, organizations and individuals in the community in the best interest of students…" (American School Counselor Association, 2010, D.2., Responsibility to the Community). The American School Counselor Association (2003) believes that collaboration is an important theme in all of the school counselor's responsibilities. School counselors are able to promote collaboration, allowing them to act in the best interest of the student and the school counseling profession (Taylor & Adelman, 2000).

Collaboration Defined

Throughout the research on collaboration, a consensus on the general definition has not been reached. As Gajda (2004) states, "…its definition is somewhat elusive, inconsistent, and theoretical…collaboration has become a catchall to signify…any type of inter-organizational or inter-personal relationship, making it difficult for those seeking to collaborate to put into practice or evaluate with certainty" (p. 66). Table 1 contains several of the definitions provided in previous research.

Table 1

Definitions of Collaboration

Authors (dates)	Definitions
Schrage (1990)	"…collaboration is the process of shared creation: two or more individuals with complementary skills interacting to

	create a shared understanding that none had previously possessed or could have come to on their own" (p. 40).
Fishbaugh (1997)	"…means working together for a common end" (p. 4).
Mostert (1998)	"…a style of professional interaction between and among professionals, parents and families, and, where appropriate, students themselves to share information, to engage in collective decision making, and to develop effective interventions for a commonly agreed upon goal that is in the best interests of the student" (p. 16).
Hodges, Nesman & Hernandez (2001)	"…process of child-serving agencies joining together for the purpose of improving services…" (p. 11).
Okamoto (2001)	"…when a group of autonomous stakeholders of a problem domain engage in an interactive process, using shared rules, norms, and structures, to act or decide on issues related to that domain" (p. 7).
Rubin (2009)	"…purposeful relationship in which all parties strategically choose to cooperate in order to achieve shared or overlapping objectives" (p. 2).
Friend & Cook (2010)	"…a style for direct interaction between at least two coequal parties voluntarily engaged in shared decision making as they work toward a common goal" (p. 7).
Darlington, Feeney & Rixon (2005)	"…in-depth shared work in relation to a client" (p. 1086).

Even with the lack of clarity regarding the definition of collaboration, the research does show similarities on characteristics that should be present for effective collaboration. The component consistently mentioned is the relationship between the people collaborating. The quality of the actual collaboration is dependent on the quality of the relationship between those working together. There is a developmental continuum that describes this relationship. This continuum starts with the initial period that is characterized by self-disclosure and focus on the case (Seaburn et al., 2003). The key is to build trust and increase the strength of the relationship (Brown, Pryzwansky, et al., 2006). Feelings of vulnerability often occur during this period of the continuum. Trust can be developed through a clear distinction in each other's roles and through the sharing of each other's specific knowledge of the situation (Seaburn et al., 2003; Weist et al., 2001). It is important that this relationship involves respect for the people collaborating, including respect for their individual thoughts and beliefs of the case (Fishbaugh, 1997; Seaburn et al., 2003). It is also important that the person enters the collaboration process on a voluntary basis (Friend & Cook, 2010; Hodges et al., 2001; Mostert, 1998). If a person is forced into collaboration work, morale of the group and effectiveness of the interventions can be compromised.

As part of the relationship, the members must have a common purpose for collaborating. An overall goal for collaboration in the mental health field is to treat personal concerns and promote overall health (Seaburn et al., 2003). The collaborative group members must be able to confirm their particular goals (Rubin, 2009). Even if they have different individual goals, the result must lead to the resolution of the collaborative groups overall goal(s). Goals can be a source of conflict within the collaborative group. It is important that group members are able to

communicate effectively (Seaburn et al., 2003). As Seaburn et al., state, "…effective collaboration without regular communication among providers is impossible" (p. 15).

There are many forms of communication that can take place in collaboration. These forms include face-to-face, phone calls, letters, and electronic communication. There are pros and cons to each of these methods. Face-to-face is always considered to be the best option, but can be time consuming. Electronic communication can be quick and timely but may lead to concerns over confidentiality (Seaburn et al., 2003). As Hodges et al. (2001) mention in Promising Practices, it is very important to understand the jargon of the varying organizations that are collaborating. The organizations must work together to build a common communication style so there are no misunderstandings (Seaburn et al., 2003).

Shared responsibility and decision making are also a component of effective collaboration (Brown, Pryzwansky, et al., 2006; Caplan & Caplan, 1993; Friend & Cook, 2010; Hobbs & Collison, 1995; Hodges et al., 2001; Mostert, 1998; Rubin, 2009; Sheridan, 1992; Taylor & Adelman, 2000). It is important that all constituents involved in the collaborative effort have an equal chance to share their knowledge and their views. Each person brings their own diverse background to the collaborative allowing for a multitude of approaches (Weist et al., 2001). This allows for ideas and solutions to be generated and for effective and efficient decision-making. Shared responsibility also involves sharing resources throughout the process. These resources are more accessible to children by working with people in different fields (Friend & Cook, 2010; Hobbs & Collison, 1995; Mostert, 1998). Along with the shared responsibility and shared decision-making, collaboration allows for shared accountability. The results of the collaboration, whether positive or negative, are a result of the group and not one individual (Friend & Cook, 2010).

Barriers to Collaboration

Even with the knowledge of the definitions of collaboration and the components that help make collaboration effective, there are many barriers that can negatively affect the process. Hodges et al. (2001) discuss three types of barriers. These include personal, systemic, and environmental.

Personal Barriers

Personal barriers include issues such as incongruent expectations, competitiveness, shared decision making pressures, and incompetence (Hodges et al., 2001). It is important for people involved in collaboration to be competent and credible in their profession. This allows for them to provide the knowledge and the resources that are helpful in collaborative settings. People who participate in collaboration must also show professional integrity and respect for others as well as for the ethical code of their profession. Credibility also allows for them to have status with their peers, enhancing the overall function of the collaboration (Rubin, 2009). Incongruent expectations can result in a feeling of ambiguity when details of the collaboration are not discussed. For example, the roles of the various collaborative members may overlap causing possible conflict. Each person is seen as being the expert in their field and when there is duplication, this can create tension (Mostert, 1998). It can also lead to an environment of competitiveness instead of one of mutual respect.

Systemic Barriers

Hodges et al. (2001) also describe systemic barriers to collaboration, including lack of resources, lack of time, communication and training, and ethical issues, including confidentiality. The lack of resources is usually due to minimal funding or financial issues (Trusty et al., 2008). Low resources can be attributed to an individual, the collaborative team, or to environmental

factors (Mostert, 1998). Time is a necessary component to collaboration, but a resource that many mental health providers are lacking. Mental health providers and school counselors are overwhelmed with their current responsibilities, including time spent with clients (Seaburn et al., 2003). Hobbs and Collison (1995) discuss how the time barrier can be overcome by making collaboration a priority for the involved organizations. If people are not committed to collaboration, they do not follow through with their responsibilities. Eventually the collaboration is not sustainable because others do not buy into the process (Mostert, 1998).

Communication can be a system barrier that is difficult for a number of reasons, including difference in field of work, personal communication style, collaborative experience and overall knowledge. As Seaburn et al. (2003) state, "Effective collaboration involves communication between differing cultures. Each culture has its own way of thinking, its own language, and its own rules of communication…Through dialogue both cultures are informed and changed. Over time they may develop a culture together with a common language and a shared perspective" (p. 15-16). Communication is integral to collaboration and is something that must be developed throughout the process.

Ethical issues must be taken into consideration in mental health counseling, consultation, and collaboration. Confidentiality and privacy are often stated as the most important ethical issues in collaboration. In ethical codes in health and human services fields, confidentiality must be protected (American Counseling Association, 2005; American Psychological Association, 2010; American School Counselor Association, 2010; Geroski et al., 1997; National Association of Social Workers, 2008). Mostert (1998) discusses specific considerations with confidentiality, including, "A basic assumption of confidentiality is the…sharing or revealing information only on a need-to-know basis. Confining the dissemination of information only to those persons who

are directly involved with a particular decision or problem…" (p. 83). In addition, Mostert discusses the importance of a release of information between the organizations that are working together (Weist et al., 2012). This release is signed by parents informing them of the collaborative effort and the information that will be shared among parties. Mostert also states the importance of collaborative efforts occurring in private settings to protect the individual. Because of the concern with confidentiality, some school counselors and mental health providers choose not to collaborate. The issue of confidentiality must be discussed at the beginning of the collaborative effort to avoid any barrier to success.

Environmental Barriers

Environmental issues, as mentioned by Hodges et al. (2001), can also be a barrier to collaboration. These environmental barriers may include racial and cultural issues. These may be within the varying organizations or within individuals in the collaborative. Either way, racial and cultural issues can lead to ineffective collaboration due to doubt among groups and their members. Environmental issues can also involve administrative and governing bodies of agencies. Governing bodies may induct mandates that do not allow them to collaborate in an effective manner (Hodges et al., 2001). These mandates usually occur at the state level, although many environmental issues can also take place at the community level or even the national level. Despite the barriers that exist, collaboration does take place and various models of collaboration have been developed. These models are described in the next section.

Frameworks for Collaboration

To better understand the components necessary to create effective collaboration, some researchers have developed frameworks or models of collaboration to assist in explaining the concept. Three models are discussed in detail below.

Components of Collaboration Model

Friend and Cook (2010) developed a framework, "Components of Collaboration", which includes important aspects of the concept. The framework also describes the relationship between the components. Individual personal commitment is the central component of the framework. Friend and Cook's framework is shown in Figure 1.

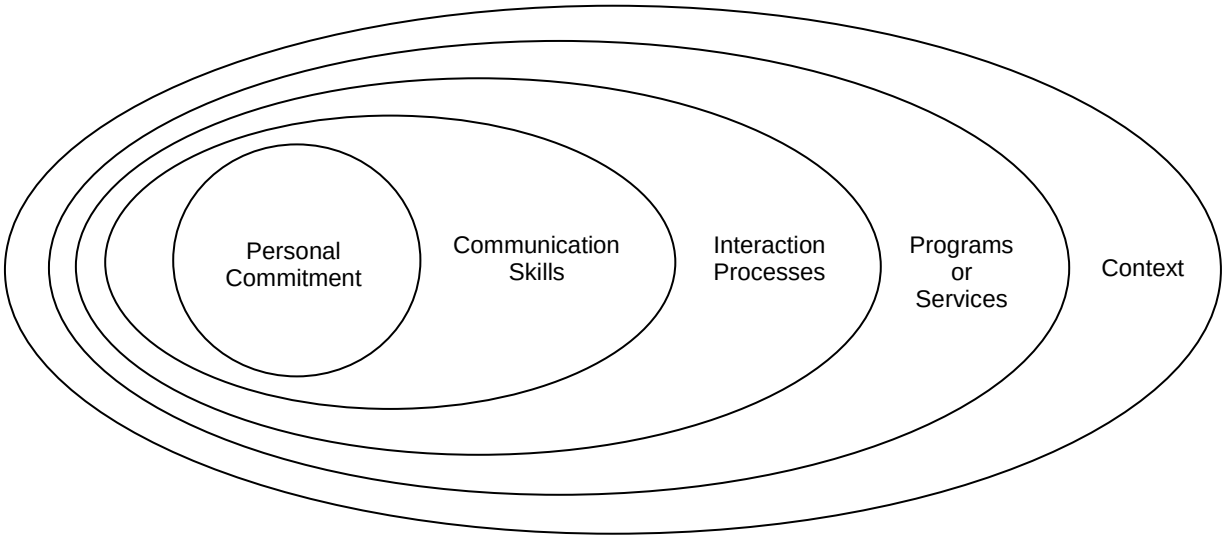

Figure 1. Components of Collaboration by M. Friend and L. Cook, 2010, *Collaboration Skills for School Professionals.*

Surrounding personal commitment, Friend and Cook (2010) discuss communication skills as being "…the basic building blocks of collaborative interactions" (p. 24). Communication skills are learned over time and include verbal communication, nonverbal communication, and active listening. Purposeful statements and relevant questions during the collaborative process are part of communication. It is also important for the person collaborating to be able to give effective feedback to others. Interaction processes are the center of the collaborative process. Interaction refers to knowledge sharing, problem solving, and dealing with conflict as part of the

collaboration. Programs or a service is the fourth component of this framework. The authors discuss programs or services within the context of education. Three types of programs or services mentioned include teaming, consultation, and co-teaching. Lastly, they mention the context of the collaboration. This is the overall environment in which collaboration takes place. The climate of collaboration can include understanding who is involved in the process and practical issues, such as scheduling and planning (Friend & Cook, 2010).

As Friend and Cook (2010) summarize in this model, it is very important for people involved in collaborative efforts to be personally committed to the collaboration process. Collaborators must develop effective communication skills and interaction processes as well as develop and plan effective programs and/or services through the collaboration. Collaborators must also be aware of pragmatics that influence the effectiveness of their actions and know how to deal with them efficiently and effectively.

Interdisciplinary Collaboration Model

Another model of collaboration was proposed by Laura Bronstein (2003) based on her experience and research in the social work field. Her model of collaboration, which she terms interdisciplinary collaboration, has five components. The first component is interdependence and explains the importance of interactions between individuals in different fields. Interactions between individuals collaborating involve consistent communication, sharing of knowledge, and awareness of individual roles. The second component is termed newly created professional activities. Professional activities are created as a part of the collaborative experience and include results that would not otherwise be achieved. Aspects included in the second component may involve new programs or unique organizational structures. Flexibility is a third component of collaboration and includes individuals' reactions to conflict and compromise within their work

together. Individuals involved in collaboration must be adaptable to different situations and roles they undertake as part of the process. A fourth aspect of collaboration is the collective ownership of goals by members of the collaborative. Ownership of goals involves responsibility on the part of each individual to be active in the process of decision making and problem solving. Reflection on the process of collaboration is the fifth component. There is an accountability aspect to collaboration and to making sure that what is done is actually being effective. It is important for individuals involved in collaboration to discuss efforts and results (Bronstein, 2003).

In addition to the five components of collaboration, Bronstein (2003) also discusses influences that may affect the collaborative process. As Bronstein states, "…influences on interdisciplinary collaboration places the model in context…an understanding of what aids and what presents barriers to collaboration is needed to increase its occurrence" (p. 302). These influences include professional roles, structural characteristics, personal characteristics, and history of collaboration. Professional roles describe the legal and ethical responsibilities of the profession for which the individual works as part of the collaborative. Professional role influences also involve respect for the actual profession and for other individuals that work within the profession. The influence of structural characteristics can be a barrier to collaboration if not dealt with effectively. Structural characteristics that can be barriers to collaboration include a lack of time, money, other resources, and a heavy workload. Personal characteristics of people that are involved in collaboration are an important part of collaboration. Individual characteristics include respect, trust, honesty, understanding, and a positive attitude. A person's history of collaboration can also influence the collaborative process. The more experience a

person has had with collaboration, whether it was positive or negative, influences how much they are involved in collaboration in the future (Bronstein, 2003).

Interagency Collaboration Model

The Center for Effective Collaboration and Practice describes collaboration from a developmental perspective. The focus of the center's model of collaboration is on the whole child, physical and emotional. Hodges et al. (2001) discuss interagency collaboration and believe people and agencies must work together for services to be improved. There are five stages to this developmental model. Individual action is the first stage of collaboration and includes internal collaboration and independence. Services are often fragmented during this stage. Collaboration moves into the second stage of one-to-one collaboration when there is recognition of needed change. One-to-one collaboration usually involves two individuals assisting each other with a specific issue. Fragmentation is still a consideration during this stage. This stage often includes individuals recognizing a need for collaboration, which leads them to the third level of collaboration. The third stage, new service development, includes developing collaborative partnerships. It is characterized by increased risk taking and increased levels of trust. The fourth stage develops when collaborative partners want to develop a formal collaborative process. The stage is called professional collaboration and is characterized by set collaborative procedures, group decision making, and shared responsibility. The involvement of family in the collaborative process is important in this model. The fifth stage, true collaboration, is reached when families are dedicated to the collaboration. The belief is that real collaboration is not taking place unless we reach true collaboration. When true collaboration is attained, there is role clarity, shared responsibility and accountability, and developed solutions to the

individual's problems. True collaboration includes involvement from all areas, including family, agency, and community programs (Hodges et al., 2001).

Each of the three models has unique characteristics, but they also have a few similar traits. Communication is of utmost importance in all four models. Although the type of communication may differ, each researcher believes that communication must be productive and reciprocal. Role clarity is also important in each of the models. By clarifying how each person is involved in the collaborative, conflict can be averted. The models also discuss the importance of shared responsibility and accountability. Collaborators must work together to develop agreed upon goals. This allows for effective results to be achieved and allows for each person involved to be equally responsible for the outcome. The three models are described to have a better understanding of the components of collaboration.

Collaboration Framework for Current Research

Based on the various definitions and the three models presented in the literature review, the following framework has been developed for the purpose of this research.

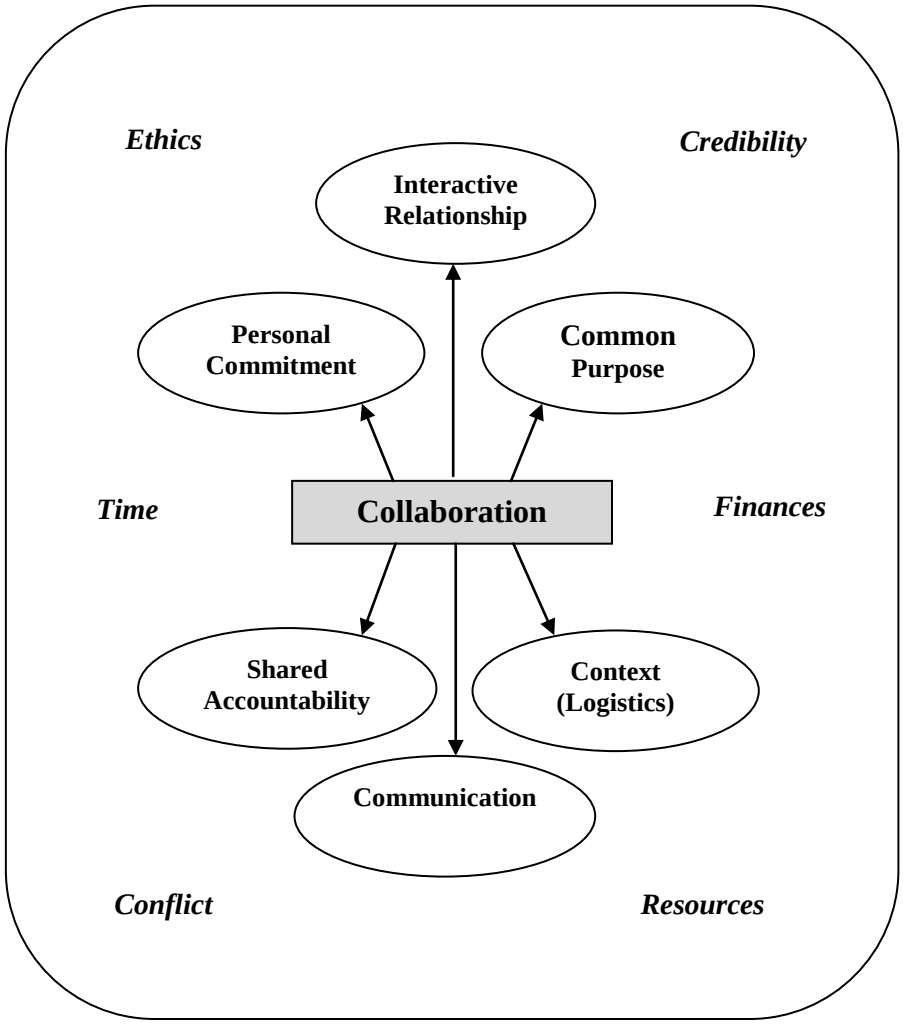

Figure 2. Framework for Collaboration developed specifically for this research study. Framework based on previous research of collaboration.

In this model, there are six components that are necessary for effective collaboration. They include personal commitment to collaboration, interactive relationships, a common purpose, shared accountability, consistent communication, and an effective context. This model also includes possible influences on the outside of collaboration and its six components. These influences can affect any of the six components and therefore affect the collaborative process. These six influences include ethics, credibility, time, conflict, resources, and finances.

Collaboration versus Consultation

Researchers have discussed the differences between collaboration and consultation. Not unlike the definition of collaboration, there are many thoughts and beliefs on the difference between the two. Because of the confusion, it is important to clarify the two concepts. A description of the differences between collaboration and consultation are depicted in Table 2 as discussed by Brown, Pryzwansky, et al. (2006) and Sheridan (1992).

Table 2

Collaboration versus Consultation

Topic	Collaboration	Consultation
Service Delivery	Indirect/Direct	Indirect
Number of People	At least two people	Consultant/Consultee
Relationship	Equal, Complementary	Unequal (Expert), Interdependent
Responsibility	Shared	Consultee

Consultation can be viewed as a less involved form of collaboration by some researchers (Fishbaugh, 1997). It can also be seen as a completely different concept. Although collaboration and consultation differ in the overall goals, the components necessary for effectiveness are similar. As mentioned previously, clear communication, trusting relationships, and clarity of roles are all essential to good collaboration. These are also mentioned as necessary components to consultation (Brown, Pryzwanski, et al., 2006). For the purposes of this study, the focus was on collaboration. The study was researching the experiences of collaboration that included equal

relationships and shared responsibility between two or more participants. These are not components included in consultation.

Synthesis and Summary

The literature presented in this review has shown the need for collaboration in meeting the mental health needs of elementary aged children. The number of children experiencing mental health symptoms and disorders is high in the United States. School counselors have access to these students and are able to assess students for possible mental health issues. The Center for Mental Health in Schools (2008) discussed the importance of collaboration in "…generating essential interventions to address barriers to learning, enhance healthy development, and strengthen families and neighborhoods" (p. 14-2). School counselors are in a role in the education system to be able to collaborate with other mental health providers. Through this collaboration they are able to provide information, to help clarify DSM diagnosis if necessary, and to provide direct services to the children (Geroski et al., 1997). Although there can be barriers to effective collaboration, Fishbaugh (1997) states, "educators must collaborate with professionals in other human services agencies to meet the educational needs of their students" (p. 4). There are many ideas of what collaboration is and what it entails, but various models have been developed to better understand the concept.

Research Direction

The literature review conducted shows the need for research on collaboration between school counselors and community mental health providers. Overall, the body of literature on collaboration and mental health is lacking an extensive qualitative research component. Research is especially deficient in understanding the experience of school counselors in the collaborative process. This study focused on the perceptions and experiences of elementary

school counselors who have collaborated with community mental health providers. The study was conducted through two face-to-face, one-on-one interviews. Components of effectiveness in collaboration were investigated. Participants were also asked to share information on barriers they had experienced in their collaborative efforts.

Chapter Three: Methodology

Overview of the Study

The purpose of this study was to describe the perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers. The researcher used a qualitative phenomenological design to describe these experiences. Collaborative practice was the emphasis of the study with a focus on factors that lead to effective collaboration. Barriers to collaboration were also studied. The research questions guiding this study were:

1. What are the perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers?
2. What components are necessary for effective collaboration?
3. What barriers have emerged in the process of collaboration?

This chapter is focused on methodology that was employed for this study. It contains information on the research design, the role of the researcher, and the participants. Discussion also includes data collection methods, specifically interviewing, and data analysis.

Research Design

A qualitative research design was used for this study. According to Glesne (2010), "…qualitative studies are best at contributing to a greater understanding of perceptions, attitudes, and processes" (p. 39). This study provides a description of school counselor perceptions and attitudes of collaboration with community mental health providers. Qualitative research allows for thick description, interpretation, and context of collaboration, which are all goals of this type of research. The importance of qualitative research is that it informs others about the phenomenon (Heppner, Kivlighan, & Wampold, 2007). Qualitative research involves a small number of participants who are able to provide an adequate amount of data, usually until

redundancy (Morrow, 2005). The important aspects of qualitative research that make it credible are presented in a later section.

Phenomenology was the qualitative research tradition employed in this study. According to Patton (2002), "…a phenomenological study is one that focuses on descriptions of what people experience and how it is that they experience what they experience" (p. 104). Through the use of interviewing, elementary school counselor participants were able to share their experience of collaboration with mental health providers. Thick description of the experience resulted, allowing the researcher to, "…develop(s) a composite description of the essence of the experience…" (Creswell, 2007, p. 58).

Role of the Researcher

I am currently a doctoral student in the Counselor Education program at Virginia Tech. My school counseling experience for the past eight years included spending two years in elementary school, four years in middle school and the last two years at the high school level.

In my experience as a school counselor, one of my concerns has been the lack of interagency collaboration that takes place between schools and mental health providers. Many of the students I work with have mental health issues or a DSM-IV mental health diagnosis. In assisting these students, I have rarely had contact with the psychiatrists, psychologists, social workers, and counselors that are treating these children outside of school. This has led to some level of frustration on my part. My personal belief is that through this collaborative effort, we could provide less fragmented services to the children and their families.

I have experienced a few instances of collaboration with community mental health providers that have worked well. In one particular situation, the mental health provider was a Licensed Social Worker who worked with a foster care agency. She was assigned to a student at

my school who was placed in permanent foster care and had a variety of mental health needs. During the initial registration, a release was signed with the agency allowing us to communicate about the child's transition to the new school, the new foster family, and to also provide continual counseling services throughout the day. In addition, I was invited by the foster care agency and social worker to be a part of their team planning meetings within the foster home. Through this open dialogue and commitment from the school and social worker, we were able to provide continual and consistent services to the student. My personal experience has led to an increased level of curiosity about other counselors' collaborative efforts with community mental health providers.

In my role as researcher, it was important to utilize empathic understanding. As I interviewed other counselors about their collaborative experiences, it was not my goal to influence participant answers and gear overall data toward a certain result, but to understand the essence of the elementary school counselor experience in collaboration. According to Patton (2002), "empathic neutrality…is a middle ground between becoming too involved, which can cloud judgment, and remaining too distant, which can reduce understanding" (p. 50). Throughout the research, I have been continually aware of creating a balance between the two.

Participant Selection

The focus of the study was to describe the perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers. Through the description of these experiences, it is hoped that a better understanding of collaboration and what works and does not work in collaboration would result. The interviews with ten elementary school counselors, field notes of observations during interviews, a reflexive journal, and demographic survey results constituted data for this study.

The elementary school counselors selected as participants were based on a purposeful sample. A purposeful sample is one that best informs the researcher and the audience of the topic being studied (Creswell, 2012; Polkinghorne, 2005). As Patton (2002) states, "…the purpose of purposeful sampling is to select information-rich cases whose study will illuminate the questions in study" (p. 46). The potential participants available for this study were the approximately 1270 elementary counselors employed in the Commonwealth of Virginia (Local School Directory.com, 2009). The participants were selected using specific criteria. The selection criteria for this study were two-fold. The participant must currently have been employed as an elementary school counselor in Virginia. The second criterion was the participant must be collaborating at the time or have previously collaborated with community mental health professionals.

Guidance Coordinators for various school districts, or other administrators with knowledge of the elementary school counselors in their district, were contacted and told about the specifics of the study. This was initially conducted through a formal letter (Appendix A) and then through a follow up phone call (See script – Appendix B). The researcher asked the coordinator or administrator for each district to provide names and contact information for elementary school counselors that met the criteria. These potential participants were then contacted by phone (See script – Appendix C) to assess their interest in being an interviewee. During this phone call, a date, time and location were set for the first interview. Upon completion of the phone call, each participant was mailed a copy of the abstract, informed consent (Appendix D), and the demographic survey (Appendix E). Each participant was asked to read the informed consent and to complete the demographic survey before the scheduled interview.

Informed Consent and Permission Procedure

As part of any research, it is ethically necessary to inform participants about the details of the study (Rossman & Rallis, 2011). This was accomplished through an informed consent form. Informed consent is important in research because it "…can contribute to the empowering of research participants" (Glesne, 2010, p.166). The form provides necessary information about the study allowing the potential participant to make an informed decision on participation. Important components included in the informed consent included the voluntary nature of the study and any risks or benefits that could affect the physical and emotional well-being of the participant. The informed consent included an explanation to the participant that they could stop involvement in the study at any point. Informed consent was also required by the University's Institutional Review Board. A copy of the informed consent was given to each of the participants prior to the interview and upon approval for the research procedures from the Virginia Tech Institutional Review Board (See approval – Appendix F).

Assurance of Confidentiality

Confidentiality is imperative to achieving the results in a qualitative study. The informed consent "…serves to protect the identities and privacy of participants" (Rossman & Rallis, 2011, p. 74). Withholding the identity of the participants is one way of protecting the confidence of participants (Rossman & Rallis, 2011). This was accomplished through the use of pseudonyms for each participant. In addition, pseudonyms were used for names of community mental health providers, students, and any other identifiers that were discussed as part of the interview.

All aspects of confidentiality were discussed with each participant with the understanding that there is minimal risk. Participants were informed that all tapes, transcripts, field notes, journal entries, and demographic survey data were kept in a secure location. They

were also reassured that these resources and data would not be viewed by anyone other than me and my advisors.

Gaining Access and Entry

Because I was currently employed in a public school system in Virginia and involved in state level counselor organizations, access to elementary school counselors was relatively easy. Through networking opportunities, I have had contact with various school counseling coordinators throughout the state. These contacts, along with contacts of my advisor, were of assistance in accessing counselors that met the criteria for this study. Coordinators and administrators contacted were provided with an abstract of the design of the study, informed consent and interview protocol at initial contact. This allowed them to make an informed decision as to which school counselors in their district best met the criteria for involvement in the study.

Data Collection

Interviews were the primary source for information gathering in this research. As Patton (2002) states, "…the major way in which qualitative researchers seek to understand the perceptions, feelings, and knowledge of people is through in-depth, intensive interviewing" (p. 21). Interviews are considered to be an effective way to understand participants experiences (Hatch, 2002). There are several advantages to collecting data through interviews. Interviews allow the researcher to gather large amounts of data in a relatively quick time frame with the ability to follow up immediately with participants. They also provide a detailed accounting of the participants experiences, including thoughts, feelings, and behaviors. Interviews also provide a better understanding of the context and meaning of the experience for the researcher and others (Marshall & Rossman, 2010). In addition to interviews, field notes and a reflexive journal were

kept during the interviewing process to enhance the interview data. The field notes included "…insights, interpretations, beginning analyses, and working hypotheses about what is happening in the setting and what it means" (Patton, 2002, p. 304). The reflexive journal assisted in recognizing researcher biases and helped to acknowledge any ethical concerns during the study (Hatch, 2002; Kleinsasser, 2000).

Interview Method

An interview guide approach with standardized questions was used as the framework for this study. This type of interview provides a level of structure and consistency, but also allows for probing when necessary. According to Patton (2002), this approach permits the researcher and the participant to build a conversation around the subject being researched. Rossman and Rallis (2011) focus on a modified version of Seidman's (2006) approach to interviewing which includes a process of three interviews. The three interviews include the focused life history, the details of the experience being researched, and the reflection of meaning. The process of conducting more than one interview with each participant allows the researcher to build a trusting relationship with each interviewee (Polkinghorne, 2005). Multiple interviews also allow for details of experiences to be explored in more depth and for the participant to have time to reflect (Seidman, 2006).

For the purpose of this study, two interviews took place with each participant. The first interview included a lengthy face-to-face, in-depth interview. This combined the first two interviews from Seidman's phenomenological approach. It focused on the participant's life history related to the topic of collaboration with mental health providers and it also included details of these varying experiences. The second in-depth interview allowed the participant time to reflect on their experiences and the details of the first interview since it occurred

approximately two to three weeks after the initial interview. The participant was provided a copy of the transcript of the first interview prior to the second interview. See Appendix G for the transcript cover letter. This allowed them time to review their initial responses and provide clarification, if necessary, during the second interview. The researcher spent an average of 67 minutes in interviews with each participant.

Interview Protocol

Below are the interview prompts that were used for the study. The interview guide approach was used for the structure of the interview. The purpose of this was to develop categories necessary to explore as part of the interview process. It allowed the participant to pursue topics that were important to the overall research purpose and it also allowed for elaboration from the initial open ended questions. Prior to the start of the interview, the researcher reiterated the purpose of the study and the participant was given the definition of collaboration and community mental health provider(s) to clarify discussion. The following broad questions framed the interview:

1. Tell me about a time that you have collaborated with a community mental health provider on behalf of one of your students.
2. What type of interactions did you have with the community mental health provider?
3. Describe the communication processes of your collaborative efforts.
4. Describe the context of your collaborative efforts.
5. What, if any, impediments have you experienced in conducting collaboration?
6. Describe the components of strong and effective collaboration.
7. How would you describe your personal commitment to collaboration?

8. Based on your experience, how would you describe the commitment of the community mental health provider to collaboration?
9. Describe how collaboration has/has not changed service to your students.
10. What changes, if any, would you like to see take place with interagency collaboration?
11. What else should I have asked you about your experiences collaborating with community mental health providers?

See Appendix H for the complete interview protocol for the first interview of this study. The second interview provided the participant an opportunity to ask questions, clarify, and/or provide additional information from the first interview. Appendix I includes the interview protocol for the second interview.

Field Notes

Field notes are an additional source of data that include detailed information on observations before, during, and after the in-depth interview. Field notes are focused, descriptive, and detailed observations. According to Rossman and Rallis (2011), "Field notes have two major components: the descriptive data of what you observe and your comments on those data or on the project itself" (p.194). The notes can contain direct quotations from participants. Lastly, they can contain interpretations from the interview, including initial analysis of the data (Patton, 2002). Field notes were a component of data in this study.

Reflexive Journal Entries

A reflexive journal allows the researcher to interact with the data during the research process. Journaling was considered a form of bracketing for me. Bracketing is a tool that allows a researcher to practice reflexivity by separating their thoughts, feelings and impressions from

the data. As Hatch (2002) states, "They are places to talk to yourself about how things are going, about your fears, frustrations, and small victories" (p. 88). These journal entries are also an effective way to self-assess the biases identified in the research (Hatch, 2002). Reflexive journaling was used during the entire interviewing and data gathering process.

Demographic Survey

A demographic survey was provided to each interview participant prior to the first interview. The survey collected basic information on each participant, including age, gender, and ethnic background. Years of experience as a school counselor and specifically as an elementary school counselor were also collected. In addition, the demographic survey included two questions about the duties of the elementary school counselors. These two questions surveyed what duties occupy most of their time and what duties are most important to them as a counselor. The results of these two questions allowed the researcher to see where collaboration ranks in order of importance for the elementary school counselor.

Data Quality Procedures

Creswell (2012) identifies a variety of strategies that provide for validation in data quality procedures of qualitative research. They include:

1. Prolonged engagement/observation,
2. Triangulation,
3. Peer review,
4. Clarification of researcher bias,
5. Member check,
6. Rich, thick description, and
7. External audits.

Creswell recommends that researchers rely on at least two of the above in their research. This study employed all seven strategies. They are described below under the qualitative terms for enhancing research quality and rigor.

Credibility

According to Patton (2002), there are three elements of credibility in qualitative research, including rigorous methods, a credible researcher, and belief in qualitative inquiry. There are a variety of ways that researchers can ensure rigor in their research so that it is seen as credible. Five of these include extended engagement with participants, researcher reflexivity, member checks, triangulation, and peer debriefing. All five were used in the current study and are described below.

Extended engagement with participants of a study allows the researcher to validate the information they receive from the participant's interviews. The more time spent with the participant allows for an increase in the trustworthiness of the data. It provides the researcher and the participant a chance to clarify any misconceptions and add additional information that may have been left out during the initial interview. According to Creswell and Miller (2000), there is no set duration of time that constitutes extended engagement. In this study, extended engagement was in the form of two, face-to-face, in-depth interviews with each participant.

Researcher reflexivity is also an important component of qualitative research. Reflexivity is a process that allows researchers to "…self-disclose their assumptions, beliefs, and biases" (Creswell & Miller, 2000, p. 127). Qualitative researchers understand that bias can play a part in their studies, but it is important for them to acknowledge this bias early on in the research. Reflexivity also allows the researcher to detect ethical concerns throughout the research (Kleinsasser, 2000). Reflexivity was practiced through a section in the methodology

describing the role of the researcher and through a reflexive journal that was used throughout the study to capture the thoughts and feelings that may interact with the data.

Member checks are a component that involves feedback from participants in the study. All data and interpretations are provided back to participants for confirmation (Creswell & Miller, 2000). Member checks allow participants the ability to correct any misunderstandings or to add to the data they have already shared in the interview. Member checks were used in this study by providing transcripts of the first interview to participants to check for completeness. These transcripts were provided to the participants prior to the second interview. Participants were able to ask for clarification and correct any inaccuracies during this second interview. They were also able to add any additional information they believed was pertinent to the interview questions. Patton (2002) believes this is important in increasing the perceived validity of the data.

Triangulation is another tool to increase the credibility and trustworthiness of the data. Creswell and Miller (2000) describe triangulation as "…researchers search(ing) for convergence among multiple and different sources of information to form themes or categories in a study" (p. 126). The point of triangulation is to test for consistency between multiple sources of data even though it may not lead to a single answer (Patton, 2002). Triangulation "…does not serve to verify a particular account but to allow the researcher to move beyond a single view of the experience" (Polkinghorne, 2005, p. 140). Triangulation was accomplished in this study through the use of multiple sources of data collection, including interview transcripts, field notes, and reflexive journal entries.

Lastly, a peer debriefer was used with this research. Peer debriefing "…is the review of the data and research process by someone who is familiar with the research or the phenomenon

being explored" (Creswell & Miller, 2000, p. 129). My research advisors were naturally my peer debriefers for this study. They had access to all interview transcripts, field notes, and reflexive journals throughout the research process. They also assisted in critiquing the methods and interpretations of the data.

Transferability

Transferability can be achieved through detailed information about the researcher, context, processes, and participants (Morrow, 2005). Anfara, Brown, and Mangione (2002) specifically mention the use of purposeful sampling and providing thick description to provide for transferability. The participants selected for this study were chosen through a purposeful sample. The specific type of purposeful sample was criterion sampling. All participants met two specific criteria to be part of the interviews. The field notes and reflexive journal that were used during the interviews assisted in providing thick description of the experiences. The researcher focused on observations before, during, and after the interview that added richness to the data.

Dependability

Dependability of a qualitative study is achieved through consistency and by developing an audit trail (Morrow, 2005). An audit trail provides clear documentation of all research activities and decisions, journals, memos, and research log (Creswell & Miller, 2000). The audit trail also provides any possible influences on the data and the data collection procedures and can include any rising themes. The audit trail for this study was documented carefully in the researcher field notes throughout the research. Triangulation was also used with dependability as mentioned under credibility. Data are more dependable when gathered from a variety of sources.

Confirmability

Confirmability describes the ability of the researcher to bring all data gathered together and to be able to trust their findings. The overall findings of the study must reflect the actual information learned. To have confirmable results, researchers must reduce bias in their results (Morrow, 2005). This was accomplished in this study through triangulation, as mentioned previously, of three main sources of data. These included the interview transcripts, field notes, and reflexive journal. It was also accomplished through the practice of reflexivity. As discussed in the credibility section, reflexivity is important in understanding the researcher's thoughts and beliefs regarding the study by allowing them to remain conscious of their own perspectives. Through the combination of the interview data, field notes, and a reflexive journal, the data was continually examined with the goal of being trustworthy and confirmable.

Data Management and Analysis

Data management and analysis is an ongoing and detailed process in the qualitative paradigm. As Anfara et al. (2002) describes, "Confronted with a mountain of impressions, documents, transcribed interviews, and field notes, the qualitative researcher faces the difficult task of making sense of what has been learned" (p. 31). This section presents the methods used for both of these processes.

Data Management

The primary means for data collection in this research were interviews, field notes and reflexive journaling. Each of the interviews was digitally audio-taped and also recorded with a cassette recorder as a backup. Transcription of interviews was conducted upon completion of each individual interview by the researcher. A paper file folder and electronic file was created upon the completion of each interview to organize the data for each participant. The field notes

collected as part of the research were also typed and included the current date and title of subject. They were placed in the appropriate participant file folder. Labeling was used throughout the process, including a pseudonym for each participant. Reflexive journal entries were kept in one notebook for easy access. Entries were labeled within this notebook to increase the organization and to provide for easy retrieval during analysis.

Upon completion of each interview transcript, an initial reading of the entire interview occurred. This allowed for the researcher to get "…a sense of the whole" (Hatch, 2002, p. 181). This provided the researcher a better understanding of what was and was not included in the data set. Upon the completion of this immersion in the data, formal analysis took place.

Data Analysis

As Hatch (2002) states, "Analysis means organizing and interrogating data in ways that allow researchers to see patterns, identify themes, discover relationships, develop explanations, make interpretations, mount critiques, or generate theories" (p. 148). Data analysis incorporated four types of data, including face-to-face, in-depth interviews, field notes, a reflexive journal and demographic survey data. The planned data analysis included the use of these resources to interpret the data through three different iterations.

The first iteration, as described by Anfara et al. (2002), included a surface content analysis where the information collected were brought into "manageable chunks" (p. 32). This allowed the researcher to find similarities between the participants and develop initial coding, as mentioned by Miles and Huberman (1994). This was done through the recognition of certain words or categories that were prominent in the large amount of data.

Constant comparative analysis occurred during the second iteration of the data. During this process, data from the first iteration were compared and combined into categories by way of

created patterns. The data was compared both among and within categories (Anfara et al., 2002). This analysis allowed for codes from the first iteration to be developed into categories.

In the final iteration of analysis, categories that describe the concept of collaboration were acknowledged and developed into themes. Participant narratives were used to relate the essence of elementary school counselor collaborative experiences with community mental health providers. The final themes are presented in response to the three overall research questions.

Summary

A phenomenological approach was used by the researcher to describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. The main data collection method included two face-to-face, in-depth interviews with each participant to gather the essence of the collaborative experience. The interviews were conducted based on the three research questions. Field notes, a reflexive journal, and a demographic survey were also a part of the data collection process to increase the rigor of the research study. All data was analyzed by a constant comparative process with a three-iteration code mapping process. The results are presented in the next chapter.

Chapter Four: Results of the Study

Introduction

The purpose of this qualitative study was to describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. Nine females and one male participated in two, face-to-face, individual interviews to discuss their perceptions and experiences of collaboration as elementary school counselors. The criteria for study participation specified that the interviewee be currently employed as an elementary school counselor in the Commonwealth of Virginia and must currently be collaborating or have previously collaborated with community mental health providers. Ten participants were selected who met these criteria. The following research questions guided the overall study:

1. What are the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers?
2. What components are necessary for effective collaboration?
3. What barriers have emerged in the process of collaboration?

Chapter Four is a presentation of the findings. Details of the experiences and the perceptions of the ten elementary school counselors are presented. The participants' responses to the interview questions along with the demographic survey and field notes were used to respond to the research questions with emerging themes. The chapter is organized into the following sections: the participants, results, and summary.

Participants

Participant demographics were collected through a short written survey. This survey was mailed to the participants along with an abstract of the research design and the informed consent. They completed the survey and returned it at the first interview. Data saturation was used to

define the overall number of participants in this study. The researcher determined that data saturation had been reached with these ten participants. Of the ten participants, nine were female and one was male, with an average age of 50.6 years. The participants' total years as a school counselor averaged 14.3 years, with 13.9 of those years as elementary school counselors. The average number of students served by the participants in their current settings was 405. Participant demographics can be seen in Table 3:

Table 3

Demographic Summary of Participants (N=10)

Name	Age	Gender	Race	Years as School Counselor	Years at Elementary	Number of Students[a]	School District[b]
Dana	57	F	W	28	28	240	1
Krista	39	F	W	14	14	500	1
Darcy	58	F	W	20	20	365	1
Delaney	52	F	W	12	12	460	1
Mandy	44	F	W	2.5	2.5	400	1
Jessica	60	F	W	23	22	448	2
Marla	39	F	W	6	6	309	3
Russ	50	M	W	11	11	550	3
Mary	65	F	W	25	22	550	4
Kayla	42	F	W	1.5	1.5	230	4
Average	50.6			14.3	13.9	405.2	

[a]Number of students on school counselor's caseload and in current school.

[b]School district in which elementary school counselor is currently employed.

The breakdown of the students the ten participants served included 69% Caucasian, 24% African American, and 6% other. Eleven percent were identified as special education and 36% received free and reduced lunch. Free and reduced lunch is an indicator for those students considered economically disadvantaged.

Below are general descriptions of the four school districts where the participants were employed, including differences in the community and the school system. It is important to note that when discussing overall graduation rates and dropout rates, the following is considered. The graduation rate percentage only includes those students that completed high school with one of the two main diplomas offered by the state. These are the Advanced Studies Diploma and the Standard Diploma. This percentage does not include special diplomas or students that received a GED (General Education Development). Therefore, percentages will not equal 100%. It is also important to note that Title 1 schools refer to those schools that receive federal money based on their low-income student enrollment. These schools are focused on those students who are academically behind and possibly failing. Title 1 schools in improvement refer to those schools that receive federal money but do not meet their annual yearly progress goals.

School District Descriptions

Five of the participants were elementary school counselors in District 1. District 1 has 27 schools, 16 of which are elementary. The schools do serve students located in rural areas, but are primarily considered suburban in nature. Overall student enrollment is 14,793 students, the largest of the school districts that employed the participants. Eight of the schools are considered Title 1 schools, all at the elementary level. Overall graduation rate (Advanced and Standard Diplomas) is 93% and the dropout rate is less than 1%. Currently, there are no Title 1 schools in improvement (Virginia Department of Education, n.d.).

District 2 included one participant and is a primarily rural district. This district has 15 elementary schools (21 total schools). The school district enrolls 10,841 students overall and has a 93% graduation rate (Advanced and Standard Diplomas). The dropout rate is 1%. There are 7 Title 1 schools in improvement (approximately 70% of all Title 1 schools in the district) (Virginia Department of Education, n.d.).

Two of the participants were from District 3. District 3 is an urban district, serving 12,948 students. There are 17 elementary schools in this district. The overall graduation rate (Advanced and Standard Diplomas) is approximately 80%, with a 4% dropout rate. There are currently 8 Title 1 schools in improvement (approximately 53% of all Title 1 schools in the district) (Virginia Department of Education, n.d.).

District 4 included two participants in this study. This district has 20 schools overall, 11 of which are elementary level. There are 9,795 students in the district. Their overall graduation rate (Advanced and Standard Diplomas) is 88% and they have almost a 2% dropout rate. They currently do not have any Title 1 schools under improvement (Virginia Department of Education, n.d.).

The demographic survey was also used to ask participants to list their current top five responsibilities as an elementary school counselor. In response, 80% of the participants listed individual counseling and classroom guidance. Administrative/paperwork and testing ranked third and fourth at 60% and 50%, respectively. Small group counseling and collaboration tied as the fifth responsibility (40%). The participants were then asked to list what they would consider to be the most important five responsibilities. Collaboration moved up to second at 80% of participants, just under individual counseling at 90%. The other three included classroom

guidance (60%), small group counseling (60%), and administrative/paperwork/school wide programs (20%). The demographic survey results are presented in Appendix J.

Participant Narratives

Each of the participants had unique stories to tell about their experiences and perceptions of collaborative efforts with community mental health providers. Descriptions of each individual are provided below.

Dana was a 57 year old woman who had been an elementary counselor for 28 years. She was very confident in her abilities as a counselor and in collaboration. Dana focused on one collaborative experience during the first interview and appeared to be in a hurry and noninterested. During the second interview she shared multiple experiences with collaboration and seemed laid back and talkative. The main experience she described involved collaboration with a community mental health provider who worked with both the student and the grandparent (guardian). Dana's overall view of this collaborative experience was positive because she had built a relationship with the community mental health provider. She believes that collaboration is more effective when school counselors have the availability to meet and develop relationships outside of the day to day work and network. Dana stated, "...that's an excellent resource because you get a feel for the person….an introduction to the person and possibly their theory and how they function." Dana did make it clear that collaboration is not always positive. In most cases where it had not been positive, Dana stated that communication was a key factor. She emphasized the need for communication in collaborative efforts and was able to provide examples, including response to and returning of phone calls.

Krista had been working as an elementary school counselor for 14 years. She was a 39 year old woman who initially stated she would not have anything to add to the discussion, but the

content of her interview proved otherwise. Krista was able to share about a number of experiences with collaboration. Krista focused her discussion on a couple of negative experiences. Most of the negativity was centered on the lack of response and communication from the community mental health provider. She likes her job as a counselor and participates in collaborations, but is not usually the initiator. She stated that she "…could probably count on the fingers on one hand the number of times I've collaborated…" Krista believes that collaboration between the elementary school counselor and the community mental health provider should only take place if the issue is affecting their day-to-day functioning in the classroom.

Darcy was a 58 year old female who had 20 years' experience at the elementary level. Darcy was a passionate counselor and showed this through her enthusiasm for the subject matter during her interview discussions. Although not a focus of the research, she wanted to talk about the lack of collaboration with the Department of Social Services throughout the interviews. There appeared to be some frustration surrounding her work with that organization because of lack of communication and feedback. Her discussion on collaboration with community mental health providers focused mainly on her work with one particular counseling group. She had a positive experience collaborating with this group because there was more constant communication. The community mental health provider would come to the school, work with the student, and also work with the elementary school counselor, sometimes conducting a counseling group together. Overall, Darcy described a positive experience with community mental health provider collaboration. Darcy explained her commitment to collaboration throughout her interviews and described her commitment to help the students and their families. Although Darcy mentioned that time can often hinder the process of collaboration, she stated, "…usually what I'll do is just make myself, after let's say a week – and usually it's Fridays, I'll

stay late until I know I can catch'em…" Darcy would go above and beyond her normal daily duties to collaborate.

Delaney had 12 years' experience as an elementary counselor and is 52 years old. She had collaborated with community mental health providers multiple times over the last year. Delaney focused her discussion on one collaboration that involved multiple people, including the school counselor, community mental health provider, the pediatrician and the parent. She said, "…I talked to the parent frequently and suggested that she talk to the pediatrician to rule out any other problems….And like I said, they recommended an outside person who can provide more expertise and a level of care that I was unable to provide in the school." She believed that collaboration in this situation made a difference in the student's life by moving things in a positive direction. Delaney also discussed that the more consistent the collaboration the more effective it is overall. She focused on the needs of having a relationship with the community mental health provider in order to collaborate effectively. These relationships were developed through opportunities that allowed for networking with community mental health providers.

Mandy was relatively new to the counseling field with only two and one-half years as an elementary school counselor. She was 44 years old and was previously a high school and middle school English teacher. Mandy was nervous during the interviews and was afraid she would not have good information to share. She did provide some collaborative examples and reiterated numerous times that she never had enough time. Mandy also talked about the difficulty of collaborating because of the transient nature of her school. Mandy stated, "…happens a lot here; students moving in and out….Students come in, and sometimes they might be here for a couple of months and then they move because we have the apartments." Many of the students in her school live in apartment complexes that have high turnover. Therefore, there might be an initial

contact between the elementary school counselor and the community mental health provider to begin collaboration and then the student moves unexpectedly. She believes there are benefits to collaboration but has found it hard to remain consistent due to the demographics in her school.

Jessica was a 60 year old woman who had spent 22 years as an elementary school counselor. She worked in a rural area which, according to Jessica, provides a greater need for collaboration. She wanted to focus on the lack of collaboration with community services, such as social services, and not with community mental health providers. This was due to the rural nature of her area and the lack of community mental health providers available to see her students. Jessica was very knowledgeable about the topic of collaboration and believed that time was a large factor in the occurrence of collaboration. Because of her years of experience, Jessica was able to add information about how collaboration was before compared to how it is now. She talked about the responsibilities of the school counselor and how the increase of responsibilities has hindered the process of collaboration. Jessica discussed ways in which she had networked with people in the community in the past so that she could develop collaborative relationships. She believed these relationships were important in developing trust and open communication. As Jessica stated, "And then she knew me well enough and I knew her well enough to know…to have trust and confidence in each other…but she would check in with me or you know, encourage me to check in with her. And we kept an open dialogue."

Marla was a 39 year old female who had six years of experience at the elementary level. This participant had a lot of information to share due to the collaborative situation within her school. Marla's school had a day treatment program that also employed in-home counselors. These in-home counselors would collaborate with both the day treatment program and the school counselor. This allowed for collaboration to occur on a daily basis. Marla had distinct ideas on

how collaboration was helpful for her students. She also discussed how conflict can exist within a collaborative atmosphere. It is also important to state that Marla was located in an inner city school and the needs of the students were pronounced. Many services were needed and more than any one person could provide. Marla believed that collaboration allowed for more services to be available for her students. In fact, with the level of needs of her students, she stated, "I can't do my job without it. I can't. – with the level of clinical needs of our population, uh-uh."

Russ, the sole male participant, was 50 years old and had been an elementary school counselor for the past eleven years. Russ was a counselor in the community prior to becoming a school counselor. He believed that he had an interesting perspective on collaboration because he had participated from both the school counselor and community mental health provider roles. As Russ stated, "I worked as a mental health counselor…and was also a social worker for foster children before I came here. So, in those fields…being aware and working a lot more daily with many of the outside agencies and counselors…gave me awareness of those different resources." He thought this was a huge advantage when he started as a school counselor. Russ believed that his role in collaboration was directly affected by his assigned roles as a school counselor. For example, he was currently in charge of all classroom guidance compared to the previous year when it was shared between another counselor and himself. Because he was in the classroom consistently, it did not allow for much time to collaborate. Russ believed in building relationships by networking with community mental health providers. These relationships allowed for more effective collaboration.

Mary was the oldest participant at 65 and was completing her last year as an elementary school counselor prior to retirement. She had been an elementary school counselor for 22 years. Mary was an excellent story teller of her collaborative experiences and expressed the extent to

which she had collaborated over the years. Mary stated that the need for collaboration has increased since she first became a counselor. She was able to share the differences between collaboration in the present versus when she first became a school counselor. Mary also discussed the number of referrals she makes to community mental health providers for her students. She usually refers to those clinicians that are more likely to work with her – "…if I run into a clinician that seems unwilling or not responsive to working with the school. Then I'm not gonna refer kids to that person." Mary also tended to work with those community mental health providers that were honest and trustworthy. She expressed her disinterest in working with others that had a hidden agenda.

Kayla is a 42 year old female with one and one-half years' experience as an elementary school counselor. Although new to the field, Kayla shared some very insightful information about collaboration in the mental health field. Kayla focused on one example of collaboration that included collaboration with various community mental health providers. It was a complex situation that was simplified by the involvement of many that were invested in the well-being of the student. Kayla believes that the more information you can have about a child the better you can help the child. This is why she collaborates with other mental health professionals. Kayla did discuss the need for meeting with outside agencies to facilitate building a relationship for future collaborations.

Ten participants, from four different school districts, participated in the research study. The school districts varied from rural to urban settings. They also differed in their ethnic and socio-economic breakdown. Participants varied in age, years of experience, and years at the elementary level. Participants were open and willing to share their collaborative experiences

with community mental health providers. Results of these interviews are discussed in the next section.

Results

At the beginning of the interview, the researcher reminded participants about the definition of collaboration and community mental health provider for the purpose of this study. The definitions are listed below:

Collaboration: According to Friend and Cook (2010), collaboration is "…a style for interaction between at least two co-equal parties voluntarily engaged in shared decision making towards a common goal" (p. 7).

Community mental health provider: Licensed professional counselors (LPC), licensed clinical social workers (LCSW), psychologists and psychiatrists who work in private practice or as part of a larger organization, such as community service boards and other agencies, are considered community mental health providers. These professionals do not work within the schools and are not employed by the school systems.

The researcher began the interviews with an introductory question that asked participants to describe a time that they had collaborated with a community mental health provider on behalf of one of their students. Although the participants had a number of examples in which they collaborated, the initial question was designed for the participants to reflect on one collaborative experience. The sub-questions included:

Who initiated the collaboration?

How was the collaboration initiated?

What did the collaboration entail?

How were the roles of each participant agreed upon?

Why was collaboration initiated in this example?

How much time did you spend on this collaborative effort?

When did this collaboration take place?

The discussion from these introductory questions began a conversation about collaboration and intertwined with the main interview questions. Specific information from the introductory question are presented here but are discussed in more detail within the results of the research questions.

In response to the initial question, seven of the ten school counselors reported that they initiated this instance of collaboration. Collaboration typically happened over the phone, although a few of the school counselors stated that they worked partly with their collaborator in person. Various reasons were mentioned as to why collaboration was initiated in this particular situation. Reasons ranged from wanting to make initial contact with the other counselor, to parent request for contact, to community agency involvement requiring contact. When discussing this particular collaborative experience, participants were asked how much time they spent on this effort. Three of the participants stated the collaboration was an ongoing process. Most of the participants had only one or two contacts with the outside provider or multiple times over a set period of time (1 – 2 months). All of the participants drew their information from a collaborative experience that occurred within the previous year.

Research Question One: What are the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers?

Data analysis, using a code mapping process, resulted in the development of six common themes that described the collaborative experience. These themes included interactions, commitment to collaboration, benefits of collaboration, components of effective collaboration,

barriers to collaboration, and changes needed in collaboration. The analysis process of these themes can be seen in Appendix K.

It is important to mention that as themes were developed during data analysis, the results for Research Question Two (Theme 4) and Research Question Three (Theme 5) were under the umbrella of Research Question One (Themes 1, 2, 3, 4, 5, 6). Therefore, the results of these two research questions are presented within the context of Research Question One to avoid redundancy.

Theme 1: Interactions.

The theme, interactions, included communication elementary school counselors had with community mental health providers during collaboration. These interactions occurred to support the student and included the following categories: sharing of knowledge, goal setting, conflict management, and the acting on information. Each category will be discussed.

Sharing of knowledge. All ten participants mentioned sharing of knowledge as a type of interaction that school counselors have with community mental health providers during collaboration. One participant, Jessica, shared her experience in the statement below:

> …it was just information exchange…Give me some indicators of what I need to be looking for, or when this happens, I should do this, or – you know, I could call them and tell them this happened, then this happened, and this is how we handle it.

Other participants were more specific in saying that the conversation(s) involved discussing more about the family (past and present). Russ said,

> Sometimes, it is more information about the family. Just family issues, who is in the family, if there's concerns about the parents ability to provide for the child or follow along with the suggestions…to share those concerns with the outside counselor.

Sometimes the sharing of knowledge is a one-time communication and other times, as in one participant's situation, it was an ongoing, daily occurrence. Overall, participants' sharing of knowledge was usually to contribute to and/or clarify information and to receive feedback and direction.

Goal setting. Oftentimes, part of the information sharing process included goal setting. It appeared to be a large part of the collaborative process, with a majority of the participants stating that goal setting was a type of interaction that occurred with the community mental health provider. One participant, Krista discussed the importance of goal setting as part of the interaction and encouraged the sharing and reinforcing of goals from both the school and the community. Darcy also mentioned similar information about goal setting. Darcy discussed a situation in which she worked with an in-home counselor that would come to the school to collaborate occasionally. When asked about goal setting, Darcy replied,

> We do. We do. And that's one reason why they (in-home counselor) met with us. Like they might set a goal that he (student) would not hit…we would reinforce that goal here at school, and they would reinforce it at home…the fact that they wanted goals set with us and follow through and support what they're doing, what we're doing here, and then what we're doing at home, and sitting down and actually trying to plan it out – that was good. That was good.

Overall, goal setting was described as a way to develop strategies, discuss interventions, facilitate support and problem solve.

Conflict management. Interactions regarding conflict management were also discussed by participants. Conflict management was defined by two of the participants in two different contexts. One context included conflict in the life of the student and one was in the context of

the relationship between the school counselor/school and the community mental health provider. Dana discussed a particular high conflict situation that affected a student on her caseload. By collaborating with the community mental health provider, they were able to maintain consistency in different settings for the child. The child, in turn, had better behavior both at home and at school. Another participant, Marla, was in a unique situation in her school because she had a day treatment program within her school that employed outside counselors to work with the students both in their homes and within the schools. They were not employed by the schools. This allowed her to collaborate on a daily basis. She also mentioned that it was a cause for conflict because of the increased involvement with various staff within the school.

Acting on information. One concern about the interaction between the school counselors and the community mental health provider was described by two of the participants. The school counselors participated in the collaboration by interacting with the community mental health provider but they did not receive feedback. The two participants believed that it would have been helpful to know what resulted from the sharing of the information. Jessica stated,

> We never know what becomes of the information, whether it's useful information or whether it turns out it was even – perhaps even misguided information. I won't say false information, but – misinterpreted information…We never get any feedback.

Interactions are an integral part of the collaboration as described by the participants. More often than not, the interactions between elementary school counselors and community mental health providers involved the sharing of knowledge from one counselor to the other. At times, the interaction may have included goal setting and conflict management. Elementary school counselors did express an interest in receiving feedback on the information shared as part of the interaction and overall collaboration.

Theme 2: Commitment to collaboration.

The participants, all currently elementary school counselors, were asked to describe their commitment to collaboration as well as their perception of the commitment to collaborative efforts by the community mental health providers. There were a range of answers to this interview question. Some school counselors were highly committed whereas others believed they could improve. The elementary school counselors' perception of the commitment of the community mental health provider was similar to their own commitment.

Community mental health provider commitment. Over half of the study participants believed that the community mental health provider was very dedicated to the collaborative effort. Participants discussed their experiences with community mental health providers who made the effort to pick up the phone and call them, showing interest in possible collaboration. Two participants believed the community mental health provider had a level of dedication to collaboration, but made it a point to state that it really depended upon the individual counselor. Mary discussed this subject when she said,

> I almost think that it depends upon the individual counselor more so than whatever agency they're working with, and I don't know whether it's because a particular counselor is overwhelmed and has too many cases and doesn't respond because of that, feels pressured from too many different points of view, is not experienced. I don't know why.

One participant believed that the commitment depended upon the community mental health provider's investment in the student. Jessica believed there is more commitment to collaboration when there is more investment in a particular student. She stated,

> If they're invested in that client, they'll go the extra mile. They'll meet with me after school or they'll go see that client play ball. It just depends on their commitment and their intensity and level of involvement with that particular client….

Two participants believed the personal commitment from the community mental health provider was minimal either due to no contact or no response. One participant, Mandy, emphasized that some community mental health providers have not even considered making contact with the elementary school counselor. Dana also talked about a lack of commitment to collaboration by the community mental health provider. When asked to rank the community mental health providers commitment from 1 – 10 (10 being highly committed), she responded, "About a 4…it's not half…I would feel good if at least half."

School counselor commitment. Participants were also asked to describe their own personal commitment to collaborative efforts with the community mental health providers. Overall, the ten participants were committed to the process of collaboration. Krista discussed the importance of being able to share information with the community mental health provider. She was willing to make the time as she stated,

> I'm all for it. I mean it's, like I said, I don't pretend to know all…just being able to bounce those ideas off that person…to make sure I'm moving in the right direction because the kid may say things to me that they're not saying to the counselor, they may say things to the outside counselor that they're not saying to me…I'm always willing to make time for somebody, if somebody calls me.

Participants also discussed their strong commitment to collaboration in relation to meeting the needs of the student. One participant, Jessica, believed that not one counselor alone can do the job of helping the student(s). It takes a team of support services both in the school

and in the community. This thought was extended when one participant discussed the importance of committing to collaboration because of the number of the children on the elementary school counselor's caseload. Mary talked in great detail about this,

> Very committed. Yes. I think I'm very committed to collaboration. (Interviewer: I know you had mentioned just the whole idea of not being able to serve all the children…) And we're gonna see that number rise. I am very fortunate to be one of basically three counselors here….There are already school districts in the Commonwealth of Virginia that have 1 counselor for 1,200 kids. I mean what can you do with 1,200 kids if you are the only counselor…I mean you can't; so I am, very much in favor of collaboration because no one person can do it all. The numbers are too great.

There were some participants that talked about the need to do more collaboration and to be more committed to the process. The importance of collaboration is understood but one elementary school counselor participant actually chuckled when asked this question during the interview. Darcy stated,

> Oh my goodness…I like it. But I guess I always could be more committed. I feel like I could always do better, you know? Yeah, I could always do better…I wish I could follow through more, do more.

The participants' feedback indicates that there was a strong commitment to collaboration by both the elementary school counselors and the community mental health providers. There appeared to be some room for improvement in level of commitment to collaboration from both groups, as mentioned by the participants.

Theme 3: Benefits of collaboration.

Throughout the interviews, participants were consistent in talking about the importance of collaboration in meeting the needs of the students. The benefits of collaboration can include additional resources and support, consistency of counseling services, improvement of child/student, effective use of time and good business.

Additional resources and support. The additional resources and support provided by collaboration are one benefit described by the participants. These additional resources offer information and paint a more complete picture of the student's situation. Mandy discussed the importance of having the additional information.

> So I think it gives a better picture, a more complete picture, if the two agencies work together – a school and agency work together. I think it gives a better picture of what's going on in the whole kid's life. So, there might be a problem at home that's not showing up here at school, or there might be a problem at home and could be an indication that it's gonna come into his classroom and affect his performance.

In addition, these resources provide reinforcement for issues that are being addressed.

Consistency of counseling services. Consistency of counseling services was also a benefit of collaboration declared by participants. This consistency allows for the schools and the community to work together to support the student and the family. One participant described a situation where she collaborated with a community mental health provider to help a parent and student.

> I guess in this particular case this counselor telling me this is what we're working with on mom, and I was doing it with mom too but kind of reinforces yeah, I need to keep pushing this with her because this is what the outside counselor is doing and this is the

> right direction to go with mom…for me to give mom the same message, to continue giving mom the message I was giving her because the counselor's giving her the same message.

This consistency provided increased access to more efficient services.

Improvement of child/student. It was also explained by participants that, ultimately, the reason to collaborate is for the benefit of the student. Elementary school counselors and community mental health providers collaborate because they want to see the student improve. One participant, Delaney, mentions this and believes that collaboration provides for better results. Delaney stated,

> But I think anybody that's working in this business, your goal is for children to get better, so if there's another person who's working with him in a different setting that you can collaborate with, why wouldn't you…Typically, when I have collaboration, I see things move along better.

Participants discussed the importance of the schools working with outside resources because the issues students face at this time often cannot be supported by one person. By collaborating, the participants have witnessed more success.

Effective use of time. Time was also part of the discussion on the benefits of collaboration. One participant felt that collaboration allowed for better use of her time as a school counselor.

> But with collaboration, it's wonderful because I have the opportunity to know which direction to go in and what I am trying to approach, or what topics or what the child really needs…I don't waste time going off in one direction and then another…So, I think it's a time – it's effective for time use – your time on task.

Participants also discussed that collaboration allows for less duplication of services and better planning. Both allow for more effective use of time.

Good business. Two of the participants believed that "good business" was a benefit of collaboration between school counselors and community mental health providers. One of the participants, Russ stated,

> … a secondary reason might be for – it's just good business. If you have a good relationship with a school or if I have a good working relationship with someone outside the school, I may be more likely to…refer someone to them (and to collaborate).

The theme, benefits of collaboration, included many categories developed by participants. Additional resources were one benefit that was stated most often during the interviews. These additional resources allowed for consistency of services and the overall improvement of the student. The elementary school counselors that participated believed that collaboration allowed for more effective use of their time. It was also stated that collaboration allows for good business between the schools and the community.

Theme 4: Components of effective collaboration.

As the results of Theme 4 for Research Question One are presented it is important to recognize this theme is also the focus of Research Question Two: What components are necessary for effective collaboration?

Effective collaboration in this study is collaboration that provides for positive outcomes for the student. Effective collaboration can involve many different components. These components include communication, relationship building, and logistical factors.

Communication. The most often mentioned effective component of collaboration was communication. This component was mentioned by all participants during their interviews.

Participants discussed how communication would typically occur between the elementary school counselors and the community mental health providers during the initial interview question. Participants stated that contact would typically happen over the phone. Occasionally, the community mental health provider would meet with the school counselor in person. Mary discussed how this happens sometimes at the beginning of the collaboration.

> But the counselor came to see me yesterday…to meet me and to talk about his work with the little boy and to let me know that both he and the other counselor wanted to be involved…it was just a getting to know you meeting, but very much appreciated because he left his card and phone number…

It is also important to state that the school counselor and community mental health provider would sometimes communicate through email. One participant discussed an increase in the use of email for communication, while other participants were very cautious of using email for communication purposes due to the possibility of breaching confidentiality and school system regulations. Mary mentioned how some of these concerns are handled in the use of email:

> …the guidelines around using email for us are very specific…Not mentioning a child's full name. We might use initials or another identifying remark that would let that person know who it is that we're talking to them about or if they're emailing me something pretty generic…so we try not to put full names into emails, and if we have some sort of a report or something that we're doing and there is a name, we would use an attachment…

Sometimes, multiple modes of communication may be used to collaborate. Darcy talked about a specific counseling group that provided in-home services and would also visit the children at the school. Sometimes they would call to discuss information and sometimes they would stop by her office when they visited the student at school.

Participants described beliefs that the community mental health provider must be willing to communicate. Some of the participants described experiences where the community mental health provider would not respond to communication from the elementary school counselor. Participants also felt that once communication was established between those collaborating, that the school counselor and community mental health provider should stay in touch. The participants described the communication as involving the sharing of knowledge (techniques, progress, changes). As one participant stated,

> But I think that communication of any information that I can provide or any changes we see in the child, I think that's really important. Or the progress that the counselor's seeing or any technique they've used that I in turn can put into place. I think that is just so, so important.

As stated in Theme One on interactions, sharing knowledge was very important to the collaborative process. Goal setting was another interaction that was deemed important to collaboration. This was also shown as an effective component. Goals should be set between collaborators and the goals must be realistic. Participants believed that collaborators must communicate on a consistent basis to follow through on the goals.

Participants also mentioned that the communication must be truthful. One participant in particular, Mary, discussed her experience with honesty and trustworthiness. She felt it was important that there were no hidden agendas within the collaboration.

> …if there's something specific you want from that person, it certainly doesn't pay to sit around with a hidden agenda and try to hint at it…it's much better to be as straightforward in as kind a way as possible to say what it is that you need from them and see if they are able and willing to provide it. And if they're not, I think a really direct

> question of "What will it take? What do you need from me as a school counselor in order for us to work better together?"

These hidden agendas do not allow for open communication and ultimately hinder collaboration.

Relationship building. Relationship building between school counselors and community mental health providers was also a component that participants believe led to effective collaboration. Participants explained there was more collaboration if relationships were established between the school counselor and the community mental health provider. As Mandy discussed in her interview:

> …I think when you have relationships with people, you know people on a personal level, I think somebody's more likely to pick up the phone and say hey…more willing to pick up the phone and I know some of the community counselors…I don't know a lot of them…but the ones that I do know you are more likely to pick up and say hey…

Participants believed that having an opportunity to network allowed for elementary school counselors and community mental health providers to build these relationships. A majority of the participants placed a high priority on making time to meet and collaborate. They stated this happened most often at shared professional meetings.

Logistics. There were also a few logistical components that interview participants described as important for collaboration. These included time, release of information, and parents. As mentioned previously, many of the participants believed they needed to dedicate more time to collaboration because of the needs of the students. Unfortunately, participants determined that time was hard to come by when they continued to incur various school-related responsibilities, many of which were not counseling related.

The release of information is key to effective collaboration because it allows the school counselor and the community mental health providers to communicate and collaborate. One participant talked about the idea of the community mental health provider having all parents sign a release of information for their child's school counselor so that collaboration may take place. Delaney said,

> …it would be great if when a child starts with a private provider (CMHP) if the provider would ask the parent right up front in the initial intake if they'd be willing to sign a release to talk to their school counselor…to get information about how they're doing socially and academically. I think it would be a big help just open that door immediately and fax it to the school or have the parent hand carry it, if they're more comfortable, to the school just to open that door.

There are three main components that participants stated were necessary for effective collaboration. The most often described component was communication. The participants believed that collaboration would not be possible without consistent communication. Participants also explained that communication was easier and more consistent if they had established relationships with the community mental health providers. Networking with other counselors allowed for the building of these relationships. Lastly, there are possible logistical constraints that must be dealt with for collaboration to be effective, including prioritizing time for collaboration and a parent signed release of information form.

Theme 5: Barriers to collaboration.

As the results of Theme 5 for Research Question One are presented it is important to recognize this theme is also the focus of Research Question Three: What barriers have emerged in the process of collaboration?

A large part of discussion during the interviews with participants revolved around the theme of barriers to collaboration. Barriers to collaboration stated by participants were systemic, personal, and environmental in nature. Systemic barriers included times/schedules, communication (lack of), and parents/release of information. Lack of understanding of school counselors, differing agendas, distrust, lack of administrative support, and transient populations were considered personal and environmental barriers.

Systemic barriers. Times and/or schedules was one of the most often mentioned barriers to collaboration. Time, in various forms, was discussed by all participants. Most notably it was discussed in the terms of the lack of time available for collaboration. As Darcy stated,

> I think it's time Kristen. Time. Because I feel like maybe I don't even do the good job as following up like I need to on things…I'll mean to, and it's like, I can multitask, but I can only multitask so much. And it would never be intentional. Yeah, I think that's it – time.

A few participants talked about time in relation to money for community mental health providers. For community mental health providers, especially those in private practice, time is money. If they are not seeing a client they are not getting paid. Dana said,

> I think that they are (busy people), they have their 50 minutes hour and many of the private practitioners don't work all week, they work certain days and…that's money they're not charging for. I think that has a lot to do with it, I think it has a lot to do with it.

Participants also talked about the differing schedules and trying to communicate with community mental health providers in between clients. School counselors only have work hours during the day time, such as 8:00am – 3:00pm. Some community mental health providers may only work evenings. Darcy stated,

> …it's like we play phone tag, and it's been, by the time I get them, they're locked in to when they can talk to me because of maybe they're with clients. So time is definitely one.

Communication, or a lack of communication was also stated as a barrier to collaboration. Many participants discussed the lack of response from the community mental health provider when they would try to initiate communication and possible collaboration. As Krista mentions,

> And if you have someone that is not willing to call you back you can continue to try to communicate…phone calls, faxes, different things like that, but if you've got somebody that is determined not to share with you they are not going to do it.

Many of the participants discussed this lack of response from the community mental health provider. They would leave messages or make multiple phone calls and have no response.

Another systemic barrier stated by the participants was parent involvement and the release of information. One participant, Krista, discussed that sometimes parents will not tell the school counselor their child is seeing an outside counselor. The parents do not want the two counselors talking back and forth. It may also be because they do not realize the importance of the communication. Other times, for various reasons, the parent refuses to sign the release of information which would allow for collaboration. Dana discussed this when she stated,

> Very few of my kids ever get private counseling, or if they do the parents don't want us involved in what's happening. They don't want us to know… (they don't sign the release).

Participants discussed the importance of the release of information in the collaboration process, not just because it allows for the communication but it also protects the counselor and the client.

Personal and environmental barriers. Personal and environmental barriers stated by the participants included an understanding of the counselor roles and setting, distrust, and differing philosophies, views and/or agendas. A few of the participants discussed the importance of community counselors having an understanding of what can be accomplished in the school setting. These school counselors shared the perception that the community mental health provider does not understand the school counselors' role within the school and does not understand their multitude of responsibilities. They also described their perceptions that the community mental health provider does not understand that school counselors have the clinical skills to work with the students and their mental health issues.

Distrust was also a barrier in the discussion on collaboration. Jessica stated it best when discussing the idea of distrust between school counselors and community mental health providers.

> And I think that's part of the problem (trust). They don't feel like they can trust us. They don't want to cross that confidentiality line and you know, this is a school setting, so is she gonna run, tell the principal and the teachers and that kind of thing. So there's not really an appreciation of we're really all on the same wavelength.

Participants also determined that the school's agenda for a particular student is usually different from that of the agenda of the community mental health provider. For example, the school is focused on more of the academic concerns where the community mental health provider may be more focused on the obsessive compulsive behaviors the child is currently experiencing (even though these may be interrelated).

It is also important to present two other barriers that were brought up by only one participant. One of these barriers was the lack of support from building level administrators.

Although the participant has had good experiences with her administrators, she acknowledged that many times administrators are not willing to let agencies/counselors in the schools to be able to collaborate. Marla stated,

> …I think with the clinical needs we are seeing in the school system it has to be opened so that people are collaborating more. And the people that are making the decisions have to be aware of it. So, there are schools that will not allow day treatment (in-home) in their schools. There are principals making decisions where even if an in-home counselor comes into a building and they not only have parent permission but that's part of their job…There are places where they are not even…they are interrogated at the front door or not allowed in the building.

Another participant, Mandy, described another barrier which involved school environments with a transient population. Her school had many transient students because it serviced a large number of apartment complexes. The participant discussed how it was difficult to maintain consistent collaboration because students are enrolled at her school for short periods of time.

Barriers of collaboration are systemic, personal, or environmental in nature. Participants in this study identified barriers in all three areas. These barriers make it very difficult for elementary school counselors and community mental health providers to collaborate.

Theme 6: Changes needed in collaboration.

Another theme that resulted from the interviews is change needed in the work of collaboration. Participants were very informative in discussing the items that needed to change with collaboration so that it may be more effective and consistent. These included communication, more collaboration and consistency, and networking.

Communication. Communication has been a common theme throughout the research. When participants discussed change in collaboration, they felt there needed to be an increase in communication. One participant, Krista, felt that communication between school counselors and community mental health providers should happen when the issue may impact the child at school.

> The idea is that if a counselor was seeing a kid…if they're working with the child on an issue that is directly impacting their school day, be it behavior, be it some sort of emotional situation, whatever. If it's having a direct impact on the school day and they could call and say, "In my experience in working with children with this particular issue, this is what y'all need to do", that would be great.

In addition, one participant felt communication should include notification that the community mental health provider is no longer working with the family. Overall, participants believed that the amount of communication should increase and happen on a more consistent basis.

More collaboration and consistency. The change most often stated by the participants was that there needed to be more collaboration taking place in day to day work. Not only did the collaboration need to take place more often but it is needed to happen on a consistent basis. As Kayla stated,

> I would think more of it. I would love to have any mental health person that's working with a kid call and say, "Hey, have you seen these behaviors? This is what's being reported to me – do you see that happening at school or looking at what's going on with them at school? Are their grades good? Are their grades bad? Are they happy? Are they sad? Are you seeing depression…And not just rely on the parents giving that information." So I think more collaboration is what we need.

Related to the idea of more collaboration, participants felt they needed more time to collaborate. The elementary school counselors often felt that other responsibilities made it difficult to find time to collaborate. One participant described this a few times during her interviews. She felt that collaboration was always a quick process. It was not something that a lot of time was spent on during her day.

In addition to more collaboration, participants also stated that collaboration needed to be more consistent. Marla discussed consistency within her building and within the school district where they work constantly with outside agencies.

> …I hate to even say this, but more of a commitment in the school system for the collaboration and being stable and consistent and being able to do that. You cannot change yearly…You have to be consistent…Because there are the kids that will fall through the cracks.

The support from administrators and other staff allows for this consistency to occur.

Networking. Networking opportunities were also mentioned by over half of the participants. The school counselors believed there needed to be an increased opportunity for interaction between school counselors and community mental health providers. The participants believed this allowed for the building of relationships and the development of trust. Russ discussed the need for networking opportunities when he stated,

> Just to learn more about them (community mental health provider)…we have had some meetings before where we would have some counselors or people from other agencies in to share more about their services…and also for them to learn more about what we do in the schools. Just meeting and talking about what we do and how to make referrals. How to set up a collaboration.

Dana took this a step further and discussed the importance of this connection for collaboration. She also mentioned that through networking, school counselors and community mental health providers can learn more about roles in their respective positions.

> …since you are looking at possible solutions to some of this, to increase opportunities for the practitioners in the private sector or in agencies to have interaction with the school counselors. I think you can tell them what we do but I think its…you know how they say it's who you know – I mean I think when you interact with that person you get a feel for who they are and their – I think that's really helped me in being able – the people that I have collaborated with it's just ended up being I have had some other connection with them in some other way.

Participants discussed many changes they believed needed to occur in collaboration. These changes included the need for communication and its desirability for it to continue on a consistent basis. Participants also stated that the occurrence of collaboration needed to increase and be maintained at a certain level of consistency. Lastly, more networking needed to occur to allow for the building of professional relationships and trust.

Research Question Two: What components are necessary for effective collaboration?

As mentioned previously, Research Question Two is under the umbrella of Research Question One. Therefore, the results of Research Question Two are discussed within Theme 4 located earlier in the text. This theme is titled, Components of Effective Collaboration.

Research Question Three: What barriers have emerged in the process of collaboration?

Research Question Three is also under the umbrella of Research Question One. The results of Research Question Three are discussed within Theme 5 of the first research question. The theme is titled, Barriers to Collaboration.

Summary

As ten elementary school counselors shared their perceptions and experiences about collaboration with community mental health providers, several themes emerged. Participants acknowledged that interactions must take place between the elementary school counselor and the community mental health provider as part of collaboration. These interactions included the sharing of knowledge, goal setting, conflict management, and the acting on information. The second theme was commitment to collaboration. Most of the elementary school counselors identified themselves as being very committed to collaboration, whereas their perceptions for the commitment to collaboration by the community mental health providers varied. Another theme that developed as a result of the data involved the benefits for collaboration. These benefits were access to additional resources and support, consistency of counseling services, improvement of the student, time, and good business. A fourth theme included components of effective collaboration. Participants believe that collaboration would be effective if there was consistent communication, relationship building and networking, and a focus on certain logistics. Barriers to collaboration were also generated as a theme. Barriers were systemic, personal, or environmental in nature. The last theme that emerged from data included changes needed in collaboration. These changes involved more collaboration, consistency, networking, and communication. Themes were developed from 20 separate interviews (two per participant). Information from the data analysis was used to develop the discussions, conclusions, and implications that are presented in the next chapter.

Chapter Five: Summary, Conclusions, and Recommendations

The purpose of this study was to describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. Individual interviews were conducted with ten elementary school counselors, nine female and one male. A phenomenological research approach was used in this study to allow for the emergence of details and thick description on a topic that was not previously well researched. Two face-to-face, in-depth interviews were conducted with each participant using an interview guide approach with standardized questions to help focus the discussion. The twenty interviews were audio-taped and transcribed. The transcriptions were used to analyze the data. Through a review of the literature and the data analysis of the interviews, several conclusions have been drawn and recommendations presented regarding collaboration between elementary school counselors and community mental health providers. The findings for all three research questions are discussed. In addition, the Framework for Collaboration discussed in Chapter Two will be revisited and implications and future research presented.

Summary of the Results

Through the analysis, data from the 20 interviews were coded using a constant comparative analysis (Anfara, Brown, & Mangione, 2002) to develop the emerging themes. These themes are summarized through the three research questions that guided this study. These questions included,

1. What are the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers?
2. What components are necessary for effective collaboration?
3. What barriers have emerged in the process of collaboration?

It is important to note that through the analysis it was determined that Research Question Two and Research Question Three were included under the umbrella of Research Question One. Therefore, the results of the research questions are discussed in reverse order. Discussion and conclusions are stated in a later section.

Research Question Three

The focus of Research Question Three was the barriers that emerged during the process of collaboration. Participants stated there were three types of barriers, including systemic, personal, and environmental. This was consistent with previous literature which also discovered barriers in each of these three areas (Hodges et al, 2001).

The systemic barriers discussed by participants of the study included time/schedules, communication (lack of), and parents/release of information. Participants determined that time was often a factor in their collaborative efforts. Usually this involved a lack of time available for collaboration. Participants stated both in their demographic survey and in their interviews that other responsibilities of their counseling positions would hinder time for collaboration. Participants also discussed that time was a factor relating to money for the community mental health providers and believed this affected the amount of time they were willing to collaborate. The elementary school counselors discussed how community mental health providers have different schedules than school counselors and therefore find it difficult to devise a convenient time for collaboration.

Communication, of the lack of communication, was also a systemic barrier stated by participants. Elementary school counselor participants discussed their level of frustration with the lack of response by community mental health providers to their initiation of collaboration. Many of the participants stated it makes it impossible to collaborate if they do not receive

feedback from the outside counselor. Participants offered their opinion as to why this might be taking place, such as concerns about confidentiality, but did not have a clear reason for the lack of communication.

Lastly, participants discussed parents and the release of information as a potential systemic barrier. Parents often make the decision that they do not want the elementary school counselor and the community mental health provider to communicate about their child. Parents make this known by not informing the school counselor they are working with the community mental health provider or by refusing to sign the release of information.

Personal and environmental barriers included an understanding of the counselor roles and setting, distrust, and differing philosophies, views and/or agendas. Many of the participants believed that the community mental health providers did not have a clear understanding of the roles and responsibilities of a school counselor. The school counselors also thought the community mental health providers did not believe that school counselors had the clinical counseling skills to work with the students and their mental health issues.

The two other personal and environmental barriers were distrust and differing agendas. Participants determined that there was a level of distrust between the community mental health providers and themselves. This level of distrust often led to the formation of hidden agendas. The school's agenda for helping the student may be different than the agenda of the community mental health provider.

There were two other barriers that are worth noting, although each only mentioned by one participant. The first barrier is the lack of support provided by the building level administrators. Although the participants of this study discussed great relationships with their administrators, it was recognized that this is not always the case. The other barrier worth

mentioning was environmental in nature and involved the transient population that attended the school. The school counselor believed this was a barrier because various students may not remain in a school long enough to form the collaboration. It is important to keep in mind that each school has different characteristics that must be considered when collaborating.

Overall, the information that was reported during the interviews, coded, and analyzed followed closely with previous research relating to barriers to collaboration. The two barriers most often mentioned by participants were the lack of time and the lack of communication. Participants specifically discussed the need and the want for more time to collaborate. They believed in the importance of collaboration in meeting the needs of the students.

Research Question Two

Research Question Two focused on the components that are necessary for effective collaboration. These components included communication, relationship building, and logistics. The component that was most often repeated by participants was communication. Participants stated that if the community mental health provider is not willing to communicate, collaboration is not going to take place. Even when communication did occur, participants stated it only occurred occasionally and sometimes just once to touch base on a student. This typically took place over the phone but occasionally would occur face-to-face. A few participants also discussed the importance of the truthfulness of the communication. In their experience, they often felt there were hidden agendas within the collaboration which ultimately creates ineffectiveness.

A second component determined by participants as important to the effectiveness of collaboration was the building of relationships between elementary school counselors and community mental health providers. Participants believed that more collaboration occurred if

they had a relationship with the community mental health provider. With this relationship, came a level of trust and therefore, the participants would often refer students to those community mental health providers. The elementary school counselors determined the most effective way to build these relationships was through networking. This networking would usually occur through local and state wide conferences.

There were also logistical components that participants stated impacted the effectiveness of collaboration. Time was one of these logistical components. Because many of the participants believed they did not have enough time to collaborate due to their list of job-related responsibilities, many of them felt they needed to dedicate more time to collaboration. If they did dedicate more time, they believed that the collaboration would be more effective. Another logistical component was the parent release of information. This release of information is required for school counselors to be able to collaborate with community mental health providers. If parents understand the importance of the collaboration and are willing to sign the release of information, this provides for effective collaboration.

Research Question One

Research Question One focused on the overall perceptions and experiences of elementary school counselors' collaborative efforts with community mental health providers. There were six themes that emerged. These included interactions, commitment to collaboration, benefits of collaboration, components of effective collaboration, barriers to collaboration, and changes needed in collaboration. As mentioned previously this research question incorporated the other two research questions. Therefore, Research Question Three and Research Question Two provide for two of the six themes, barriers to collaboration and effective components of collaboration. The other four themes are presented below.

Participants discussed the interactions they have with community mental health providers as part of collaboration. The most often mentioned interaction was the sharing of knowledge. This knowledge included basic information exchange, including information about the family. Sometimes it was a one-time communication and other times contact would be made multiple times. Participants discussed the importance of the sharing of knowledge because they believed that due to the many issues students are facing in today's society, not one person can be all that is needed for the student. The more resources available, the more successful the student is in the future. These interactions also consisted of goal setting. Participants stated the importance of the elementary school counselor and community mental health provider being on the same page by discussing overall goals for the child. The last interaction discussed was conflict management. Conflict management is inevitable in collaboration. Participants discussed conflict both within the collaboration and within the life of the student. Lastly, when talking about the interactions the participants had with the community mental health providers, one of their concerns was that there was no follow through or feedback on what occurred as a result of the collaboration. Participants believed this would be beneficial information for future collaborations.

Participants also discussed the importance of commitment to the collaboration. Overall, participants believed that community mental health providers were committed to the process of collaboration. As mentioned previously, the only barrier to this effectiveness was the lack of response by the community mental health provider to the initiation of collaboration. Participants believed that those community mental health providers that did respond were committed to making the collaboration work. Elementary school counselors stated that they were also dedicated to the collaboration with community mental health providers. Participants understood

the importance of collaboration in supporting the needs of the students. Although their stated commitment level was high, the participants did believe there was room for improvement.

As part of the research results, participants identified several benefits of collaboration. These benefits included additional resources and support, consistency of counseling services, improvement of child/student, effective use of time, and good business. Elementary school counselors determined that one of the benefits of collaboration was the availability of additional resources and support. Participants discussed the need for an increase in services for students due to the complexity of issues that they are facing. Collaboration provides these additional resources that may not otherwise be available.

Participants also discussed the consistency of counseling services that are provided as a result of collaboration. The collaboration allows for the schools and community to work together to provide consistent support. It allows for both to be on the same page and also reduces redundancy in services. It makes the counseling process more efficient and more effective.

When participants discussed the importance of collaboration during the interviews, the main benefit they mentioned was the improvement of the student. Participants believed they witnessed better results and the students were more successful when they collaborated.

Time was also considered a benefit to collaboration. One benefit of time in collaboration was participants felt it allowed for a more effective use of their time. They were able to accomplish more when they collaborated.

One last benefit of collaboration stated by participants was that collaboration created good business. Collaboration was more effective when relationships were built. These relationships allow for good business, such as referrals and consistent communication.

Lastly, the elementary school counselors identified changes needed in collaboration. These changes included communication, more collaboration and consistency, and networking. Participants believed that more communication needed to take place during the collaboration. Specifically, participants believed if the issue was going to impact the child at school than communication should happen. Participants stated communication should happen when the student starts and ends their work with the community mental health provider. The communication in between these two times may vary based on the needs of the student.

Overall, the elementary school counselors determined that collaboration needed to occur more often and on a more consistent basis. When discussing more collaboration, the topic of time as a barrier to collaboration was also mentioned due to other responsibilities. This caused a barrier to the consistency of the collaboration.

One last change stated by participants was an increase in networking. Opportunities needed to be available for the school counselor and community mental health providers to build a relationship. The building of these relationships also allowed for a level of trust to be built. Both of which are mentioned as components of effective collaboration.

Discussion and Conclusions

Three models of collaboration were presented in the literature. These original three frameworks were developed by Friend and Cook (2010), Bronstein (2003), and Hodges et al. (2001) and were used to develop a Framework for Collaboration used for this study. This framework provided a way to view and understand the experience of collaboration. It included six components necessary for effective collaboration and also included possible influences on collaboration. As seen in the discussion below, not all components of the model were identified

by participants involved in this research. Themes and conclusions are discussed within the framework.

Components for Effective Collaboration

As part of the Framework for Collaboration, there were six components of effective collaboration. These components consisted of a personal commitment to collaboration, interactive relationships, a common purpose, shared accountability, consistent communication, and effective context. Each of these components are discussed within the context of the research.

Personal commitment. The first component of the framework was personal commitment. Personal commitment was discussed by all ten participants of the study and was one of the themes identified to answer Research Question One. Overall, the participants described collaboration with community mental health providers as important and were committed to making it happen. Participants believed that collaboration was necessary to best meet the needs of their students, especially given the severity of student issues. Schools and communities have realized that no one school or organization/agency can resolve these issues (Dougherty, 2000). Current problems in the schools are more complex than what school personnel are set to deal with and require a multifaceted approach by many professionals (Bemak, 2000).

Participants also discussed the need for collaboration in relation to their increase in student caseload. When caseloads are high it is hard for one person to meet the needs of all of the students. Although most of the participants were comfortable with their level of collaboration, a few believed they could do more to collaborate with community mental health

providers. Participants believed they faced many barriers to collaboration and that more could be done to prioritize collaboration in their daily responsibilities.

The school counselor's perception of the community mental health providers' commitment to collaboration was also discussed by participants. There were mixed responses from participants when discussing this topic. Most of the participants believed that the community mental health providers were committed to collaboration with the elementary school counselor. Elementary school counselors believed this commitment often depended upon the individual community mental health provider and their investment in the student. Community mental health providers were more committed to collaboration if they were more invested in the student. A few of the elementary school counselors believed the personal commitment from the community mental health provider was minimal or non-existent. This perception was based on the lack of response from the community mental health provider when the elementary school counselor tried to make contact. The belief by these participants was that the community mental health provider was committed to what they do as a counselor but not to the process of collaboration with the schools.

In conclusion, it was agreed by all participants that their personal commitment was an important part of collaboration. Participants believed that both elementary school counselors and community mental health providers were somewhat dedicated to collaboration but agreed that there were many factors that could affect their overall commitment. Participants agreed there was room for improvement in their level of commitment to collaboration as well as in the commitment of the community mental health provider.

Interactive relationship. A relationship between the elementary school counselor and the community mental health provider was seen as important by participants. This finding was

consistent with the Framework for Collaboration which identified the relationship between the elementary school counselor and the community mental health provider as significant to the collaboration.

In general, the participants believed that collaboration was more likely to happen if there was a relationship between the school counselor and the community mental health provider. This component of collaboration is consistently mentioned in the literature as being an important part of the collaborative process (Friend & Cook, 2010; Rubin, 2009). Participants stated the development of these relationships occurred most often at professional development meetings, such as school based in-services or professional local and state conferences. Participants placed a high priority on the development of these relationships but also mentioned that time could be a factor on availability.

In addition to the general relationship, the participants discussed the different types of interactions that transpire as part of the relationship and of collaboration. Interactions was one of six identified themes for Research Question One. These included knowledge sharing, goal setting, conflict management, and acting on information. Participants stated that more often than not, the main purpose of the collaboration was the sharing of knowledge. This knowledge consisted of sharing basic information, such as they had begun seeing the student, to the sharing of familial information.

The elementary school counselors also discussed goal setting as a type of interaction that occurred during collaboration. A majority of the participants described the importance of goal setting as part of the collaborative relationship. Participants believed the sharing of goals between the school counselor and community mental health provider allowed for the reinforcement of these goals for the student. Discussion included the development of strategies,

the dialogue of interventions, problem solving, and the facilitation of support. As discussed in Gajda (2004), collaboration allows for the reduction in duplication of materials and the development of common interventions and a common purpose. This allowed for consistency between the community mental health provider, home, and school.

Conflict management was a third type of interaction that was discovered as part of this research. This concept was discussed in two very different contexts. Conflict management was discussed as a problem within the life of the student and as conflict within the collaboration. When discussing conflict within the life of the student, participants felt that collaboration between the elementary school counselor and the community mental health provider allowed for consistency to be maintained for the student, which in effect helped minimize and ultimately resolve the conflict. Participants also discussed the conflict within the collaboration between the elementary school counselor and community mental health provider. Friend and Cook (2010) identified four causes of conflict in collaboration which all center on goal setting. The conflict identified in the research focused on miscommunication related to setting goals for the student. This conflict can be minimized by having a common purpose (Seaburn et al., 2003), which are discussed shortly.

The last type of interaction mentioned by participants related to the acting on information that was shared as part of the collaboration. Participants were concerned that they were not aware of what was done with the information shared between the two counselors and if it was helpful in the collaboration. Participants believed it would have been helpful to receive feedback as part of the collaborative process. This communication is discussed further in a later section.

Participant experiences with collaboration were similar to previous research in stating that the relationship was an important part of the collaborative process. The interactions of these

relationships usually involved the sharing of knowledge, but could also include goal setting, conflict management and the acting on information shared. Participants believed that time was often a factor in the development of these relationships.

Common purpose. A common purpose was a third component of the framework of collaboration. Participants discussed the importance of collaboration throughout their interviews and discussed the reason they collaborate and ultimately the benefits. As mentioned previously, goal setting was a common interaction participants experienced with collaboration. These goals allowed for an agreement or common purpose to be developed for the collaboration.

In addition to goals, identified benefits include additional resources and support, consistency of counseling services, improvement for student, time and good business. Benefits of collaboration was a theme that emerged from the data. Collaboration allows for the sharing of resources and for support in working with the student. A few participants mentioned that collaboration allows for a more complete picture of the child and his/her situation. This complete picture allows for the consistency of counseling services. Consistency of services happens when the two counselors are able to share the information in a way that the other can follow through within their setting. This consistency is important to avoid duplication and fragmentation of efforts and services (Dougherty, 2000; Downing & Pierce, 1993; Mostert, 1998).

Ultimately, the reason for the collaboration is for the improvement of the student. The goal is for the child to succeed both personally and academically. The participants believed that when they were involved in collaboration with a community mental health provider the student improved as a result. This is consistent with the research (Hobbs & Collison, 1995; Taylor & Adelman, 2000) as Dickel (1978) states, “With professionals working together as a team, the

probability of children getting the help they need is increased tremendously…" (p. 40). Participants also believed that there is a need for more services for children because they are consistently seeing students who have multiple issues. No one person or agency can provide all that the child may need at the time. School personnel are realizing they are not able to meet all of the students' needs and that effective solution requires them to collaborate (Walsh & Galassi, 2002).

Time was another topic that participants discussed throughout the interviews. Time was seen as both a necessary component for effective collaboration and as a way to save time for the participants. The benefits of time are focused on in this section. Participants believed that collaboration was a benefit for time because it allowed for them to be more efficient in their work. Downing and Pierce (1993) discuss the benefits of collaboration and mention that collaboration allows for time efficiency.

Lastly, participants described good business as a common purpose of collaborating. A few participants believed that if the community mental health provider had a good relationship with the elementary school counselor, they would be more likely to collaborate and therefore refer students to them. In return, this would increase their potential business. Although this was not mentioned within the literature, it is an important point that warranted inclusion.

Participants stated that a common purpose was an important aspect of collaboration. Goal setting agreed upon by participants and community mental health providers allowed for the development of a common purpose. Participants also believed there were many benefits of collaboration, most importantly the improvement of the student.

Shared accountability. Shared accountability was one component of effective collaboration that was not discussed thoroughly by the ten participants involved in this study. As

Bronstein (2003) mentioned, it is important that accountability is a component of collaboration. The individuals involved in the collaboration must be willing to communicate about the collaboration and whether the goals set as part of the collaboration are being effective. As mentioned previously, participants were concerned that the interactions they had as part of the collaboration did not include the discussion of what was done with the information that was shared. There was no follow up to make sure that what was shared was used by the other counselor and whether it was effective. Therefore, the conclusion that can be drawn is that in the participants' experience, overall accountability levels are low. Although they were low, participants did understand the importance. Therefore, it should remain a part of the framework.

Consistent communication. Communication was a theme that presented itself throughout the interviews with the elementary school counselors. Participants initially discussed how communication would take place as part of the collaboration. All participants mentioned that the phone was most likely the format through which information was shared. Occasionally, the communication would happen in-person, but this was more likely to take place if the community mental health provider was checking on the student within the school or if the school counselor and community counselor saw each other at a counseling event. Email was also mentioned as a mode of communication, although it was met with mixed reactions. Some participants believed that email was more effective because it is quicker and easier, whereas other participants were concerned about the use of email because of the risk of breaking confidentiality. Seaburn et al. (1996) had the same concerns related to the use of electronic communication. Sulkowski et al. (2011) believed that email could be an appropriate source of communication if used appropriately. He stated, "Information security is a growing concern for health and mental health professionals and it may be appropriate to speak in hypotheticals and

use pseudonyms or initials when discussing cases, especially when communicating through email…and other forms of communication that could be viewed by third parties" (p. 123). Participant's thoughts on the types of communication closely followed those of Seaburn et al., (1996). Seaburn et al. believed that face-to-face communication was the most effective type of communication for collaboration, as did the participants, but time and location were often a factor. Lastly, it was mentioned that many of the participants would use multiple modes of communication to collaborate. Sometimes this would involve the use of written information, such as a document or letter.

It is also important to mention that when participants were asked about effective components for collaboration, communication was the component most often mentioned by all participants. Participants believed that communication was important for the sharing of information and for goal setting, as mentioned previously.

In more general terms, the elementary school counselors believed that the community mental health providers must be willing to communicate with the school counselors in order for collaboration to work. Although there were some different practices in how often the communication should happen, research showed that this was acceptable. Those involved in the collaboration must contact at the time of referral and time of termination, but the frequency of communication in between those two times should vary based on need (Seaburn et al., 1996). Participants stated that communication was not consistent for the most part when referring to their experiences. One barrier to collaboration that participants experienced was the lack of response from community mental health providers when referring the student. If the participants were able to make the initial contact, oftentimes, that would be the only contact.

Participants also discussed the importance of communication being truthful. Research has shown that in order for collaboration to be effective, the communication must be truthful (Brown, Pryzwansky, Schulte, 2006; Hodges, Nesman, & Hernandez, 2001; Mostert, 1998; Rubin, 2009). In particular, they believed that the sharing of information must be honest, with no hidden agendas.

Overall, most participants believed that changes must occur with communication in collaboration. They stated there should be an increase in the level of honest communication. With this increased communication, would come more effective collaboration.

Context. The context of the collaboration was a second component of the framework that was not overwhelmingly discussed by participants as part of the research. The context is the overall environment of the collaboration to include understanding who is involved and other practical issues. One participant was able to speak to this in depth because she collaborated on a daily basis with a program that was heavily involved in her school. Because this agency offered a day treatment program within her school and involved in-home counselors in the process, there was an understanding of what was involved in the collaboration. In most instances mentioned by participants, the collaboration was less formal and without a given context. This would be one component of the framework that may need to be reconsidered. It appears that most collaborative between elementary school counselors and community mental health providers is less formal and does not require a given context.

Influences on Collaboration

As part of the Framework for Collaboration, there were six possible influences on the outside of collaboration that could affect any of the six components and the collaborative process. These consisted of ethics, credibility, time, conflict, resources, and finances. All of

these influences were mentioned as part of the current study, with the exception of one, finances. Details are discussed below.

Ethics. Participants discussed issues of ethical consideration during the interviews. The most often mentioned topic was related to confidentiality and the release of information. It is important to protect the confidentiality of the student when collaborating (Geroski, Rodgers, & Breen, 1997). The release of information is a form that provides consent by the parent for the elementary school counselor and the community mental health provider to communicate and ultimately to collaborate. Elementary school counselors stated multiple times that it was difficult to get signatures for the parent release form causing a barrier to collaboration. Participants attributed the reluctance to sign to parents not wanting the two counselors to communicate about their child. Participants did understand the importance of maintaining confidentiality and believed there were ways to work with the community mental health providers to break through this barrier.

Credibility. Another influence on the collaboration was credibility of the two parties that are collaborating. Credibility was cited by participants in their interviews. Discussion on credibility was related to understanding the roles of the school counselor. Participants discussed this topic when they talked about changes that needed to take place with collaboration. It is essential that each person involved in the collaboration understand the other's role within their job and within the collaboration (Weist, Lowie, Flaharty, & Pruitt, 2001). Through networking, participants believed that relationships could be built that would allow the elementary school counselor and the community mental health provider time to better understand each other's roles and better collaborate with each other to benefit students.

Credibility was also discussed by one particular participant in relation to the community mental health provider understanding that the elementary school counselor was also a professional. She mentioned that sometimes, community mental health providers may become part of the collaboration with a hidden agenda and not keep in mind that the goal is to help the student. The credibility influence increases through the building of trusting relationships.

Time. Time was considered one of the largest barriers to collaboration between elementary school counselors and community mental health providers. A majority of the participants in the study discussed time because they felt there was not enough of it to be able to collaborate effectively or at all. Time was mentioned throughout previous research as a possible barrier (Mostert, 1998; Seaburn et al., 2010; Trusty, Mellin, & Herbert, 2008) and the current research confirms this.

Time was also discussed in relation to money for the community mental health provider. Any time that the community mental health provider spends collaborating could potentially reduce their income, especially if they are in private practice. This may hinder their overall commitment to the collaboration process.

Scheduling issues between school counselors and community counselors was also considered a time barrier. This was consistent with previous research that stated work schedules were often a factor in collaboration (Weist et al., 2001). Community counselors were often working on a 50 minute appointment schedule only allowing a short period of time to contact school counselors. School counselors may or may not be available during this time. In addition, the work hours were usually different, with school counselors often finished by 4:00pm and community counselors continuing into evening hours.

Conflict. Conflict can be seen as an influence on collaboration. This was mentioned by participants as part of the effective component, interactive relationship. It was acknowledged by participants that conflict can and may be part of the collaborative relationship. More often than not, conflict can be a negative influence on the collaboration unless dealt with appropriately. Conflict must be dealt with early on in the collaboration. This allows for trust to be established and common goals to be developed (Hodges et al., 2001).

Resources. Participants presented and acknowledged that one of the influences on collaboration is additional resources. Participants discussed additional resources as a benefit of collaboration in addition to a component of effective collaboration. It is hard for one person to know all resources available. By collaborating, additional resources are provided allowing for reinforcement that important information is not overlooked (Mostert, 1998). These resources influence the collaboration because they provide services that may not have otherwise been available to the student. They also reassure those collaborating that efforts are not duplicated.

Finances. Finances were one influence on collaboration that was barely mentioned by the participants of this study. Finances were mentioned in relation to time for community mental health providers. Participants perceived that the community mental health providers may not choose to collaborate because time is money for them since they are paid by the time they spend with the client. Previous research has referred to finances related to the institutions that collaborate and not the individuals. This was not the focus of this particular study.

The Framework for Collaboration discussed and presented in Chapter Two provided six components for effective collaboration. Four of the components were discussed thoroughly as part of the current study, including personal commitment, interactive relationships, a common purpose, and consistent communication. The other two components, shared accountability and

context, were not discussed in detail by participants. Research has shown the importance of these components. Participants were committed to collaboration and believed that the community mental health providers were as well. They did believe that there were barriers that prevented collaboration from taking place and that more could be done to overcome these barriers. Participants also discussed the importance of interactive relationships for the benefit of collaboration. Participants discussed many different benefits of collaboration but the ultimate purpose was the improvement of the student. Consistent communication was mentioned by all participants, but they discussed the amount of communication can vary. This was confirmed by previous research.

There were also many influences on the framework. These influences can have an impact on the effectiveness of collaboration. Ethics, specifically confidentiality, was described by participants as having a large effect on collaboration. Another influence stated by participants was credibility. Although it was not discussed thoroughly, participants did describe the lack of understanding by the community mental health provider of the roles of the school counselor. Participants believed it was important for those involved in collaboration to understand each other's job roles as well as roles within the collaboration. Time was mentioned consistently by participants as being a large barrier to collaboration. Conflict was discussed as part of the relationship and can be seen as an influence on the relationship and trust. Participants also discussed resources as an influence on collaboration. Additional resources were seen as a benefit to the process of collaboration. Lastly, the framework includes the influence of finances. This was not discussed thoroughly by participants. Money was only discussed when talking about time and the community mental health provider's schedule.

Limitations

Several limitations should be considered when interpreting the results of this research and when planning future research. First, in-depth interviews were the main data collection method for this study. This tool can be limiting due to the nature of self-reports. The participants decided how much they were willing to share. In addition, the amount of information they shared in the interviews may have been affected by the participants overall ability to collaborate. The level of experiences with collaboration varied extensively within these 10 participants. One participant collaborated on a daily basis compared to others that may have collaborated two or three times per year.

This study included only elementary school counselors who were currently collaborating or had collaborated in the past. It is important to consider that that the sample is potentially biased because of the requirement of previous or current collaboration. Those who have not collaborated, or not successfully collaborated, may have had different experiences. Another limitation related to this requirement of collaboration involves the possibility that there are elementary school counselors that would be willing to collaborate but cannot for various reasons, such as administrative mandates.

One last limitation of the research is after explaining and clarifying the definition of community mental health provider to participants, many would refer to collaboration with Social Services. It was difficult to keep the difference in the forefront because school counselors work with this agency to help students. This was particularly the case with schools in rural areas because there was much more reliance on these type of agencies. Collaboration with agencies, such as Social Services, was not the focus of this research but the discussion could have affected the interview data of participants.

Implications

Implications of the research are shared in this section. It is important to note that these implications are based on the results of the current research. Implications are discussed for both school counselors and counselor educators.

Implications for School Counselors

1. School counselors should advocate for time to allow for more collaboration.

   Time was an issue that all 10 participants brought up during their interviews. As school counselors, they have an ethical responsibility to collaborate. As discussed previously, counselors caseloads are increasing due to budget constraints, and the number of duties they are asked to accomplish are expanding, many of them not of the counseling nature. School counselors must learn how to collaborate within the community to provide resources for student needs (Griffin & Farris, 2010). School counselors in turn need to advocate for themselves and other counselors to be able to have more time to collaborate and meet the needs of their students.

2. School counselors need to educate parents on the benefit of collaboration with community mental health providers. Parents need to understand the importance of collaboration in helping their children. The research has shown that collaboration provides additional resources, support and also provides for better overall results (Hobbs & Collison, 1995; Gajda, 2004; Mostert, 1998; Taylor & Adelman, 2000).

3. School counselors must have and take advantage of more opportunities to network and build professional relationships with community mental health providers. All participants discussed the importance of the relationship to the collaboration. Networking allows for these relationships to be built and connections made for future collaboration.

Implications for Counselor Educators

1. Educate Counselor Education students on collaboration in the counseling field. Future school counselors and community counselors must be taught the importance of collaboration. The 2009 CACREP standards not only acknowledge that students should understand the ways in which collaboration can assist in student development and welfare, but they should also develop the skills to be able to collaborate effectively with resources in the community (Council for Accreditation of Counseling and Related Educational Programs, 2009). Not only is it important in helping students develop effective skills as counselors, but it is also part of their ethical responsibility.
2. Educate future school counselors about the "realities" of a school counseling position. This would include such information as caseload sizes. It should also include discussion on the responsibilities of the school counselor outside of direct counseling. These two areas can potentially be barriers to collaboration. School counselors should learn to effectively communicate to the different constituents they encounter as a school counselor. This communication should involve being an advocate for themselves as a school counselor and for the school counseling program. They should also advocate for time to collaborate.
3. It is important for counselor educators to collaborate within our communities. As counselor educators it is important to build relationships within the community for collaboration to occur in helping graduate level counselor education students. This not only provides an example for students but also allows for counselor educators to support the growth of future counselors.
4. A model for collaboration in the counseling field should be developed to allow for more efficient and effective collaboration. There are various models proposed in the research, but

not one that is ideal for school counselor/community counselor collaboration. The framework proposed in this research is a start to the formation of a model for the counseling field. A well-developed model allows for more consistency and more efficiency in the collaboration process.

Future Research

This study consisted of a review of literature and 20 face-to-face, interviews with 10 elementary school counselors on their perceptions and experiences collaborating with community mental health providers. Recommendations for future research are presented as a result of the findings.

This study only included a small sample of elementary school counselors. Future research may include a quantitative study, using a survey, to access a larger number of school counselors across the state as well as the country. It could be valuable to look at what factors affect the use of collaboration.

In this study, only elementary school counselors were interviewed. A future study could include interviews with middle and high school counselors. Because of the differences in job responsibilities for elementary versus secondary school counselors, the latter's perceptions and experiences of collaboration may look very different.

In addition, it could be important to look at the perceptions and experiences of the community mental health provider's collaborative efforts with the school counselors. It would be valuable to look at the results and be able to compare to those perceptions and experiences of elementary school counselors.

Summary

Chapter Five started with a summary of the results from Chapter Four. There were six themes that emerged from the data and answered Research Question One. They included interactions, commitment to collaboration, benefits of collaboration, effective components of collaboration, barriers to collaboration, and changes needed to collaboration. The theme, effective components of collaboration, also answered Research Question Two. Research Question Three was answered by the theme, effective components of collaboration. These two research questions developed under the umbrella of Research Question One as the data emerged.

The chapter also included a discussion of the findings of this qualitative study. The findings and conclusions were discussed through the Framework for Collaboration developed for this study. There are six components of effective collaboration included in this model. They are personal commitment to collaboration, interaction relationships, a common purpose, shared accountability, consistent communication, and effective context. Two of these components, shared accountability and context, were not discussed thoroughly by the participants. The six influences of the model include ethics, credibility, time, conflict, resources, and finances. Finances were the only influences that were not discussed extensively by the participants.

Based on the findings, several implications were developed. These implications were focused on two distinct groups, school counselors and counselor educators. Discussions of the limitations of the study were also included. While the findings of this study give a glimpse into the experiences of elementary school counselors' collaboration with community mental health providers, there are various opportunities for future research. Chapter Five concluded with recommendations for future research in this area of study. This information could be used toward developing a collaboration model for school and community based counselors.

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Appendix A

Initial Letter to Coordinators/Administrators

Dear (Guidance Coordinator/Administrator),

Hello! My name is Kristen Moran and I am a doctoral candidate in Counselor Education at Virginia Tech in Blacksburg, VA. I am conducting research on the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. I am currently seeking volunteers to interview about their collaborative experiences. I am asking for your assistance in providing names of elementary school counselors in your district that you believe would be of assistance in this area of research. The criteria to participate in this study are:

1. Elementary counselor must currently be employed as an elementary school counselor in the Commonwealth of Virginia.
2. Elementary counselor must currently be collaborating or have collaborated in the past with mental health providers outside of the school system.

Involvement in this study will include two one-on-one, face-to-face interviews with the researcher. The first interview will be an in-depth interview about their perceptions and experiences of collaborative experiences with community mental health providers. Upon the completion of this interview, a second interview will be scheduled. Prior to the second interview, a transcript of the first interview will be completed and mailed to the participant to check for accuracy. The second interview will allow time to discuss any changes to the initial interview transcript and ask follow-up questions.

I have included a copy of the abstract and the informed consent to provide more information about the study. I will touch base with you by telephone in a week to discuss any

questions and/or concerns you may have about the school counselor's participation in the study. I hope that at this time you may be able to provide me with a name(s) of elementary school counselors in your district that may be interested in participating. Please feel free to contact me with any questions you may have prior to our discussion.

Sincerely,

Kristen L. B. Moran

Doctoral Candidate, Virginia Tech

Cell Phone: 540.525.0378

Email: kbarner@vt.edu

Appendix B

Phone Call Script – Coordinators/Administrators

Hello (insert name)! My name is Kristen Moran. I am a doctoral student in Counselor Education at Virginia Tech. I am conducting research on the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. Approximately a week and a half ago, I mailed to you information on a study that I am conducting as part of my doctoral program. I wanted to touch base with you to make sure you received the information and to answer any questions you may have about the study.

(Answer questions)

Any questions about the study purpose?

Any questions about the format of data gathering?

An initial one-on-one interview will be scheduled with the participants at a convenient location for them. Upon completion of the interview, I will transcribe the interview and forward a copy to the counselor by mail. A second interview will be scheduled to discuss follow up questions and concerns/questions they may have about the original interview.

Any questions about confidentiality?

Confidentiality is important to the success of this study. Although I will be taking numerous steps to avoid any identifying characteristics of participants, there is always a possibility that someone may be able to deduce the identity of a participant through descriptives in the final write up. Pseudonyms will be used for participants in all research documents. The only people with access to these documents will include me and my advisor, Dr. Nancy Bodenhorn.

Are there any additional questions?

Having answered your questions, are there elementary school counselors in your district that you believe would be good candidates for this study?

(Collect contact information for potential participants)

I would like to thank you for your time and appreciate your assistance in my research study. Please contact me in the future if you have any questions or concerns. Thanks!

Appendix C

Phone Call Script – Interview Participants

Hello (insert name)! My name is Kristen Moran. I am a doctoral student in Counselor Education at Virginia Tech. I am conducting research on the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers. I am currently seeking volunteers to interview about their collaborative experiences and was given your name by your guidance coordinator/administrator (insert name) as a possible participant.

As you are probably aware, the prevalence of mental health needs of elementary aged children has become a public health crisis, including approximately 4 million children with serious mental health disorders. The purpose of my study is to provide elementary counselors the chance to share their perceptions and experiences of collaborative efforts with community mental health providers in order to increase awareness of collaboration, including both effective components and possible barriers to collaboration. An initial one-on-one interview will be scheduled at a convenient location and time for you. Upon completion of the interview, I will transcribe the results and forward a copy to you via mail. A second interview will be scheduled to discuss follow up questions and concerns/questions you may have about the original interview. This is also a time for you to add to or change any inaccuracies with the original transcript. Do you have any questions? Would you be willing to participate in a one-to-one interview on this topic?

I will make every effort to protect your privacy and provide confidentiality. Although I will be taking numerous steps to avoid any identifying characteristics of participants, there is always a possibility that someone may be able to deduce the identity of a participant through descriptive in the final write up. Pseudonyms will be used for participants in all research

documents. The only people with access to these documents will include my advisor, Dr. Nancy Bodenhorn and me.

If you are interested, I would like to set a date for our initial interview and discussion. Is there a particular day and time that would work best for you (set data and time)? In the meantime, I will mail you a copy of the abstract, the informed consent and a short demographic survey to be completed prior to the first interview. Please do not hesitate to contact me if you have any questions. Thank you – I really appreciate your participation!

Appendix D

Informed Consent Form

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: The Perceptions and Experiences of Elementary School Counselors Collaboration with Mental Health Providers

Investigator(s): Kristen L. B. Moran

Advisor: Dr. Nancy Bodenhorn

I. Purpose of this Research Paper

The purpose of this research is to describe elementary school counselor's perceptions and experiences of collaboration with community mental health providers, including the effective components and possible barriers.

II. Procedures

The researcher will conduct two one-on-one, in-depth, face-to-face interviews with elementary school counselors. The interviews will take place at your school or at another site of your choice and last for approximately 60-90 minutes. The interviews will be audio recorded and written notes will be taken during the interview. All data will be used for research purposes only.

During the interview, you will be asked to be open and honest about your experiences collaborating with community mental health providers. The information collected will allow the researcher to investigate the collaborative experience and the experience as perceived by elementary school counselors.

At the end of the first interview, a second interview will be scheduled for approximately two to three weeks. A transcript of the audio recording from the first interview will be completed and mailed to you to check for accuracy and for you to add any additional comments. The second interview will allow you time to reflect on your experiences and the details of the first interview. You will also have the opportunity to read the analysis of the two interviews to clarify any information.

After you have reviewed this entire informed consent form, you will have the opportunity to ask any questions. The researcher will provide you with a copy of the signed documents and the researcher will also retain a copy.

III. Risks

There are very minimal risks associated with participation in this study. The researcher will ask you to describe your perceptions and experiences related to collaboration with mental health providers. You are allowed to state that you do not wish to continue the interview or specific line of questioning at any time if it causes you any discomfort.

IV. Benefits

The possible benefits of participating in this study are the ability to review and process experiences that you have had collaborating with mental health providers. There is no promise made to participants that you will receive any benefits. It is the hope of the researcher that elementary school counselors and community mental health providers will benefit from the results and implications of the study.

V. Extent of Anonymity and Confidentiality

Every effort will be made to protect your identity during the course of this research. Only the researcher will know the identity of the interview participant. Pseudonyms will be used and every effort will be made not to reveal any identifying characteristics in this study. You may select your pseudonym if you choose.

Audio tapes of interviews, transcription of interviews, field notes and reflexive journal entries will be stored in a secure location by the researcher. Only the researchers and her advisor will have access to the tapes and transcribed interviews. All tapes will be destroyed upon completion of the study and its results.

VI. Compensation

There will be no monetary compensation given for participating in this study.

VII. Freedom to Withdraw

Participants have the freedom to withdraw from the study at any time with no penalty. Participants have the right to refuse to answer any question during the interview. The researcher has the right to also stop the interview if it is deemed beneficial to the participant.

VIII. Subject's Permission

I have read the Informed Consent Form and details about this project. I confirm that I meet the criteria for participating in this study. I have had all of my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ _____

Participant Signature Date

Should you have any questions about this research or its conduct, you may contact:

Kristen L. B. Moran	kbarner@vt.edu	540.525.0378
Faculty Advisor E-mail/Telephone:		
Dr. Nancy Bodenhorn	nanboden@vt.edu	540.231.9704
Department Head E-mail/Telephone:		
M. David Alexander	mdavid@vt.edu	540.231.9723
Chair, IRB E-mail/Telephone:		
Dr. David M. Moore	moored@vt.edu	540.231.4991

(Note: Subjects must be given a complete copy (or duplicate original) of the signed Informed Consent Form)

Appendix E

Demographic Survey

1. What is your age? _____

2. Gender: M_____ F_____

3. Ethnic Background: _____

4. How many years experience do you have as a school counselor? _____

5. How many years experience do you have as an elementary school counselor? _____

6. What other, if any, relevant work experiences do you have in a school setting or community mental health?

_____
_____
_____
_____

7. What are the five duties that occupy most of your time as a school counselor?

_____
_____
_____
_____
_____
_____
_____

8. What are the five duties of a school counselor that are the most important to you?

_____
_____
_____
_____
_____
_____
_____

Appendix F

Approval Letter

VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24061
540/231-4991 Fax 540/231-0959
e-mail moored@vt.edu
www.irb.vt.edu

FWA00000572(expires 1/20/2010)
IRB # is IRB00000667

DATE: October 26, 2009

MEMORANDUM

TO: Nancy E. Bodenhorn
Kristen L. Barner Moran

Approval date: 10/26/2009
Continuing Review Due Date:10/11/2010
Expiration Date: 10/25/2010

FROM: David M. Moore

SUBJECT: **IRB Expedited Approval**: "Collaborative Experiences of Elementary School Counselors" , IRB # 09-662

This memo is regarding the above-mentioned protocol. The proposed research is eligible for expedited review according to the specifications authorized by 45 CFR 46.110 and 21 CFR 56.110. As Chair of the Virginia Tech Institutional Review Board, I have granted approval to the study for a period of 12 months, effective October 26, 2009.

As an investigator of human subjects, your responsibilities include the following:

1. Report promptly proposed changes in previously approved human subject research activities to the IRB, including changes to your study forms, procedures and investigators, regardless of how minor. The proposed changes must not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.
2. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.
3. Report promptly to the IRB of the study's closing (i.e., data collecting and data analysis complete at Virginia Tech). If the study is to continue past the expiration date (listed above), investigators must submit a request for continuing review prior to the continuing review due date (listed above). It is the researcher's responsibility to obtain re-approval from the IRB before the study's expiration date.
4. If re-approval is not obtained (unless the study has been reported to the IRB as closed) prior to the expiration date, all activities involving human subjects and data analysis must cease immediately, except where necessary to eliminate apparent immediate hazards to the subjects.

Important:
If you are conducting **federally funded non-exempt research**, please send the applicable OSP/grant proposal to the IRB office, once available. OSP funds may not be released until the IRB has compared and found consistent the proposal and related IRB applicaton.

cc: File

Appendix F

Continuing Review Letter

VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: October 8, 2010

TO: Nancy E. Bodenhorn, Kristen L. Barner Moran

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires June 13, 2011)

PROTOCOL TITLE: Collaborative Experiences of Elementary School Counselors

IRB NUMBER: 09-662

Effective October 26, 2010, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the continuation request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:
Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**
Protocol Approval Date: **10/26/2010 (protocol's initial approval date: 10/26/2009)**
Protocol Expiration Date: **10/25/2011**
Continuing Review Due Date*: **10/11/2011**
*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:
Per federally regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Appendix F

Continuing Review
Letter

VirginiaTech

Office of Research Compliance
Institutional Review Board
2000 Kraft Drive, Suite 2000 (0497)
Blacksburg, Virginia 24060
540/231-4606 Fax 540/231-0959
e-mail irb@vt.edu
Website: www.irb.vt.edu

MEMORANDUM

DATE: October 3, 2011

TO: Nancy E. Bodenhorn, Kristen L. Barner Moran

FROM: Virginia Tech Institutional Review Board (FWA00000572, expires May 31, 2014)

PROTOCOL TITLE: Collaborative Experiences of Elementary School Counselors

IRB NUMBER: 09-662

Effective October 26, 2011, the Virginia Tech IRB Chair, Dr. David M. Moore, approved the continuation request for the above-mentioned research protocol.

This approval provides permission to begin the human subject activities outlined in the IRB-approved protocol and supporting documents.

Plans to deviate from the approved protocol and/or supporting documents must be submitted to the IRB as an amendment request and approved by the IRB prior to the implementation of any changes, regardless of how minor, except where necessary to eliminate apparent immediate hazards to the subjects. Report promptly to the IRB any injuries or other unanticipated or adverse events involving risks or harms to human research subjects or others.

All investigators (listed above) are required to comply with the researcher requirements outlined at http://www.irb.vt.edu/pages/responsibilities.htm (please review before the commencement of your research).

PROTOCOL INFORMATION:
Approved as: **Expedited, under 45 CFR 46.110 category(ies) 6, 7**
Protocol Approval Date: **10/26/2011 (protocol's initial approval date: 10/26/2009)**
Protocol Expiration Date: **10/25/2012**
Continuing Review Due Date*: **10/11/2012**
*Date a Continuing Review application is due to the IRB office if human subject activities covered under this protocol, including data analysis, are to continue beyond the Protocol Expiration Date.

FEDERALLY FUNDED RESEARCH REQUIREMENTS:
Per federally regulations, 45 CFR 46.103(f), the IRB is required to compare all federally funded grant proposals / work statements to the IRB protocol(s) which cover the human research activities included in the proposal / work statement before funds are released. Note that this requirement does not apply to Exempt and Interim IRB protocols, or grants for which VT is not the primary awardee.

The table on the following page indicates whether grant proposals are related to this IRB protocol, and which of the listed proposals, if any, have been compared to this IRB protocol, if required.

Appendix G

Cover Letter for Transcript and Member Check

Dear (Participant's Name),

Included in this mailing is the transcript from your initial interview. Please read through this transcript and note any changes that you believe need to be made. Note also any comments you wish to add to your initial thoughts/comments. You may write directly on the transcript for organizational purposes. I will contact you within a week of receiving these documents to facilitate the progress of the study by confirming the date of the second interview. I sincerely appreciate your participation in this study. I value your contribution to this study and to the research on collaboration in the mental health field.

Sincerely,

Kristen L. B. Moran

Doctoral Candidate, Virginia Tech

Cell Phone: 540.525.0378

Email: kbarner@vt.edu

Appendix H

Interview Protocol – Interview One

REMINDERS:

Purpose: To describe the perceptions and experiences of elementary school counselor's collaborative efforts with community mental health providers.

It is also of importance to clarify the definition of community mental health provider: Licensed professional counselors (LPC), licensed clinical social workers (LCSW), psychologists and psychiatrists who work in private practice or as part of a larger organization, such as community service boards and other agencies, are considered community mental health providers. These professionals do not work within the schools and are not employed by the school systems.

INTERVIEW QUESTIONS:

1. Tell me about a time that you have collaborated with a community mental health provider on behalf of one of your students.

    a. Who initiated the collaboration?
    b. How was the collaboration initiated? (phone, release of information, email, etc.)
    c. What did the collaboration entail?
    d. How were the roles of each participant agreed upon?
    d. Why was collaboration initiated in this example?

2. What type of interactions did you have with the community mental health provider?

    a. Knowledge Sharing
    b. Problem Solving
    c. Goal Setting
    d. Dealing with Conflict

3. Describe the communication processes of your collaborative efforts.

4. Describe the context of your collaborative efforts. (includes the process/practical issues)

5. What, if any, impediments have you experienced in conducting collaboration?
    a. May include:
        - Personal
        - Systemic
        - Environmental
    b. How did you react to these impediments?
    c. What effect did they have on the collaborative process?

6. Describe the components of strong and effective collaboration.

7. How would you describe your personal commitment to collaboration?

8. Based on your experience, how would you describe the commitment of the community mental health providers to collaboration?

9. Describe how collaboration has/has not changed service to your students.

10. What changes, if any, would you like to see take place with interagency collaboration?

11. What else should I have asked you about your experiences collaborating with community mental health providers?

UPON COMPLETION OF INTERVIEW QUESTIONS:

I sincerely appreciate you taking the time to share your perceptions and experiences of collaboration with community mental health providers. The results from this interview will be transcribed and mailed to you within one to two weeks. This will provide you the opportunity to look over the results prior to our second interview. In the meantime, I would like to schedule a date and time for our second interview. What date and time work with your schedule?

Appendix I

Interview Protocol – Interview Two

Hello (participant's name) and thank you again for participating in this research on collaboration with community mental health providers. Today, I would like to provide you a chance to ask any questions or share any concerns from our first interview. You were provided with a copy of the transcript from the first interview.

What questions, if any, do you have from the first interview?

What concerns, if any, do you have from the first interview?

Are there any additional comments you would like to make based on our conversation from the first interview?

Additional questions may be developed by the researcher based on initial interview responses. These questions would be used to clarify any initial responses from the participant and to elicit additional information as needed.

Appendix J

Demographic Survey Results

	Pseudonym	Age	Gender	Ethnicity	Total Years	Years/ Elementary	# of Students	# of Counselors
1	Dana	57	F	W	28	28	240	1
2	Krista	39	F	W	14	14	500	1
3	Darcy	58	F	W	20	20	365	1
4	Delaney	52	F	W	12	12	460	1
5	Mandy	44	F	W	2.5	2.5	400	1
6	Jessica	60	F	W	23	22	448	1.5
7	Marla	39	F	W	6	6	309	1
8	Russ	50	M	W	11	11	550	1.5
9	Mary	65	F	W	25	22	550	1.5
10	Kayla	42	F	W	1.5	1.5	230	1
Averages:		**50.6**			**14.3**	**13.9**	**405.2**	**1.15**

Participant Demographics

			Student Information						
			Ethnicity						
	Pseudonym	Ethnicity	White	African American	Other	% SPED	% Lunch	Last 6	Last Year
1	Dana	W	83%	14%	3%	12%	28%	1	2
2	Krista	W	95%	5%	0%	16%	5%	2	5
3	Darcy	W	96%	2%	2%	10%	25%	20	40
4	Delaney	W	-----	-----	-----	15%	1%	6	10
5	Mandy	W	77%	5%	8%	12%	25%	1	3
6	Jessica	W	71%	24%	5%	2%	60%	2	2
7	Marla	W	13%	80%	7%	6%	99%	180	352
8	Russ	W	15%	76%	8%	13%	80%	6	12
9	Mary	W	76%	4%	15%	14%	30%	4	6
10	Kayla	W	96%	2%	2%	8%	5%	2	4
Averages:			**69%**	**24%**	**6%**	**11%**	**36%**	**22**	**44**

Top Five Responsibilities	Current # and % Participants		Most Important # and % Participants	
Individual	8	80%	9	90%
Classroom Guidance	8	80%	6	60%
Small Group	4	40%	6	60%
Meetings	2	20%	0	0%
Testing	5	50%	1	10%
Administrative/Paperwork	6	60%	2	20%
Planning	2	20%	0	0%
Collaboration	4	40%	8	80%
Behavior Issues	2	20%	2	20%
School Wide Programs	0	0%	2	20%
Professional Development	0	0%	1	10%
Family Support	0	0%	1	10%

Appendix K

Development of Research Question Themes

Theme 1: Interactions[a]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Knowledge sharing Feedback/Direction Touch base – one time Clarifying information Family information Information exchange	Sharing of Knowledge	Sharing of Knowledge	Interactions occur between two professionals to support the student
Goal setting Develop strategies Discuss interventions Facilitate support Problem solving	Goal Setting	Goal Setting	
Dealing with conflict Help manage conflict	Conflict Management	Conflict Management	
Outcome of information Use of information Feedback	Acting on Information	Acting on Information	

Theme 2: Commitment to Collaboration[a]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
More effort needed Very committed Varies from each individual Willing Usually do not initiate Depends on client/investment Good Receptive Usually optimistic	Community Mental Health Provider Commitment	Community Mental Health Provider Commitment	Commitment by the School Counselor and Community Mental Health Provider to Collaboration
Open/Willing Strong commitment Good Very committed Need to follow through	School Counselor Commitment	School Counselor Commitment	

Theme 3: Benefits of Collaboration[a]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Additional resources Provides more information Reinforce/Support More complete picture	Additional Resources/Support	Additional Resources/Support	Benefits of Collaboration - include positive outcomes of the process
Increase access to services More efficient services Provides for consistency	Consistency of Counseling Services	Consistency of Counseling Services	
Better support for child To better the student For good of child/student	Improvement of Child/Student	Improvement of Child/Student	
More effective use of time Lessens duplication of services Better planning	Effective Use of Time	Effective Use of Time	
Increase/Good business Business referrals	Good Business	Good Business	

Theme 4: Components of Effective Collaboration[a,b]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Communication – stay in touch CMHP must be willing to communicate More communication Open communication	Consistent Communication	Communication	Components of Effective Collaboration
Share knowledge – does not know all Educate about each other's setting	Sharing Knowledge		
Goal Setting Collaborate on a consistent basis Set realistic goals No hidden agendas	Goal Setting		
Trust Honesty	Honesty/Trust		

Theme 4: Components of Effective Collaboration[a,b] (continued)

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Develop personal relationships w/ Community Mental Health Provider	Develop Relationships	Relationship Building	Components of Effective Collaboration
Shared professional meetings Ability to network/meet Community Mental Health Provider	Networking		
Creating time to collaborate Time to meet and collaborate Time to communicate	Create Time/Prioritize	Logistics	
Release of information completed Referrals made to Community Mental Health Provider	Logistics		

Theme 5: Barriers to Collaboration[a,c]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Time – Schedule Conflicts/Phone Tag Time – Money (CMHP) Time – Busy (Other Responsibilities) Time – Priority Differences	Time/Schedule	Systemic Barriers	Barriers to Collaboration
Not aware of Community Mental Health Provider – Parents Community Mental Health Provider does not respond to contact	Communication (lack of)		
No signed release by parent Parents do not share they are Working with CMHP	Parents/Release of Information		

Theme 5: Barriers to Collaboration[a,c] (continued)

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
CMHP does not understand what can be accomplished in school Unclear roles defined	Lack of Understanding of Roles/Setting	Personal and Environmental Barriers	Barriers to Collaboration
Understanding job roles Differing philosophies Differing views Differing agendas	Differing Philosophies/Views		
Lack of trust/mistrust by Community Mental Health Provider Confidentiality issues	Distrust		
Transient population No backing by administrators	Outliers		

Theme 6: Changes Needed in Collaboration[a]

Initial Iteration: Coding	Second Iteration: Patterns	Third Iteration: Categories	Fourth Iteration: Theme
Open communication Educate Community Mental Health Provider about roles of School Counselor	Communication	Communication	Changes Needed in Collaboration
More collaboration Consistency Take/Make more time	More Collaboration and Consistency	More Collaboration and Consistency	
Build professional relationships Increase opportunities for Interaction Meeting face-to-face Commitment from school systems	Networking	Networking	

Note: Research Question One is inclusive of all six themes.

[a]Theme included as a result of Research Question One.

[b]Theme included as a result of Research Question Two.

[c]Theme included as a result of Research Question Three.