They All Deserve This: Increasing Capacity of Teachers to Identify Students with Well-being Issues

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By

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ABSTRACT

The Oxford online dictionary defines adolescence as the period of development between childhood and adulthood (Oxford Online Dictionary, n.d.). Adolescents, while maturing in physical ways, still have the minds of children. The emotions they experience and the needs they have become more complex as they develop, but oftentimes, they lack the mental awareness that sets in when one has reached adulthood. Because adolescence is a complex time, students in the high school arena need support systems in place to assist them as they mature. This disquisition examines the concept of well-being in the context of adolescence and explores ways in which schools can serve as environments that nurture positive well-being. Furthermore, this disquisition presents a strategy that was introduced to support positive well-being for students attending South Davidson High School, a high school located in Davidson County, which is located North Carolina. The strategy consisted of providing teachers with the opportunity to learn about the basic needs of adolescents, to understand how to better identify students with well-being issues, and to develop strategies that could be used to increase positive well-being in the classrooms of the school. Teacher participants met weekly for a period of 4 weeks. The meetings focused on the following areas:

- Poverty and the Impact on Student Well-being
- Understanding the Signs that a Student is in Need of Assistance
- Research Studies and Resources for Teachers
- Matching Students with Appropriate Resources
Each of the four meetings included members from a carefully selected design team, teacher participants, and other support staff. This improvement initiative was expected to yield positive results. Throughout the improvement initiative data was collected and analyzed at regular intervals in order to determine the relationship between the intervention strategy and the ability of teachers to identify students with issues related to well-being.

**Defining the Disquisition and Improvement Science**

In the academic realm it is common for scholars to complete a dissertation. As the world of academia matures, the need for work of a practical nature becomes paramount because, in most cases, organizations are challenged with making growth. Whether it is growth in sales, growth in test scores, or growth in function, the idea of making improvements is often a top priority. The concept of the disquisition came from scholars taking the original idea of the dissertation and partnering it with a layer of clinical work guided by research. The WCU Ed.D. program is committed not only to producing scholars but scholar practitioners. A disquisition includes all of the same elements as the dissertation, but it takes the research to the next level by having a scholar practitioner apply the research in order to make measurable improvements within an organization. Using improvement science as a methodology, the disquisition requires students to lead collaboration among stakeholders, identify a problem of practice to improve, research the problem and ways it has been successfully addressed in academic literature, prescribe a treatment, track the treatment and results, and implement adjustments when necessary to reach the goal(s) of the improvement effort. Most importantly, improvement science occurs in cycles.
As an iterative process, improvement science requires that action be based on research with adjustments, as needed, and more research and further action. The concept of the disquisition married to the authentic clinical work in the field creates an end product that can be replicated by other organizations desiring to improve (Storey & Hesbol, 2016).
Forward

Every human deserves to experience a positive sense of well-being. As we move through the day-to-day business of life, it is critical to have support systems in place whether it be family members, friends, colleagues, mental health professionals, educators, or a mixture of each of these. Students in schools across the world struggle every day with various stressors, and if we continue to neglect the mental health and well-being of this population we will continue to see instances of students acting out in ways that can be destructive to themselves and others. The work contained within this disquisition attempts to introduce an improvement initiative within a high school located in a small town in North Carolina. Alongside the work lies the hope that each one of us can reach out and support our youth with the development and support of positive well-being that will put students on a trajectory for positive life outcomes.
Sandy’s Story

The sun could not have shone more brightly for Sandy. The year was 1954, and she had finally turned 16! On the way home she stopped by the elementary school to pick up her little brother so they could walk home together. Sandy had been walking with her brother a lot lately because there was a group of boys that had been giving him a hard time. They had taken his milk money and called him names in class. Sandy always gave him good advice about how to just ignore them and keep working. Upon arriving home she immediately smelled the birthday cake her mother had baked that day. Sandy’s mother had also tackled the dishes, laundry, vacuuming, and dinner preparation while Sandy was at school. Sandy and her little brother arrived home to a welcoming hug from her mother, and they ran upstairs to get started on homework. At around 5:30, her father came home from work. Sandy and her brother rushed down the steps, excited to see him, and full of hope that he had remembered it was her special day. As she rounded the corner of the living room and noticed her parents were discussing something serious because their voices were stern. She tried not to worry too much because she knew they were still in love and that there were a lot of stressful things happening at her father’s job. Her parents quickly noticed she had entered the room and reached out to welcome her in an embrace. Her father reached into the pocket of his suit jacket and pulled out a white box tied with a beautiful pink ribbon. Sandy was so happy as she reached for the box and looked into the eyes of her parents. As she fumbled with the ribbon, her mother helped to
steady the box, and her father reached in and took out a beautiful gold necklace with a bluebird charm. Wanting to wear it right away, Sandy turned around so her father could clasp it at the back of her neck. Sandy was so happy, and all was right with the world.

While the family ate dinner each member shared about the events of the day. Sandy talked about how nervous she was about the school dance later in the week, and her little brother said that dancing with a girl would be disgusting. Sandy’s parents gave her advice about the dance, told her how to behave with boys, and shared what it was like when they were in school, which seemed to be so long ago…

**Kaitlyn’s Story**

Kaitlyn woke up on her sixteenth birthday at 1:27 pm. She didn’t go to school today because she had already missed too many days to pass the semester anyway. She picked her phone up from beside her on the floor and scrolled through about 95 social media posts from everyone at school. She couldn’t believe that Sasha was going out with Devon after he told everyone in the locker room about *everything* they did last weekend! Didn’t she know that Devon told them *every single thing*?!? Kaitlyn also couldn’t believe how many pictures had been shared of the girls in her homeroom class. There was even a new website where the freshmen girls were posting their own nude pictures and the guys were ranking them from one to ten. Suddenly, Kaitlyn remembered that she had sent a nude picture to Stan last week, but he told her he wouldn’t post it, so it was okay. When she scrolled through her texts, she saw a message from Marty telling her to look at the website because the picture had been uploaded. Kaitlyn felt an overwhelming need to start crying, and as she saw that the boys had only scored her as a “2,” she was devastated. Kaitlyn cried for what seemed like an hour and buried herself under her covers to go back to sleep. When her phone kept going off she reached out from under
the covers and threw it at the wall, and the screen broke, of course. Now, she needed a new phone, and her mom didn’t even have money to put on her lunch account so how would she be able to get one? She knew there was a way to get a new phone because her friend, Alexis, had done it at the beginning of the year. Kaitlyn thought about how gross it was, but decided it was worth it if she got a new phone. Around 4:00, Kaitlyn got up and threw on some clothes to go make something to eat. When she got into the kitchen she saw that her mom’s boyfriend had eaten all of the cereal and left the milk out on the counter. He was stretched out on the couch watching something on his phone, like always. As the microwave dinged to alert her that her noodles were ready, she thought about how in the world she could escape from this mess. On her way back to her room she yelled out to her mom’s boyfriend to “get a job” and his response was “you don’t go to school, so why should I go to work?” Kaitlyn ate her noodles and went back to sleep. When her mom finally came home she was still asleep, which was fine because they would have had another fight, anyway.

The stories of each of the young ladies above paint a picture of adolescent life in two very different generations. Adolescents have always experienced growing pains, but today’s adolescents struggle with more complex issues and fall prey to myriad hazards with long-lasting effects. Because they spend the majority of their time engaged in learning, it is most reasonable to support them in the school setting.
Literature Review

One of the first psychologists to study adolescence, G. Stanley Hall (1846-1924), defined adolescence as the time between puberty and adulthood, and he used the German term “Sturm and Drang” to characterize this period of development (King, 2004). Sturm and Drang, when translated to English, become “storm and stress”. Nearly 90 years later, Bluth and Blanton (2014) reported that adolescents are dealing with stressors related to family life, school, and other activities, and the fact that they are also dealing with rapid changes in cognitive, psychosocial, and physiological changes makes things even more complicated for them. Negotiating the transition between childhood and adolescence in a positive manner yields fruitful results, and preparing to take on the new roles of adulthood can provide adolescents with many challenging situations (Gutman & Eccles, 2007; Khanekhesi, 2012; Marin & Brown, 2008; Nurius, Prince, & Rocha, 2015).

Experiencing positive conditions during this life stage can place adolescents on a positive trajectory for the next stage of adulthood (Lerner & Steinberg, 2009; Scales, et al., 2016).

The perceptions and experiences adolescents have while at school directly impact their quality of life. Instances of poor academic performance are related to negative effects and low self-esteem, while high achievement in academics may be related to high levels of well-being among adolescents (Gopnik, 2012; Salmela-Aro, Kiuru, & Nurmi, 2008; Scales, et al., 2016). Maladjustment at school is directly related to many different issues like poor self-esteem, tiredness while at school, low motivation, low academic performance, and other problem behaviors. These issues can lead to school burnout among our adolescent students. In addition, there are differences between males and females and how they tend to perform in academic situations. Females tend to
outperform males and tend to understand the importance of academic achievement beyond that of males. Females also tend to experience greater stress levels than males and to respond in more negative ways to classroom environments that place them in competitive learning situations. Females are also more likely to be negatively impacted by stressful life scenarios, and they may even experience higher levels of burnout related to school experiences (Salmela-Aro, Kiuru, & Nurmi, 2008). Wigderson and Lynch (2013) explain that adolescents are also suffering from the harmful and all-too common issue of peer victimization, which occurs rampantly within the cyber world due to the increased use of devices and media technology. These instances of cyber-victimization (causing harm through the use of technology) include making others feel harassed, humiliated, threatened, or insulted. Students suffering with dealing with victimization on multiple levels and within multiple contexts may experience decreased levels of well-being and increased levels of distress and trauma (Widgerson & Lynch, 2013).

The importance of attending to the well-being of our adolescent population is paramount because our adolescents are functioning in a time of life that promises to hold many changes in their roles as humans and the settings in which they exist. As changes occur over this period of life, a greater sense of intention should be utilized to help our young people develop within the social systems in which they exist, to support them as they experience shifts in relationships, to help them deal with the demands and contexts in which they live, and to support them throughout every other facet of the transitions they experience as they become young adults (Lerner & Steinberg, 2009; Scales, et al., 2016). As adolescents analyze and begin to tackle day-to-day situations they may begin the process of problem-solving by assessing the support they perceive as being available
to them in the environment in which they currently exist. Because this is the case, we must be purposeful in surrounding adolescents with supports and ensure that adolescents believe they are, in fact, supported by their environment(s) (Uink, Modecki, & Barber, 2017).

Take each of these developmental characteristics of adolescence into consideration, and it as if there is a recipe that can be volatile and unpredictable. Take a “normal” everyday adolescent and mix in a typical social context in which one might find said adolescent. Mix in a couple of daily stressors, and slowly add the unpredictable emotions that may be experienced by said adolescent. Now, sprinkle with the perceived level and type of support the adolescent presumes may or may not exist and bake until done. The end result could be a most beautiful cake complete with rich, buttercream icing and intricate decorations. However, the end result could be a pot of inedible mush with moldy cheese on top and a rotten bit of parsley.

The developmental stages that unfold during the adolescent years involve puberty, cognitive development, transitions to and from different school settings, and roles that are continually changing among peer groups and families. These changes can lead to positive or negative feelings of well-being for adolescents and everything in between.
Effective Interventions Supported by Research

According to Lerner and Steinberg (2009), many programs exist with the sole purpose of improving the positive well-being of students and families. The focus of these programs has included promoting healthy growth, healthy mental health, and the development of youth through settings within schools and outside of schools as well as a focus on decreasing injuries and acts of violence among students.

Parental involvement is one area that has been proven not only to impact academics but also to impact the emotional functioning in adolescents. Since students spend significant amounts of time in schools, a great opportunity for schools to play a role in connecting parents with resources to support students exists (Wang & Sheikh-Khalil, 2014).

Lerner and Steinberg (2009) stated that extracurricular activities, including sports participation and community involvement, have been linked to having positive well-being in adolescents. In fact, students not participating in extracurricular activities are at a higher risk of engaging in high-risk behaviors between the hours of 2 and 8 pm, and providing structured opportunities for them on a regular basis has been connected with more positive mental health and a lower participation rate in delinquent activities (Lerner & Steinberg, 2009). Adolescents participating in sports alone are more likely to experience lower instances of high school dropout, higher GPAs and rates of attending college, and greater attainment of securing occupations by the age of 25. The formation and maintenance of relationships in peer groups is essential to the development of the well-being of our adolescents (Lerner & Steinberg, 2009).
Furthermore, a meta-analysis of 19 studies conducted in this field supports that prevention is the key to improving the well-being and emotional health of our students. Prevention strategies found to have a significant positive effect in this meta-analysis consisted of social-emotional training exercises, relaxation exercises, stress management, rules for good health, roles of emotions, coping skills, and combinations of each of these. These strategies were presented by teachers, social workers, and mental health professionals and took place in increments of time ranging from 10 minutes per day to 1 hour per week. This focus on prevention builds the case that the well-being of students needs immediate attention, and that if adults were to assist students by arming them with the necessary tools to deal with stress factors, our students would be prepared to tackle the demands of adolescence and dealing with related-stress factors as they arise (Kraag, Zeegers, Kok, Hosman, & Abu-Saad, 2006).

Mounting evidence supports that the well-being experiences of children and adolescents impacts the complete life course of individuals (Carta, Fiandra, Rampazzo, Contu, & Preti, 2015). Therefore, it is the goal of the design team to investigate interventions that have been proven to have positive impacts on the well-being of adolescents. Carta, Fiandra, Rampazzo, Contu, and Preti (2015) shared outcomes from several reviews of interventions designed to address well-being. They found there were two types of interventions that had a positive impact on participant well-being. One of the interventions they found to have a positive impact on well-being included incorporating opportunities for students to work on personal skills such as solving problems, thinking critically, communicating effectively, building relationship skills, becoming self-aware, and coping with stress and emotions. Another intervention that
was applied with positive results used a strategy, referred to as SAFE, which consisted of providing activities to students that met the following criteria: Sequenced, Active, Focused, and Explicit in order to provide students with step-by-step learning experiences. The SAFE strategy ensured that each planned student activity was comprised of an active component, took place over sufficient periods of time, and included specific learning goals (Carta et al., 2015). Another study by Baños, Etchemendy, Mira, Riva, Gaggioli, and Botella (2017), reported the need for more controlled studies with follow-ups in the long-term in this area and introduced the concept of providing interventions electronically because the majority of youth have access to the Internet in one capacity or another. Baños and his colleagues researched nine different interventions currently available in digital formats and how they were found to have impacted consumers. Positive Psychology Interventions (PPIs) were referenced, as well. PPIs include activities that bring forth positive emotions, thinking, and behaviors in people. Examples of PPIs include, but are not limited to: practicing kindness toward others, showing gratitude for positive things in life, repeating affirmations, and maintaining a positive mindset (Baños et al., 2017).

An example of another program offering intervention strategies that has led to positive growth in well-being is the PATHS Program (Ferrer-Wreder, 2014). PATHS stands for Promoting Alternative THinking Strategies and is labeled as a United States Blueprints Model Program. PATHS is designed for preschool and elementary aged children, and it includes 25 interventions that were found to have positive pre- and posttest effects. Within the PATHS Program are interactive curriculum lessons with modeling and support offered relating to the social and emotional development of
participants through the use of role-playing, literature, hands-on manipulatives, and other activities. One other critical component of the PATHS Program is that a focus was placed on having teachers create cultures within the classrooms with socially and emotionally supportive climates. The elementary version of PATHS has been tested in the United States and Switzerland five times and has been found to be associated with decreases in instances of aggression and increased instances of academic engagement and pro-social behaviors. Ferrer-Wreder (2014) also provides a description of another intervention that yielded positive results in participants. Mentoring interventions are described as partnering a child or adolescent with a non-kin adult or peer of an older age where mentoring takes place at the school or in the community. Social and emotional experiences with a mentor tend to bolster the identity development of the participant. In addition, Ferrer-Wreder (2014) described how after school programs, in 68 instances, were associated with positive outcomes related to academic performance and behavior.

In 2001, the National Network of State Adolescent Health Coordinators, along with a group of field experts in adolescent health, created a list of ways stakeholders can have a positive impact on adolescents. Recommendations for steps that need to be taken at a national level to ensure adolescent well-being is a topic of considerable importance across the nation were offered, and among those were the following:

- expanding the coverage of health insurance to better meet the needs of more youth
- pushing schools in the direction of adopting health-based curricula to promote the well-being of adolescents
• mandating that student and mental health be incorporated into the mission of schools
• strengthening laws that would further empower adolescents as they fight to protect themselves against abuse and violence
• investing in opportunities for adolescents as they transition between different school settings and adulthood

The National Network of State Adolescent Health Coordinators also created a catalog of state profiles that could be used to analyze policy trends at the national level, help to identify the role that the federal government can play in leading change policies, facilitate collaboration and cooperation among states, support the development of the whole child within different agencies and across disciplines, and provide a vehicle to support a laser-sharp focus on program implementation that can occur at the state level.

When asked to weigh in on the topic, adolescents shared the following preferences for the organization of supports to be offered and they are as follows:

• Adolescent students tend to want to talk with peers.
• They would like the opportunity to self-refer when in need of support.
• They consider confidentiality as critical.
• Adolescents must work with adults and/or peers they fully trust (Kendal, Callery, & Keeley, 2011).
Theories Most Relevant to This Disquisition

Several theories are relevant to this disquisition. One such theory, developed by Jean Piaget, is the Cognitive Theory of Adolescent Development, which characterizes adolescent thinkers as being able to enter a world of possibilities. This is significant because this shift in thinking allows adolescents to gain control of their own destinies. Lawrence Kohlberg’s focus on the development of morality traces the behavior of the young child to that of the behavior of adults. Kohlberg theorized that young children identify with parents while adolescents identify with peers and heroes selected from outside sources (Kohlberg, 1978).

Another theory that speaks in detail about how the environment plays a role in the well-being of adolescents is the Person-Environment Fit Theory. According to this theory, the behavior, mental health, and motivations of an individual are influenced by the “fit” between the individual and the social environment in which they exist. This theory indicates that if our adolescents are in environments that do not fit the psychological needs they possess the result could be a decline in the psychological growth of our adolescents (Khanehkeshi, 2012). Person-Environment Fit Theory assists us in analyzing the high school environment and the ways in which adolescents perceive they “fit” with the environment. This theory allows us to put a focus on the environment of the high school and how adolescents perceive it matches the needs they have. A similar theory, called the Stage-Environment Fit Theory, provides a theoretical framework that can be used to better understand our adolescents. According to this theory, positive outcomes most likely result from situations where the needs of adolescents are met within the environment in which they exist. Likewise, negative
outcomes most likely will result in situations where the needs of adolescents do not fit with the environment in which they exist. Gutman and Eccles (2007) examined the impacts of family relationships and interactions among adolescents and their relatives. They found that the need for autonomy could lead to a negative stage-environment fit if the adolescent and the parents were not in agreement about how much autonomy the adolescent was ready for or exhibiting, and that positive associations existed when adolescents and family members were in agreement about the autonomy available to the adolescent (Gutman & Eccles, 2007). It is appropriate to apply the Stage-Environment Fit Theory to adolescents, as they exist in high school settings. If adolescents believe the environment matches their needs, they will most likely experience positive happenings that will most likely support positive senses of well-being, and if they believe the environment does not meet their needs, they will most likely experience negative consequences or happenings that can lead to experiencing poor senses of well-being.

Each of these theories provides a context in which to examine the relationship between the well-being of adolescents and the environments in which they spend the majority of their time.
What the Research Suggests About Adolescent Well-being

Adolescents experience topsy-turvy emotions as they move through fluctuations in myriad states of well-being (Gopnik, 2012; Salmela-Aro, Kiuru, & Nurmi, 2008; Schwarz & Aratani, 2011). Salter-Jones (2012) found that the main sources of stress on adolescents included demands of being a student, relationships with others, and dealing with change. Some of the ways stress might manifest itself in the lives of students include problems with sleeping patterns, headaches, and a lack of being able to focus. During the adolescent years, students are faced with dealing with social situations that become more complex as they mature, and they are charged with dealing with these situations in more autonomous ways than they are accustomed (Ham & Larson, 1990). Dealing with these daily stressors can have a negative impact on adolescents because they are going through developmental changes that make it more challenging for them to keep constant and steady control over intense emotions they may experience. During puberty adolescents are experiencing rapid growth in body systems, which may push them toward higher emotional and increased motivational inputs. These forces can push adolescents into social situations that are more exciting and toward new peer groups that may seem appealing. It is imperative that adults support adolescents as they navigate these new waters because the emotional surges that can impact adolescents on a daily basis, whether from stressors or positive happenings, are similar to a roller coaster ride with many dips, turns, tunnels, and hills. This disquisition examines ways that teachers can support adolescents to increase their well-being in hopes that a better quality of life can be attained.
The Oxford online dictionary defines well-being as the state of being happy, healthy, or comfortable (Oxford Online Dictionary, n.d.). Although no person is or will be happy all of the time, the other elements of this definition of well-being are things everyone deserves. Feeling healthy and comfortable creates a foundation for all other things to fall into place, and that is why nurturing the well-being of adolescents is critical. Well-being has been defined as having characteristics of a positive state. It has also been described as having the potential to be measured on a continuum with negative and positive endpoints. It has been defined by the terms of one’s existence within an environment, and it has been described as a multidimensional construct that includes social, physical, and psychological dimensions (Pollard & Lee, 2003). Martin Seligman, a well-known, modern day psychologist specializing in the scientific arena of positive psychology, developed a construct of five core elements of happiness and psychological well-being called the PERMA Model. This model consists of positive emotions, engagement with the world, relationships, meaning and purpose, and achievement (Positive Psychology Program, n.d.). Figure 1 provides support in visualizing the parts that make up the PERMA Model.
For the purposes of this disquisition, well-being will be defined as a happy and/or comfortable state of being that stems from the elements of the PERMA Model as described above. Defining well-being in this way will help educators and educational leaders understand the complexities of adolescent well-being and identify specific opportunities for growth so that improvements can be made at the high school level.
The Problem on a National Scale

The National Institute of Mental Health reported that nearly 3 million U.S. adolescent youth between the ages of 12 and 17, 12.5% of the adolescent population of the United States, experienced an episode of depression during the 2015 calendar year (see Figure 2).

**Figure 2. Prevalence of Major Depressive Episodes Among U.S. Adolescents**

![Graph showing prevalence of major depressive episodes among U.S. adolescents by sex, age, and race.](data_courtesy_of_SAMHSA)


The most prevalent instances of major depressive episodes occurred among 15-17 year olds and were experienced more frequently among females and White, biracial, or multiracial students (National Institute of Mental Health, n.d.). By the age of 18 over
half of people experiencing mental illness may have had an episode requiring assistance from mental health services (Hart, Mason, Kelly, Cvetkovski, & Jorm, 2016). In fact, suffering from depression puts adolescents at-risk of attempting suicide, and suicides account for the second to third leading death cause among adolescents (Thapar, Collishaw, Pine, & Thapar 2012).

Adolescents need to develop positive senses of well-being as they maneuver the terrain of adolescence, and when other factors combine with the existing phases of growing up, this time of transition presents many challenges that we cannot afford let them face alone (Gutman & Eccles, 2007; Khanekheshi, 2012; Marin & Brown, 2008; Nurius, Prince, & Rocha, 2015).

Because students spend a great deal of time inside institutions of learning, schools have tremendous potential to impact well-being. Moreover, schools are being charged with the mission of enhancing the development of our students’ well-being and must work to meet all developmental needs our adolescents bring to the table in the areas of academics, self-confidence, self-esteem, and finding a purpose in life (Lerner & Steinberg, 2009; Martinez & Dukes, 1997; Uink, Modecki, & Barber, 2017). Nurturing the well-being of our students must be placed at the highest level of priority in order to ensure that our adolescents are prepared as they transition from childhood into adulthood.

Adolescent well-being is not a policy priority in the United States. Schwarz and Aratani (2011) found that many states do not require health curricula related to well-being to be taught in public schools, and in many cases, funds have not been provided to ensure training in this area for those charged with educating our adolescent population. Along with the problems created by lack of funding, there are the frightening statistics...
illustrating how adolescents experience instances of depression that include persistent sadness, worry about self-worth, discouragement, and a disinterest in extracurricular activities. Even over 20 years ago, in 1993, as many as 25% of our adolescent population met the criteria for being diagnosed with symptoms of depression (Khanehkeshi, 2012). In 2011, 16 million adolescents were found to have experienced some type of mental health related symptom that would require care, but, unfortunately, only one-third of the 16 million saw a professional (Schwarz & Aratani, 2011). Only 30 percent of the states in the US require schools to provide services related to suicide prevention. And, as of 2011, only 12 percent of our nation’s states required schools to offer counseling services to students with emotional problems. More states are encouraged to support and fund mentoring initiatives, afterschool programs, and the continual evaluation of programs already in existence and newly developed ones (Schwarz & Aratani, 2011).

Various risk factors are associated with adolescent well-being. Schwarz and Aratani (2011) identify risk factors such as the desire to participate in risky behaviors, seek out thrills, and battle hormonal changes and how they can have negative consequences for adolescents and their well-being. According to Schwarz and Aratani (2011), the following are immediate areas of concern because they directly impact adolescent well-being:

- pregnancy rates
- instances of reported sexually transmitted diseases
- obesity rates
- mental health disorders
- substance abuse
• disconnecting from society
• unintentional injuries, such as accidents related to thrill-seeking activities.

The National Network of State Adolescent Health Coordinators implores practitioners to focus on intervention, prevention, and treatment strategies as we have in the past, but to also begin to focus on positive influences and building the assets that will ensure that our adolescents are immersed in educational experiences that help them to stay healthy, make choices in a positive way, work to achieve goals, and make a successful transition into adulthood. A focus on the following is highly connected to optimal outcomes among our adolescents: mental health, physical health, and the prevention of injury (Lerner & Steinberg, 2009; Schwarz & Aratani, 2011). And, The benefits of working to increase well-being are seen to be both short and long-term for adolescents (Phan & Ngu, 2015).

A Change in the Laboratory of Practice

At the beginning of the disquisition process I was serving as an assistant principal at Ledford High School (LHS). The first two years of my participation in the Ed.D. Program at Western Carolina were also my only 2 years at LHS. During the two years I was an assistant principal at LHS I worked with a strategically chosen design team to investigate the emotional well-being of students in our school that had been identified as being at-risk of needing extra support by middle school staff members from the schools from which they came prior to attending LHS. Working with the design team uncovered many areas in need of improvement, and after we got our plan in place and were ready to implement, my placement changed to serving as principal at South Davidson High School (SDHS).
I went from LHS, a school on the northern side of Davidson County Schools (DCS), to SDHS. The move to SDHS, a school located on the southern side of DCS, required that the process of implementing an improvement initiative undergo a fresh start. LHS and SDHS have many things in common in that they both serve high school students, but there are many differences in the schools. Several very distinct differences include student demographics, diversity, socioeconomic levels, opportunities in athletics and academics available, and the number of students enrolled. The data collected from LHS differed in several ways to that of the data collected at SDHS, and the faculty of SDHS was in a different place in relation to understanding and identifying students with well-being needs. At LHS, there were already supports in place for students with well-being issues and needs, and an informal mentor program was already in place that partnered students with adults around the school building. At SDHS there was a team charged with keeping watch over kids as they experienced issues such as troubles at home, concerns about academics, worries about bullying and/or harassment, and other issues related to the adolescent period of development. There was also a Communities in Schools Program at SDHS that partnered students with outside community members for extra attention. These pre-existing programs were created on the premise of supporting the well-being of students at SDHS. While the faculty at SDHS surmised these both had a positive impact on students, there had not been a formal study of the effectiveness, and the established processes were not formally supported by current research.

A new design team was established early in the 2017-2018 school year, and they began to dive into data collection and analysis, similar to the work completed at LHS. The design team studied demographics, attendance rates, discipline records, and the
ethnicity of the student population. The team also reviewed the at-risk lists compiled by the staff at the middle school that feeds into the high school, which shares the campus with SDHS. A similarity that the design team soon discovered was that the at-risk students at SDHS were similar to those at-risk students at LHS, and these similarities were echoed in the research shared in this disquisition. One difference between the data collected at each laboratory of practice was the number of students included in the data collection. LHS has a current student body of over 1,200 students, while SDHS has just below 400 students. Another difference between the two schools was the fact that the design and implementation teams at LHS had already been working on this problem of practice for two years. Because the population of SDHS is considerably smaller and because the teachers had not participated in training focusing on well-being, the design team were convinced it would be wise to introduce an improvement focusing on teachers and their capacity to support the well-being of students.

The Laboratory of Practice- South Davidson High School

South Davidson High School (SDHS) is located between the towns of Denton and Silver Valley. SDHS is part of the Davidson County Schools (DCS) system, and the majority of students attending SDHS come from the adjoining middle school, South Davidson Middle School (SDMS). Two elementary schools feed into SDHS and SDMS. SDHS has a current population of nearly four hundred students, and it is expected that the population will continue to decrease due to the nearby location of two charter schools, which are currently attracting families looking for a school experience they believe will better prepare students for college. SDHS has one principal, one assistant principal, two counselors, and a staff of nearly 50 teachers and other support staff.
Adolescents at SDHS are known for being part of a rural, small-town high school experience. This small-town high school experience offers students a tight-knit community where no one is a stranger, the Friday night lights experiences just like one might see in television shows and movies, and the opportunity to have the same teachers that parents and grandparents might have had in high school. Many of the athletically-inclined students participate in multiple sports because the school is much smaller than others, and the same holds true for those interested in the fine arts. Many families within the school are loyal to South Davidson because they are part of the history and culture through multiple generations. Students and families of South Davidson are proud to be Wildcats. Even though the majority of students at SDHS seem to live in a world where all is well most of the time, problems exist for many students, and each of the positive attributes listed earlier can also turn negative for students. Because it is a small town, students cannot seek shelter behind the mask of anonymity. Furthermore, SDHS students are dealing with the same stress factors as other adolescent students including some or all of the following:

- worries about test preparation
- concerns about being popular
- stressors related to finding a friend group
- efforts of maintaining relationships
- the need to continually meet the expectations of adults
- efforts of maintaining the desired personal appearance
- struggling to learn content taught in classes
- managing finances
• dealing with feelings of loneliness
• working through identity issues
• managing and maintaining various online social networks
• working part and full-time jobs

While some students are able to navigate these stressors and worries successfully while maintaining all aspects of participating in high school, there are some students dealing with complicated issues in addition to the ones faced by their peers.

**Student Enrollment and “At-risk” Populations for 2015-2017 School Years**

The term “at-risk” is used to identify students struggling in several different areas. Middle school staff members label students as at-risk who have experienced major behavior problems, traumatic event(s), a history of academic failures, emotional issues, and/or attendance problems as a way to communicate to the SDHS staff the students most likely needing additional support. The at-risk list is developed by SDMS and is used by SDHS counselors, administrators, and teachers to gain an understanding of the particular needs of the students labeled as at-risk. This list of specific students is critical because, while they are identified as “at-risk”, these students are not supported by any additional program(s). Many of the other students facing similar issues are served under the either the Exceptional Children’s (EC) Program or the 504 Program. These programs provide them with extra support from SDHS teachers, counselors, and administrators. In the 2015-16 school year SDHS had a total of 397 students. Of those 397 students 98 were freshmen. Among those freshmen students were 42 labeled as “at-risk” by middle school teachers, counselors, and administrators. This means that nearly 43% of the students entering SDHS were in need of extra supports as they began the journey into high school.
The 2016-17 school year had a total of 383 students with 86 freshmen, and 40 of those freshmen were labeled as at-risk, which is nearly 47% of the freshmen class. In the 2017-18 school year, there were a total of 394 students, and among those were 94 freshmen. Of this group of freshmen were 49 students labeled as at-risk, which surpassed the 50% mark.

Several of the students mentioned above on the at-risk list either have or may develop serious emotional issues. DCS policy requires that all schools offer assistance in these types of serious situations by referring students to mental health agencies within the district, and the design team was thankful that support was in place, but after reviewing the data it became clear that something needed to be done, and fast, to impact the lives of students at SDHS before situations took a turn for the worst.

There was a plan of support in place for students labeled as at-risk as they entered SDHS. A special team, called the CARE team, was meeting weekly to check the pulse of students in need of support. While the title “CARE” team may seem slightly contradictory since many students may not be on the list of those served, it was developed out of a sincere desire to support students as they progressed through high school. The CARE team was comprised of the principal, assistant principal, two counselors, a social worker, and a teacher. The main purpose of this team was to ensure that students were supported in any needs they had either with emotional and/or academic areas. While this was a great beginning to supporting the positive well-being of students, it truly was a first step in acknowledging the issue. However, this plan was minimal, did not build capacity among staff members, and was not grounded in research. There also
was no means of evaluating the effectiveness of the support for students, and a large majority of the students at SDHS were left out of the plan altogether.

**Common Threads for SDHS Students on the At-risk List**

One commonality found among the students on the 2015-16, 2016-17, and 2017-18 at-risk lists was that the majority of these students seemed to enter high school with a low sense of well-being, as identified by school counselors at the middle and high school level, that may or may not have been related to the fact they were labeled as at-risk. These students faced adversity each day, and low senses of well-being added one more obstacle to hinder their progress in the journey of becoming successful high school students. Many of the other students at SDHS considered to be at-risk of not completing high school by one obstacle or another were being supported by SDHS staff members in the EC Program and 504 Program, but these other at-risk students were outliers and received no consistent, research-proven support. These students were at risk of falling through the cracks, and we could not allow the education system to fail them. The design team deduced that if we did not do something to address the issue for this particular group of at-risk adolescents it could result in negative outcomes as they attempted to navigate adolescence and work toward completing high school (Gutman & Eccles, 2007). These students needed further support in order to have the opportunity of being successful in the long and short term.

**What is the Problem We Are Trying to Solve?**

The design team soon realized that an improvement initiative to address students with low senses of well-being at SDHS was past due. Before the improvement initiative
began there were two supports in place for this population of students. The first support was called the CARE team. This team was responsible for bringing students needing assistance with various things to the group to keep a check on how the students were faring. The second support was through a program called Communities in Schools. This program partnered students in need with someone from the surrounding community. While each of these served as a great beginning step in developing practices to support students with well-being, the design team came to understand that much more was needed and it was needed on a grander scale. Further, the design team predicted that when a stronger, more purposeful support plan was developed, students identified as at-risk upon entering SDHS would experience greater senses of well-being, which would hopefully lead to greater instances of students developing more positive senses of well-being.

SDHS, like all other schools, is charged with the responsibility of providing a strong system of support to students suffering from low senses of well-being. The DCS district mission still in place is to “empower students to achieve high academic goals and to graduate ALL students future ready and globally competitive” (Davidson County Schools, n.d.). The team wondered how we could be sure we accomplish these things if our students were suffering from low senses of well-being that were not being addressed and that may have prevented them from reaching their maximum potential. The public schools of North Carolina hold the vision of having every public school student graduate “ready for post secondary education and work and prepared to be a globally engaged and productive citizen” (Public Schools of North Carolina, n.d.). The team also became perplexed wondering how our state could accomplish this goal if the students were not
reaching their maximum potential due to the needed support of a positive well-being. It was with all of this in mind that the work to improve this problem began at SDHS in the fall of 2017.

A design team consisting of SDHS teachers and counselors, feeder pattern administrators, and a couple of DCS district-level supporters was established and charged with the mission of improving student well-being among students at SDHS. This call for action required the design team to use the fundamentals of improvement science and existing research in tandem to work toward increasing the well-being among the students enrolled at SDHS. The design team analyzed available data sets involving ethnicity, discipline referrals, and attendance data in order to design, implement, and study the effectiveness of any improvement introduced at SDHS.

The following artifacts illustrate the beginning of the journey of the design team to pinpoint areas of potential focus for working toward increasing positive well-being among students at SDHS.
The Driver Diagram

Table 1 lays out the parts of a driver diagram, a tool often used in improvement science to illustrate complexity of problems of practice and the multiple facets of an existing problem, and illustrates primary and secondary drivers that related to the problem of practice. These versions of the elements of the driver diagram assisted the design team in having critical conversations as the problem of practice was explored.

Table 1. Driver Diagram for Problem of Practice

<table>
<thead>
<tr>
<th>AIM</th>
<th>PRIMARY DRIVERS</th>
<th>SECONDARY DRIVERS</th>
<th>CHANGE IDEAS</th>
</tr>
</thead>
</table>
| Improve well-being of students attending South Davidson High School. | Understanding | • Support of SDHS teachers  
• Accurate identification | • Training for Teachers  
• Opportunities for Staff to Collaborate and Share Experiences |
| Awareness | • Organized charts showing number of incidences  
• Collecting data | | • Informative Share Sessions |
| Irrelevancy of Courses | • Stakeholder support  
• Protected time | | • Alternatives to “sit and get” courses |
| Students Giving Up | • Attendance Issues  
• Failing Grades | | • Support Task Force  
• Counseling Sessions  
• Mentor Program  
• “Who to Call” Cards-Students |
Figure 3. Problem of Practice Diagram

Improve well-being of students attending South Davidson High School.

- **Understanding**
  - Support for SDHS Teachers
  - Accurate Identification of Students Needing Support

- **Awareness**
  - SDHS Teams
  - Student Services Presentations

- **Irrelevancy of Courses**
  - Curriculum
  - Relevancy

- **1. Training of Teachers to Support Positive Well-being**
  - 2. Connections with Colleagues and Opportunities to Share Experiences

- **2. Connections with Colleagues and Opportunities to Share Experiences**
  - 1. Communication with Middle School Staff Members
  - 2. Staff Survey Results
  - 3. Data Accuracy Checks

- **3. Data Accuracy Checks**
  - 1. School Improvement Team Meeting Updates
  - 2. Multi-Tiered System of Support Meeting Updates
  - 3. Exceptional Children Team Meeting Updates

- **1. Exceptional Children Team Meeting Updates**
  - 1. Counselors Sharing Resources virtually and at staff meetings

- **2. Multi-Tiered System of Support Meeting Updates**
  - 1. Teachers address “I CAN” statements each day
  - 2. Teachers vary instructional practices

- **3. School Improvement Team Meeting Updates**
  - 1. Students choose courses they are interested in during registration
  - 2. Teachers make connections with and for students
Figure 3 illustrates the primary drivers that came to be the main focus of the improvement project at SDHS. The design team identified areas that are typically related to positive increases in adolescent well-being as supported by research studies referenced throughout this disquisition. Teacher training and opportunities for SDHS staff to collaborate in understanding well-being and the needs of adolescents were the areas of greatest focus because the faculty of SDHS were not at the same point in the improvement process that LHS was before the change in placement of my leadership. The design team considered each area but decided these were the most high leverage variables in which we could have the greatest amount of impact. It was the desire of the design team that any chosen intervention would have a significant impact on the well-being of the student population.

**What Change Might We Introduce and Why?**

Improvement science methods serve as a framework for implementing an initiative to strengthen and support the positive growth in well-being of students at LHS. As explained at the beginning of this disquisition, improvement science focuses on making changes that can result in possible improvements for stakeholders. It provides a structural framework that can be utilized to tend to an improvement initiative over time to see greater results in positive changes. The Plan, Do, Study, and Act (PDSA) cycles along with three driving improvement science questions guided the improvement team as they worked to see if the interventions applied brought about positive results. The three critical questions used to address the improvement project were as follows:

- What improvement needed to occur?
- Did a positive change occur?
• What changes could have been made to lead to positive change? (Langley, et al., 2009, pp. 89-100).

In order to address the well-being needs of the students identified by the middle school as at-risk, the design team applied an improvement strategy focusing on building the capacity of teachers to understand, promote, and support positive well-being among adolescents attending school at SDHS. The design team focused on providing four sessions for teachers grouped in groups of five. This provided each participant with the opportunity to work with the design team members and fellow colleagues in understanding well-being and the emotional needs of adolescents. The improvement initiative was split into two cycles. The first cycle included 4 meetings and took place over a 30-day period, and the second cycle included 4 meetings that took place over a 15-day period.

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Location</th>
<th>Role Within DCS</th>
<th>Implementation or Design Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.R.</td>
<td>SDHS</td>
<td>Principal</td>
<td>Both</td>
</tr>
<tr>
<td>R.G.</td>
<td>SDHS</td>
<td>Assistant Principal</td>
<td>Both</td>
</tr>
<tr>
<td>L.P.</td>
<td>SDHS</td>
<td>Counselor</td>
<td>Both</td>
</tr>
<tr>
<td>J.H.</td>
<td>SDHS</td>
<td>Counselor</td>
<td>Both</td>
</tr>
<tr>
<td>B.P.</td>
<td>SDHS Feeder Pattern</td>
<td>DCS Social Worker</td>
<td>Both</td>
</tr>
<tr>
<td>V.G.</td>
<td>SDHS</td>
<td>Data Manager</td>
<td>As Needed</td>
</tr>
<tr>
<td>T.H.</td>
<td>District Office</td>
<td>Student Support</td>
<td>Design Team</td>
</tr>
<tr>
<td>C.S.</td>
<td>SDMS</td>
<td>Principal</td>
<td>As Needed</td>
</tr>
<tr>
<td>D.H.</td>
<td>SDMS</td>
<td>Assistant Principal</td>
<td>As Needed</td>
</tr>
</tbody>
</table>

The members of the design team listed in Table 2 were strategically chosen based on the knowledge and strengths they brought to the improvement initiative. L.P. and J.H. were chosen...
to serve as part of this team because they were counselors at SDHS and could provide the counseling insight needed to support the design team and participants during sessions taking place as part of the improvement initiative. B.P. was chosen because she served families as the social worker for the SDHS feeder pattern. This role provided her with opportunities to see all aspects of situations the design team would be working with. As a social worker she had prior knowledge of issues that impacted SDHS students and families on a daily basis. V.G. played an integral role on this team because she was the data manager, and this position put her in consistent contact with students and families in the areas of academics, scheduling, and attendance. T.H. brought the district vision to the team and played an integral part of the process because she had served as a school counselor at a high school in DCS before moving to a new position at the DCS central office. C.S. and D.H. were asked to be part of the team because they were the administrative team at the middle school that feeds into SDHS. They would be able provide historical information about issues students faced on a broad scale, thus enlightening the high school members of the design team. Each of the team members brought an area of expertise, and they helped to provide a well-rounded picture of the steps and processes needed to improve the well-being of at-risk students, and other students at SDHS.

**Meetings for Design and Implementation Team Members**

One of the most critical elements of improvement science is that a team approach is utilized in attempting to improve a specific problem. Collaboration is key, and working throughout the improvement initiative, design team members relied on the expertise of one another, undergirding all work and decisions with applicable research findings to provide teacher participants with the best possible support. At monthly design team meetings, the team analyzed various data in the form of attendance reports, discipline referrals, and teacher participation in
the improvement initiative. Also, at each of the meetings the three main improvement science questions were investigated as follows: 1. What are we trying to accomplish with this initiative? 2. How will we know that we are improving the ability of teachers to identify students with well-being issues? 3. What change(s) could we make, now, to support the positive growth in the teachers to identify students with well-being issues? The purpose of visiting these questions at each meeting was to keep a laser-sharp focus on the improvement efforts as we progressed through each cycle and to ensure that the results were driving our actions every step of the way as the fundamental principles of improvement science demands.

**Sessions Provided for Teachers**

The design team chose to incorporate a series of four sessions for teachers into this improvement initiative. They were committed to providing information for teachers based on the emotional needs and development of positive well-being among adolescents. The topics the design team members chose to focus upon are as follows:

- Poverty and the Impact on Student Well-being
- Understanding the Signs that a Student is in Need of Assistance
- Research Studies and Resources for Teachers
- Matching Students with Appropriate Resources

Kendal, Callery, and Keeley (2011), stated that adolescents must work with adults and/or peers they fully trust, and the design team members were compelled to ensure that participants began to understand each of these elements in order to have a greater impact. The design team recognized the need for adolescents to feel they are part of a supportive environment as described by the Stage-Environment Fit Theory as explained by Gutman and Eccles (2007) and, the team appreciated the connection of each of these ideas to the work that teachers do each day.
inside of the classroom to ensure that students are, in fact, feeling as if they fit within the school environment.

During each session, design team members focused on the areas mentioned above and the areas provided by Salter-Jones (2012) as the main sources of stress faced by adolescents. Those stressors include relationships with others, dealing with change, and simply the act of being a student. The elements of Martin Seligman’s PERMA Model were also covered in the sessions to lay a foundation upon which to work throughout the improvement initiative, and these elements were revisited at the final meeting as a tool to aid in reflecting on current practices at SDHS.

**How Will We Know if the Change Initiative is Actually an Improvement?**

The members of the design team had genuine care and concern for the students at SDHS, and they anticipated a positive change in the well-being of students after teachers had participated in the improvement initiative. They planned to discern if the change was positive based on the impact of the initiative on quantitative data gathered from each teacher participant in the form of surveys given at the beginning and ending of each improvement cycle (see Appendix A). These surveys measured the comfort levels of the participants in recognizing students in need of support, supporting students in need of this support, and how often they felt they were recognizing students in need of support with well-being issues. The short-term goal of the design team was to increase the ability of teachers to identify students with well-being issues, while the long-term goal was to have a positive impact on the success of students as they moved from this life stage to the next.
The Improvement Process

Improvement science uses multiple measures to ensure scholar practitioners are getting a complete picture of a complex system. These measures include outcome measures (did it work), process measures (was it implemented as planned), and balancing measures (did it disrupt other parts of the system). In this disquisition, I worked with the design team to use quantitative data to understand the relationship between the introduction of an improvement intervention aimed at building the capacity of teachers to identify students with well-being issues and the current state of the problem at SDHS. This improvement initiative took place over the course of two cycles. The first cycle included 7 participants, ran for a period of 30-days, and included one meeting each week, while the second cycle included 5 participants, ran for 15-days, and included two meetings each week.

Quantitative data in the form of survey responses to ten questions was collected at the beginning and end of each cycle of this improvement effort. This survey, completed by teachers participating in the improvement initiative, included questions using a Likert scale to self-assess the ability to identify students with needs in the area of positive well-being. Collection of quantitative data took place at the beginning and ending of each of the two cycles.

The design team at SDHS set the goal of implementing the improvement initiative with 95% fidelity. This meant that each member of the team was making the commitment to work together using improvement science structures to increase the capacity of teachers to identify students with well-being issues at SDHS. In order for the team to be assessed in meeting the 95% fidelity rating, a monthly sheet was completed and reviewed by the team (see Appendix B). The attendance sheet served as a process measure and included each team member’s name and the attendance of the team member at design team meetings. The members of the design team
ended up meeting the 95% fidelity rating that they established for themselves. The group also calculated the attendance of the participants in each cycle of the improvement initiative (see Appendix C). For the first cycle, 90% of the participants attended each of the five meetings. One of the participants from the first cycle was a coach and was not able to attend each meeting. An adjustment was made to move this participant to the second cycle in order to better serve the project. For the second cycle, 100% of the participants attended each of the five meetings. There were a couple of instances where a participant arrived later than was expected, but this participant was able to catch up quickly and be a valuable member of the team.

The design team evaluated the quantitative data to determine the effectiveness of this project. The original goal was that at least 60% of the participants would report positive growth in identifying students with well-being issues as revealed by the survey responses at the conclusion of each of the 2 cycles. In order to consider that an improvement has occurred, the design team looked for a relationship between the introduction of the improvement strategy and the quantitative data sources, as previously described in this disquisition.

To examine our fidelity to the process, our process measures were analyzed using descriptive statistics, specifically frequencies or percentages in terms of attendance at group meetings and the ability of the participants to identify students with issues related to well-being.

The goal of this improvement initiative is not generalizability to other contexts, but ensuring we have an accurate picture of what happened at SDHS and a clear understanding of whether or not it improved the ability of teachers to identify well-being issues among students at SDHS. Furthermore, the data collected during the improvement project was and will continue to be used to further develop content related to well-being to inform further work at SDHS.
The First PDSA Cycle- December of 2017-January of 2018

The PDSA cycle for the first cycle of the improvement initiative consisted of the following:

**Plan**- During the plan stage in this cycle the design team worked together to plan ways to address the needs of teachers in identifying well-being issues among students. The design team members knew that maximizing time would be critical and surmised that in order to have a greater impact on each individual the groups needed to remain small. After deciding to have no more than 8 participants in each group, they planned to provide at least five hours of instruction and collaboration for the participants.

**Do**- This portion of the improvement cycle involved the work that was to be carried out within each group. The first cycle of the study included 7 participants and began in December and ran for 30-days. The project consisted of 4 training sessions lasting 1 hour each for participants. The structure of each training session involved a presentation by a guest speaker and time for questions at the conclusion of each session. Each training session focused on topics directly related to identifying students with well-being issues. The participants in the first cycle were teachers from various content areas and included a social worker, guidance counselor, and an administrator. Six of the participants were females, and one participant was a male. Years of experience in education among the participants ranged from between five and 15 years, and half of the participants held advanced degrees. Each training session from the first cycle is described below, and each of the resources used during the sessions are included in the appendices.

**The First PDSA Cycle- Session 1- Poverty and the Impact on Student Well-being**

The first session provided to participants of this improvement initiative served the purpose of assisting them in understanding the effects of poverty on students at SDHS. This
session reminded participants that students, while navigating issues at school, are often burdened with worries from home. The session began with conversation about what participants worried about when they were in high school. Some of the common responses were clothing, gas money, whether or not romantic feelings were reciprocated, parents fighting, and issues with friends. A list of basic needs was created by the group, which included food, shelter, belonging, and to be loved. It was interesting to see that there was not a participant that believed these needs were not met as they experienced adolescence. The group then began to list students with whom they were currently working that were most likely not having certain needs from this basic needs list met. The next critical turn of the conversation included how the participants knew this information. How could they tell when students were not having their needs met? Several responses included: relationships they had with students, students telling them about what they were going through, noticing something was different than usual in behavior, something another teacher had said, things seen on social media accounts, and even parent phone calls or emails. Interestingly enough, even the SDHS students living in the most extreme cases of poverty either have or have access to cell phones, tablets, or laptops. One participant commented, “I just don’t understand how they can afford cell phones and not have a coat for the winter.” The counselor shared that in many families the cell phone is viewed as a necessity and can be just as important as groceries for the week. The participants pondered about how the cell phones and social media may impact the well-being of students. This brought the first reading of the improvement initiative in form of an article titled, “Teens who spend less time in front of screens are happier—up to a point, new research shows” from The Washington Post. Participants were instructed to circle phrases that struck a nerve while reading. After the group finished the reading, participants were invited to share portions they had circled and discuss them with the group.
Group members commented on the difference in growing up in a world of social media and the worlds in which they grew up. There were several comments about how adolescents today cannot escape the world of technology, and how it exacerbates the turmoil adolescents experience on a day-to-day and minute-by-minute basis (Bahrampour, 2018). One participant said, “If I was worried about how my clothes looked on any particular day, I could forget about it by the next day. But, today, kids are taking pictures and posting them and commenting on them. They are writing the history that never goes away, and it’s sometimes really bad stuff.” This comment got other participants fired up, as well. Another participant said, “These kids can’t even get away from a break-up because the pictures are out there, and no one will forget about it.” The participants agreed with this statement and one added how dangerous social media was with sexting and all, “So many kids are sending pictures of themselves, and they don’t realize that those pictures are screen-shotted and shared and they can never get them erased.” At the end of the session, the group came back to the issue of poverty and how it impacted the well-being of students. The consensus was that if adolescents are not having the most basic needs met in regards to food, shelter, clothing, and the need to be loved, it was a given that other areas would be more heavily impacted. “It’s hard to focus on your history assignment if you are hungry,” said one participant. And, this statement can be reiterated with each basic need substituted. The group agreed to begin viewing students through a lens including how poverty might be impacting the well-being of students with whom they were currently serving.

The First PDSA Cycle- Session 2- Know the Signs Training

In order for SDHS staff to be able to support students with well-being issues, they must have an awareness of the signs a student may exhibit if in need of well-being support. The second session with participants focused on this topic. It began with how critical it is to
understand that students with well-being issues could eventually, if left to fall between the cracks, do something drastic. The group read “Teen Depression and Anxiety: Why the Kids are Not Alright” written by Susanna Schrobsdorff in October of 2016. This article shared the story of several students admitting to self-harm and thoughts of suicide. The article also juxtaposed the world of today with that of the past and the differences in growing up now with growing up way back when (Schrobsdorff, 2016). Just as in the first session, participants were directed to read the article and make notes about parts of the text they would like to discuss with the group. One participant commented, “It really isn’t surprising that our students can’t get away from their problems because their phones with Facebook, Twitter, and Snapchat are always beeping at them so they will read the most current problems all day long.” Another participant agreed and offered, “Yeah, these kids have grown up with trouble all around them, and just like the article said it started with 9/11, and it hasn’t stopped in their lifetime.” One participant could not believe that the article referenced an adolescent with 17 different Facebook accounts. “It’s like the kids feed off of this stuff. How can we compete with that?” she said. After bringing the group back around to the topic of well-being, we delved into the positives and negatives associated with technology and how we could best assist students struggling with well-being issues. The group discussion turned to creating a list of behaviors or attributes that could be evident in a student suffering from a low sense of well-being. The following list emerged: detached or isolated from others, change in regular mood, sad or depressed demeanor, concerns from friends or parents, concerns from other teachers, history of trouble at home or school, difficult to make a connection with, and seemingly worried the majority of the time. Conversation tiptoed around these attributes for a bit, and finally one participant said, “You know, it really has to do with relationships we make with our kids. We won’t know some of this
stuff unless we know the kid… really know the kid.” The group agreed wholeheartedly, and this breathed new life into the conversation.

Not only did the group believe it was critical to build relationships with students they served, but they also felt compelled to do so in order to figure out how to best serve the needs of the students. “If we don’t build relationships, how will we know if the trouble is serious or just something that will pass quickly?” remarked one participant. Another participant agreed, “You are right. The only way for me to know who to connect the kid with is for me to understand if it is a big thing that needs the counselor or social worker or a small thing that I can help them work out.” Another resource shared during this session was the PERMA Model (see Appendix D). The PERMA Model provided a framework for the participants to utilize as they thought about the students they serve each day. They began a discussion focused on specific students and examples of times they had seen evidence from students related to the PERMA Model such as times when positive relationships had been forged, engagement with others in class and with content had occurred, and times when students had been recognized formally and informally for accomplishing tasks. One participant commented that each of these elements of the PERMA Model did not require a formal show or display and that it was as simple as offering a smile or a high five to a student. Participants were in agreement with these points. At the conclusion of the session, a couple of participants hung back to continue the discussion even after others had left. One said, “How can we get our colleagues on board with this?” and the other commented, “Everyone needs to work together to make sure our kids are alright. It can’t just be five of us charged with doing it.” We then discussed how it was those small ripples that could impact everyone else. We cannot afford to forget about this after this project is finished was the consensus of the group.
The First PDSA Cycle- Session 3- Research Studies and Resources

This session focused on the expertise of our counselor and our social worker. Out of each of the sessions, this is the one that had the greatest impact on participants. Our counselor brought several resources to share including a MentalHealth.gov handout retrieved from https://www.mentalhealth.gov/talk/educators (see Appendix F). The counselor shared different signs to look for in students needing assistance such as: instances of sadness, self-harming, being involved in fights, hurting others, not eating normally, using drugs, or behaving differently (For Educators: What Educators Should Know, n.d.). After sharing the behaviors she reiterated that a presence of one or more of the behaviors would suggest that the student needed to consult with one of our counselors, our school nurse, or an administrator. This resource was impactful because it supported what one of the group members had said earlier about how relationships were really the key to it all. This participant said, “We need to share this with everyone because some people don’t know what to do.” The counselor assured this participant that the best thing to do when in doubt is to always connect the student to the counselor.

Another critical point in this session came when the counselor shared the list of what educators could do in the classroom. This included educating parents and students about warning signs and behaviors, promoting physically healthy practices, reinforcing positive decision-making skills, and increasing access to supports within school and the community (For Educators: What Educators Should Know, n.d.). Participants agreed with each of the items, and added that another thing that makes this a complicated issue is that it is not only the students struggling with well-being. Many of the adults in the building may also be suffering from low instances of well-being, and that makes it hard for them to help the students. One participant even used her own story of struggle and pain and how it made just making it through the school
day nearly impossible. During this time in her life she felt there was no way she was effective in recognizing struggling students. The counselor acknowledged this fact and appreciated that the participant shared. She then reiterated that it was our duty to assist not just our students, but also one another, and that this list could be used for our colleagues, as well. This was good because we had not yet connected our work as a team to the adults in the building.

Another resource the counselor shared with the group was retrieved from http://www.activeminds.org and included signs that indicated that assistance was needed (see Appendix G). The counselor shared the list with the participants, and the few that garnered the most conversation involved neglecting to keep up with hygiene, physical symptoms like headaches, and withdrawing from things that used to be enjoyable (What to Look for: How do you Tell if You or a Friend Might Need Some Help, n.d.). Again, the participants connected to the fact that it would be impossible to notice these things if a connection had not been made with a student. And, one participant added that it was critical for parents to understand these behaviors, as well, because they may notice something before a teacher might notice since they had more regular interactions with the adolescent. Another participant chimed in, “Not necessarily, because some of our kids don’t live with their parents.” This comment led to further conversation about the various hardships many of our students face and how not living with your parents was not necessarily considered a hardship.

The school social worker was asked to share stories about a several students in need to further drive the point home that many students are dealing with things that we cannot imagine and how it is often miraculous that some of these students make it to school each day. She further reiterated that one of the most important things we do each day is to see that our students are taken care of. The participants were heartbroken by some of the stories, and this further
supported the need for the adults in our building to pay close attention to the students each and every day. The consensus ended up being that we had to be vigilant at school because many of our students rely on us to ensure their needs are met.

**The First PDSA Cycle- Session 4- Matching Students with Appropriate Resources**

Each of the previous sessions focused on laying a foundation of understanding among the participants. This last session was designed to ensure that once a teacher noticed an issue with a student they were aware of the resources available. Once again, the school counselor was called upon to facilitate. She shared that she, along with our other counselor, were the best first options. Then, they had the ability to contact others for outside assistance, and to connect with parents, as needed. The counselor also shared a pocket card that had been created earlier in the year for students. These pocket cards gave students information about who to contact if they needed support and included hotlines, therapist information, and facilities students could contact. They were shared with every student at SDHS during a meeting with counselors and students. Participants also received the resources included in the appendices (see Appendix H). This list of resources is aligned to the components of the PERMA Model, and each resource can be used to bolster certain parts of the model depending on what students need. After the resources were shared the participants discussed the parts of the sessions that had been the most impactful for them. One participant shared, “I didn’t realize that our kids were going through some of the things that our social worker shared. I can’t imagine facing those things when I was growing up.” Another participant agreed and added, “Yeah, if they are going through this we have to build that rapport to know when they need help. One of my kids is sleeping on the floor at his friend’s house every night, and his friend’s house is full of bad stuff, too.” The participants knew the situation and found it beyond sad that these kids were living in such terrible conditions.
“How do we keep helping these kids after this is over and we aren’t thinking about it everyday?” asked on participant. Another participant chimed in, “You will because you care. And, you will help others see that they need to care.” Another part of the initiative that was impactful for the participants was simply the act of getting together to engage in dialogue related to a problem of practice. “Things get so busy here at school that we don’t take the time to talk to one another like this.” shared one participant. Another participant agreed, “Just talking about these issues is bound to help us to keep it at the forefront of what we do each day.”

Furthermore, participants expressed that hearing from our counselor about the different signs that something may be going on with a particular student’s well-being and how to connect said student with supporting resources was impactful. “After hearing about the resources available I understand there is no way I can deal with some of the serious issues, but I can definitely refer the student to the counselors.” This was great because it illustrated the pressure that teachers often experience to heal the world. They are not alone in this effort, and that is reassuring to them.

**Study**- From the first cycle of the improvement initiative I learned that the participants were genuinely concerned for the well-being of the students with whom they interact on a daily basis. What I did not expect was for the participants to put so much pressure on themselves as they worked to take care of our students. When they heard the stories from the social worker, it was as if they really were not aware of just how bad it is for some of our students. It is easy for adults to think back to what it was like for them growing up, and not add in the factors associated with growing up in modern times. We also reflected a great deal about the fact that this group of participants chose to participate. Had this been a mandatory training, there would have been different conversations. At the end of the first cycle I asked the participants what should be done
differently for cycle two. Some of the comments were as follows: make the sessions last a little bit longer, allow time for participants to share stories about students they are currently working with and get advice from the counselor, and provide the resources used in the sessions to the whole staff.

The quantitative data collected during the first PDSA cycle revealed important information to the design team. This data was used to make adjustments to the PDSA 2. The information contained in Chart 1 represents the ability of teachers to notice and support students with well-being needs before and after the participants attended the sessions designed by the design team.

*Chart 1. PDSA #1- Teacher Capacity to Notice and Support Well-being Needs in Students*
Participants reported they were able to notice students with well-being issues almost 60% of the time both before and after the project, and when compared to the original goal of 60% set by the design team at the beginning of the project, there was no significant growth. The design team found it was interesting that there was such a difference between noticing about half of the time and sometimes, and they theorized that this could have been due to the fact that the participants became more aware of the complexities surrounding issues with well-being.

The design team was encouraged by the difference between the pre-session participation and the post-session participation in the ability to support students with well-being issues. Before participants attended the training only about 30% reported they would be able to support students. After the training sessions, though, almost 70% reported they were confident in supporting these students. The design team celebrated this data point and the fact that before the sessions only nearly 60% of the participants surmised they could only support students with well-being some of the time, but after the sessions this decreased to just under 20%.

The Second PDSA Cycle- January of 2018-February of 2018

The Second PDSA cycle for the second cycle of the improvement initiative consisted of the following:

**Plan**- During the plan stage in the second cycle the design team worked together to adjust the plans for this cycle based on the feedback of the participants from the first cycle and the quantitative data collected through the pre- and post- surveys. The design team members planned to allow more time during the sessions for participants to share their own personal experiences with students experiencing well-being needs and how they had responded either successfully or unsuccessfully. This was one adjustment the design team felt was critical because the first round of participants had specifically asked for more time to share within the
group. The design team also discussed how the second cycle may differ from the first due to the make up of the participant group. This cycle of the improvement initiative was planned for five participants, and they would receive five hours of instruction and collaboration with one another.

**Do-** This portion of the PDSA cycle involved the work that was to be carried out within each group. This second cycle of the study included five participants and ran for a period of 15 days. It began in January and ended in February. The project consisted of 5 training sessions lasting 1 hour each for participants. The structure of each training session involved a presentation by a guest speaker and time for questions and discussion at the conclusion of each session. The participants in the second cycle were teachers from various content areas, a guidance counselor, and an administrator. Three of the participants were females, and two participants were males. Years of experience in education among the participants ranged from between one and 20 years, and two of the participants held advanced degrees. Each training session focused on topics directly related to identifying students with well-being issues, and feedback from the participants of the first cycle was used to shape the sessions during the second cycle. Each training session from the second cycle is described below.

**The Second PDSA Cycle- Session 1- Poverty and the Impact on Student Well-being**

The first session of the second cycle served the purpose of assisting participants in understanding the effects of poverty on students at SDHS. This session served to remind participants that students are often burdened with issues occurring at home. The session began just like the first session in the first cycle. Participants were asked to share what they worried about when they were in high school. Some responses were similar to those listed by the first group of participants. The responses included money, friends, being cool, having a nice car, parents fighting, what others thought about them, boyfriends/girlfriends, and grades/homework.
Then, the group created a list of basic needs. Clothing, food, shelter, and the need to be part of a group were included on the list. When asked if any of the participants ever worried about having those needs met, they agreed that for the most part the needs were met. However, one participant shared that his home life had been rocky and there were times when money and other things were constant worries.

When asked how they could tell when students they taught were not having their needs met, the participants had some interesting comments. Some of the responses were that the student may look sad a lot, may not be interested in participating in class, may not want to speak out, may ask for help, and may need to leave the classroom a lot to talk with one of the counselors.

I shared about the experience the first group had with a discussion about social media and various accounts students maintained, and the participants were curious about this conversation. Again, the concept of poverty and cell phones was discussed. The counselor facilitated the discussion about how many families view the cell phone as a necessity as important as any other necessity, and then, we read the article titled, “Teens who spend less time in front of screens are happier- up to a point, new research shows” from The Washington Post. Participants were, again, instructed to circle phrases that struck a nerve while reading. After the group finished the reading, participants were invited to share portions they had circled and discuss them with the group. While the participants in the first cycle commented on the difference in growing up in a world of social media and the worlds in which they grew up, this group of participants had a miniature debate about how technology is good and evil at the same time. The consensus among the group was that the poverty experienced by many of our students most likely exacerbated the issues on social media accounts because students experiencing the side effects of poverty may
struggle with a constant need to survive. This could compound issues with social media because students never get a break from these stressors.

It is interesting to note that the ages of the participants in cycle two range from right out of college to experienced and seasoned teachers. The first year teacher remarked that technology is not always bad. “It’s the user that determines that,” he said. This prompted another participant to defensively argue that, “My kids don’t have phones for this reason, even though all of their friends have them.” It was interesting how quickly the conversation took a turn to one of defending the use of technology. Another participant brought the group back to focus on how the world of social media really was playing havoc on the lives of adolescents because they can truly never get separated from what is happening online. Other participants agreed, and they were invited to share a story about a situation when an adolescent had struggled because of technology.

One participant shared that one of their own children had been part of a Snapchat war involving a group of girls. They had taken pictures of the child and covered her face with pictures of dog faces and posted about how ugly she was. Her heart was broken, and the participant didn’t know how to help her daughter recover from the pain. “This happens all of the time,” shared one of the participants, “and it is sometimes way worse.” Participants agreed that social media was definitely responsible for a lot of the issues we see at school each day. Another participant shared how poverty was related to social media. “The kids can see 24/7 who the ‘haves’ and the ‘have nots’ are based on the pictures they are constantly posting because the ‘haves’ are posting pictures of going out to eat, going on vacation, and other stuff, and the ‘have nots’ don’t have those kinds of things to share, and it’s sad.”
After discussing the scenarios the participants were invited to share what they did when they needed help as they were growing up. Several responses included asking for parents to help them, talking to a friend, and just not worrying about it and putting the issue out of their mind.

**The Second PDSA Cycle- Session 2- Know the Signs Training and Personal Experiences**

Just as in the first cycle, it was critical to ensure that participants have an awareness of the signs a student may exhibit if in need of well-being support. The second session for the second cycle with participants focused on this topic. It began just like the first cycle’s with how critical it is to understand that students with well-being issues could eventually, if left to fall between the cracks, do something drastic. The group read “Teen Depression and Anxiety: Why the Kids are Not Alright” written by Susanna Schrobsdorff in October of 2016 (see Appendix E). Again, this article got the participants to engage in a dialogue about what it was like when they were growing up as compared to how it is for their students. One participant shared that when they were growing up couples passed notes to each other on Friday and, unless they talked on the phone once or twice over the weekend, they didn’t hear from one another until Monday. This same participant expanded on that thought by saying that she has heard from students that kids are “sleeping together” by keeping their phone beside them on speakerphone all night long to keep tabs on one another. She shared that for some students this seems very unhealthy because they are making sure no one else calls or texts the other one. This resulted in further conversation among the group. Another participant said they “Yes! They are always together, even when they aren’t physically together!” The participants were unsure of how all of this could go on right in front of parents, and that led to an interesting discussion about how some parents are just as engaged in the social media as the kids are. One participant said, “Just watch
other families when you go out to eat and see how many times the phones are out during the
dinner.”

The discussion soon came back to how participants could tell if a student was in need of
support based on the stories shared in the article. The group made a list of possible things to
look for among students. A change in how the student normally behaves, a perception that
something was not right about the student, a change in the appearance of the student, and the fact
that a student may ask for help were among the items listed by the participants. It was natural to
invite participants to share stories from their work at this point, as suggested in feedback from
participants in cycle 1. One participant shared about a student they had taught during the first
semester. He started acting out right before the holidays by being loud in class and not following
directions. The participant noticed the behavior because it was so different from how the student
normally acted in class. Because of this the participant asked the student to stay after class the
third or fourth day after the behavior was not improving. What the participant discovered was
that the student was in a same-sex relationship and the parents were not accepting of this. The
situation was made even more complex by the fact that other students were making comments at
every opportunity that she was “going to go to hell” for dating another girl. The participant was
able to connect the student to a counselor, but felt that “there was so much work that needed to
be done for this kid.” Another participant agreed and commented, “You really can’t do anything
else other than being there for her and listening if she needs to talk to someone.” While the
stories were being shared the participants supported and encouraged one another. Again, it
occurred to me that if these participants had been required to participate in this experience it
would have been different. Because I asked for volunteers I ended up with people who really did
want to help students struggling with well-being. Another resource I shared during this session
was the PERMA Model. The participants thought the PERMA Model would be helpful for them because they could use each of the elements to evaluate experiences of students as they moved through the daily work of education. One participant even suggested, “We could use the PERMA Model as a sort of checklist for the week to see how many times were our kids exposed to positive emotions or were invited or encouraged to be engaged.” Another participant shared that it, “…was helpful to have scheduled time to talk about the needs of students because we are so busy that we often don’t get time to do this.” The whole group agreed that this was another benefit of this improvement project.

**The Second PDSA Cycle- Session 3- Research Studies and Resources**

Like the first cycle, this session focused on the expertise of our counselor and our social worker. This was the session from the first cycle that packed the biggest punch. Our counselor brought several resources to share including a MentalHealth.gov handout retrieved from [https://www.mentalhealth.gov/talk/educators](https://www.mentalhealth.gov/talk/educators) (see Appendix F). The counselor, once again, shared the different signs to look for in students needing assistance and a list of what educators can do in the classroom. The participants agreed with the items presented in the list and stated that their colleagues may be, at times, dealing with the same struggles as adolescents, which would make it more difficult to ensure that all needs were being met. This group of participants acknowledged the struggles that adolescents experience and how the behaviors would be good indicators that something was wrong, but they were unsure of how to deal with these instances. The counselor eased the fears and shared that it was always a good idea to refer the student to the counselors in the building. The counselor shared the list with the participants, and the few that garnered the most conversation from this group of participants involved withdrawing from participating in class, looking and acting upset, and being different in several ways. Several
participants shared how they spend time when they are on duty talking to students casually. By doing this simple thing they are able to keep a check on the students and how they are doing. Another participant said, “Yeah. I do that, too. Before class, as kids are walking in, I stand by the door and check in with each student. It helps me notice if something is different than the day before.” This sparked conversation about how they could maximize these opportunities to talk with and check in with students. One participant even shared that she allows students to eat lunch in her room so she can keep up with what is going on with them, and although this isn’t a common practice at SDHS, it serves a good purpose. At the conclusion of that conversation, the school social worker shared several stories about students in need to further drive the point home that we are charged with seeing that our students are taken care of. One of the most important things to come from this session was the fact that the participants really began to think about how they could be more present in the lives of the students at SDHS. They started to realize that attending afterschool events, making calls to the homes of students, and just talking to them would give constant information that could be used to establish the needs of each students. And, just as the first group of participants was shocked to hear the stories shared by the social worker, this group was shocked, as well. “I never would have thought some of our kids have it this rough. It makes sense, though. I guess I just haven’t stopped to really think about it,” one participant shared. Another participant agreed, “We just don’t know what they are dealing with, but if we get to know them we can at least support them.” This led the group to discuss the topic of building relationships with students just like the participants from the first cycle.

The Second PDSA Cycle- Session 4- Matching Students with Appropriate Resources

Just as in the first cycle, the previous sessions laid a foundation of understanding among the participants. This last session was designed to ensure that once a teacher noticed an issue
with a student they were aware of the resources available. Once again, the school counselor was called upon to share. She shared that she, along with our other counselor, were the best first options. Then, they had the ability to contact others for outside assistance, and to connect with parents, as needed. The counselor also shared a pocket card that had been created earlier in the year for students. These pocket cards gave students information about whom to contact if they needed support and included hotlines, therapist information, and facilities students could contact. They were shared with every student at SDHS during a meeting with counselors and students. Participants also received the resources included in the appendices. This list of resources is aligned to the components of the PERMA Model, and each resource can be used to bolster certain parts of the model depending on what students need. After the resources were shared the participants discussed the parts of the sessions that had been the most impactful for them. One participant shared that the portion that had the greatest impact on them was sharing stories with one another. “Now that I know how she handled a situation helps me to think about how I would handle one,” said the participant. And, another participant said, “We don’t have to have all of the answers for the kids, but as long as they know we are here to help them it is good.” Another participant said, “I wish we would have talked about all of this stuff earlier in the year because I have had a lot of situation already where I needed this help.” The other participants agreed with this statement, and then we discussed ways to bring this information to the other staff members at SDHS.

Study- At the conclusion of the second cycle of the improvement initiative, participants completed the same survey questions they had completed prior to participating. The design team was curious to see if there had, in fact, been an improvement similar to that of the first cycle. Chart 2 provided the design team with several data points on which to reflect.
The design team found it interesting that one participant reported they were always able to notice when students were in need of well-being support. The team was pleased to see the growth of 20% in the ability of participants to be able to notice well-being needs from sometimes to about half of the time. Likewise, the design team was pleased with the 20% growth in the ability to support students with well-being issues.

One of the most important things we learned after completing the first and second cycles is that the chemistry of each group was quite different, and that even though things went one way with the first cycle there was no guarantee that it would go the same way with the second group. The perfect example to illustrate this finding was the difference in how group 1 and group 2 responded to the social media aspect of the problem of practice. The first group was in agreement that the technology of the times had wreaked havoc on an already difficult time of maturation, but the second group began a debate about the good versus evil aspects of technology and how it relates to adolescent development.
Impact

This improvement initiative resulted in having a positive impact on participants. The design team set the goal of having at least 60% of participants report positive growth, and while that did not occur in each area in the first cycle, it did in each area of the second cycle. Therefore, it would be reasonable to say that the sessions provided as part of the improvement had a positive impact on those participating in the initiative. Furthermore, the design team reviewed the attendance of the design team members and the participants during each cycle of the improvement initiative. The design team set out with a goal of achieving 95% in the fidelity of the implementation of the initiative as judged by the attendance of each of the design team members at each meeting and the fact that each activity planned by the design team took place as it was planned. At the end of the initiative, it was calculated that a 95% fidelity rating was achieved. Furthermore, the design team was pleased to find that during the first cycle, 90% of participants attended each of the 5 sessions, and during the second cycle, 100% of participants attended each of the 5 sessions. The team was also pleased that each of the planned activities for both cycles were completed as designed 100% of the time. The design team acknowledged that the results of this improvement initiative may have looked different if participants in either the participation of the design team members and/or teachers would have been mandatory. Much of the success of this improvement initiative relies on the fact that all participants were volunteering to be part of the project. Other positive relationships between the improvement initiative and the growth of participants can be seen in a few of the statements made by participants from each PDSA cycle.

One participant said, “Before I did this training I would have looked at this one student as being disrespectful and non-compliant, but now I am going to work on how I deal with her
because she is going through a lot of very stressful things. Maybe just a daily check-in would make her feel more supported and open to working with me as her teacher.” This was a not a surprising revelation to the design team because this particular participant was known for being supportive of students, but it was eloquently stated and led other participants to begin reflecting on other similar situations they may have experienced. Another participant shared, “I’ve always heard that relationships were the key, and these sessions give one more reason why they are. We have to ask them how they are doing and get to know them so we can notice when things are different. And, another good thing is that discipline becomes easier when you have a relationship with the kid.” This response was met with agreement from other participants, as well. The design team was not surprised to see growth in the participants at the end of each cycle. Chart 3 illustrates opportunities for further growth.

*Chart 3. PDSA #1 and #2- Accuracy in Identifying Students with Well-being Needs*

<table>
<thead>
<tr>
<th></th>
<th>A Great Deal</th>
<th>A Lot</th>
<th>A moderate amount</th>
<th>A little</th>
<th>None at all</th>
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<tr>
<td>Pre-PDSA 1</td>
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<td>Post-PDSA 1</td>
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In regards to accurately identifying students with well-being needs, the quantitative data from surveys of the participants shows growth between each of the two PDSA cycles. Between the beginning of the first cycle and the end of the first cycle it is evident that 40% of participants reported they had moved from the “a lot” area on the scale to the “a great deal” area of the scale. It is also critical to note that the percentage of participants indicating they could accurately identify students with well-being issues at the beginning of the first cycle was 40%, and by the end of the first cycle that had decreased by 10%. A similar pattern occurred in the second cycle of the improvement initiative. At the beginning of the second cycle 80% of participants said they were able to identify students with well-being issues a moderate amount of the time. But, by the end of the second cycle, only 40% reported as such. At the end of the second cycle 60% of participants stated they could identify students with well-being issues either a great deal or a lot of the time. This is a definite increase in the capacity of teachers to be able to identify students with well-being issues.
When participants were asked to respond about how often they felt they were able to support students with well-being issues, it was interesting to see that prior to the first cycle there were just over 80% of participants that reported being able to do so most of the time (see Chart 4). The design team believed this could potentially be that a social worker and counselor were participating in the first cycle, but not necessarily. At the conclusion of the first cycle, the data changed for the positive in that one participant responded they were always able to support students with well-being issues. The second cycle of the improvement initiative began with markedly different results from the pre-improvement initiative survey. For this portion of the initiative, 20% of participants reported they were able to support students. An interesting juxtaposition was also noted on the other end of the spectrum. At this point, nearly 40% of the participants stated they were always able to support students with well-being issues. At this point the design team really began to notice the differences of the make-ups of each of the two groups participating in the sessions, as described in the conclusion of this disquisition. From the
beginning of the second cycle to the end of the second cycle the data suggested that the 20% that reported they could only support students sometimes decreased so that all participants stated they could at least support students about half of the time. This was another piece of evidence supporting that the improvement initiative had a positive impact on participants.

**Chart 5. PDSA #1 and #2 - Frequency of Encountering Students Struggling with Well-being Issues**

![Chart showing frequency of encountering students struggling with well-being issues](chart)

Participants in both cycles of the improvement initiative responded they either encountered students struggling with well-being issues either far too much, moderately too much, slightly too much, or neither too much or too little (see Chart 5). But, overwhelmingly, far too much, moderately too much, and slightly too much made up the majority of the responses. This data, although unfortunate in many ways, provides the design team with an opportunity to continue to focus on this problem of practice, as described at the end of this
disquisition. Further support of this need came in the form of a survey question designed to check the pulse of participants about how the school develops a culture of support for students.

**Chart 6. PDSA #1 and #2 - Opportunities for Growth at SDHS**

<table>
<thead>
<tr>
<th></th>
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<tr>
<td><strong>School Culture</strong></td>
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<td></td>
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<tr>
<td><strong>Professional Development</strong></td>
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<tr>
<td><strong>Community Support</strong></td>
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</tbody>
</table>

According to data collected at the beginning of the first and second PDSA cycles of this improvement initiative, the majority of participants reported that the areas of school culture, professional development, and community support were areas in need of improvement at SDHS (see Chart 6). Participants stated that the school culture at SDHS was not as supportive of students with well-being issues, and that improvements could be made in how teachers respond to students in need, the availability of counselors for students in need, and teaching students how to support one another in times when positive well-being is compromised. Participants also
shared that professional development needed to be a focus area at SDHS. Because the
participants in each cycle had volunteered they had been privy to information that everyone on
the staff at SDHS should have access to, and the professional development opportunities would
need to be mandatory to ensure that all staff members were part of the desired improvement in
school culture. Furthermore, the participants stated that in order for the school community to
improve, much of the information that was shared during the sessions needed to be shared with
the community. Participants suggested this could be done in a variety of ways and that the most
efficient way to begin would be to have a community event with counselors, social workers, and
medical professionals sharing information. The majority of responses directed at these three
topics illustrate a need for further work in the area of supporting students with well-being issues.
Implications

The work supporting this improvement project has several implications. Among those are the potential to continue to have an impact on the lives of students at SDHS, students in other schools, and students across the globe. Another implication of this work is that throughout the process building capacity has been a focus, and in this case, capacity has been built in understanding well-being and in improvement science. A further implication that can be seen by a keen observer is the difference in interactions between participants, and it seems that we have lifted communication practices through this improvement initiative.

Participants in this improvement project are armed with knowledge that can support them in working to support the well-being of our students. One element of the sessions included discussions about warning signs, and that alone can assist participants in being aware of the needs of students and to potentially head off potential disasters. It is also critical to recognize that each participant will interact with colleagues, and this could lead to more teachers being interested in working to support the positive well-beings of our students.

Improvement science makes solving problems make sense because it is formulaic. The design team members came into the project with limited knowledge of improvement science, and now they are versed in practices that can lead to improvements. Building this capacity in the understanding of improvement science among staff at SDHS will reap benefits now and as time passes.

Participants worked closely during the cycles, and communication skills were strengthened. During the sessions participants truly listened to one another, fed off of one another, and problem-solved together. These collaborative experiences laid a foundation for further work to occur, and that alone has the potential to continue to shape the culture at SDHS.
Each of these implications is full of possibility for the future. The effects of this work could be seen in the short-term or long-term, and with the nature of this topic, that is a good thing. If this improvement project helps students, brings people together, and impacts the future we have done solid work.
Lessons in Leadership

Throughout this improvement initiative, several lessons in leadership emerged for the implementation of a professional development initiative that deals with preparing educators to be sensitive to the well-being needs of students; among them are leading with a transformational leadership style, utilizing improvement science concepts, and leading with vision while sustaining improvement efforts.

Transformational leadership is the leadership style that I most often find myself utilizing. A transformational leader has a great concern for cultivating relationships with others and collaborating with all stakeholders (Northouse, 2016). One of my greatest strengths as a leader is developing unity among a group of stakeholders with a common vision. A particular point of interest during this experience was the fact that a group of volunteers choosing to have an impact on students is far easier to train than a group of people forced to attend a series of training sessions. In other words, it is easier to transform those eager to be transformed. Perhaps because the work of the design team was focused on the growth of participants, it made it all the more natural for me to utilize the style of the transformational leader.

Another lesson in leadership emerging from this work involves the iterative nature of improvement science. Working through this improvement initiative has solidified my understanding of improvement science, and it has helped me to appreciate the fact that our work is never done. Through the process of gathering feedback and working collaboratively with others there is also potential for things to get better and better and better over time. In the field of education this is critical because our goal should always be to continually grow.

When reflecting on lessons learned about training teachers, I keep coming back to the fact that those wishing to improve through training are the easiest audience to train. During this
project if I would have mandated that particular groups of people attend and participate the
results would not have been as positive. It was easy to witness growth in the two groups of
participants during conversations and moments of understanding because everyone was willing
and eager to learn. I cannot help but think that if I would have been working with groups of
people that may or may not care to participate I may not have seen positive results and growth as
we worked together.

One of the most critical lessons I learned while working on this disquisition project
involved sustainability and leading others with a solid vision in place. Moving to a different
school in the middle of the project was a challenge, and it would have been easy to abandon this
work. This is a common problem in the realm of education because movement is common. But,
just because a move occurs does not mean that all previous work is lost. Using the foundation of
work from LHS I was able to use the true spirit of improvement science to make data-driven
adjustments and decisions for SDHS.

Each of these lessons in leadership impacted the end result of this project. Working on
this disquisition gave me the opportunity to engage in authentic work directly related to a
problem of practice that is relevant to any student inside of any school setting in any school, and
in any part of the world.
Lessons for Social Justice

Social justice has been an integral part of this work from the very beginning of my efforts, and several lessons for social justice emerged throughout the development of this disquisition. Among these lessons are: equity for students identified as being at-risk of needing support, access to mental health care provided by skilled professionals, and fostering vision that ALL students deserved to be supported in developing positive senses of well-being.

It all started with working at a large high school with a population of just over 1,300 students. At that point in my work I was focused on finding a way to support the well-being of students labeled as at-risk by school counselors and administrators. But, what I quickly realized was that a significant number of students were left out of the equation. Social justice demands that we level the playing field, and if I viewed my problem of practice from a social justice lens, I would discover inequity. For example, many students needing support may not ever even be identified as at-risk. Of course there were students already receiving support from other resources, but what about the students that fell through the cracks?

Another common issue is access to mental health care. Some students have poor access to health care, and even more students do not have the financial means or coverage to access mental health professionals. In a time when people are coming to realize the need for mental health care, it is critical to note that not everyone is able to get the care needed to lead a happy and healthy life. In fact, most teens do not participate in mental health screenings recommended by many pediatricians. Recently, a cry for help from the Academy of Pediatrics was shared with the National Public Radio channel. The Academy has just updated a set of guidelines requiring universal depression screening, and they are supporting a plan for everyone aged 12 and over to be screened at the minimum of once each year (Allison, 2018).
Furthermore, the U.S. Preventive Services Task Force is also recommending that these screening take place. Along with these recommendations is also a call for the family members of teens suffering from depression to develop plans focused on the safety of these teens in hopes that the opportunity for self-harm will be decreased (Allison, 2018). Mental health professionals are urging us to focus on the well-being of adolescents and to make it a priority to ensure they are safe. It is our responsibility to ensure that ALL adolescents have this access.

Social justice has been at the forefront of this program and in my work. Equity for students needing support, access to mental health care, and fostering a vision that ALL students deserve to be supported in developing positive senses of well-being lie at the very center of this disquisition.
Lessons for Implementation

Myriad lessons for implementation became evident throughout this experience, and some of those lessons emerged from challenges I faced in implementing the initiative. Dealing with the sensitive nature of mental health, utilizing a new staff to the fullest, and taking time to fully rely on best practices supported by current research are just a few of the challenges that led to learning valuable lessons during this process.

Dealing with mental health issues can be challenging because there is a stigma related to mental health. Well-being is related to mental health, and there were times during the project where participants became emotional either because of experiences they had lived through or because of connections they had with students. There were times when conversations had to be facilitated carefully in order to create the dividing line that needed to exist between well-being and mental health because all participants could be “trained” to deal with students with well-being needs, but training them to deal with mental health was not the goal. Balancing this content was difficult, and there were times I was thankful to have the counselor and social worker present to facilitate.

Another challenge I faced was moving from being the assistant principal at LHS to being the principal at SDHS. At LHS I had already connected with all stakeholders and work was moving along steadily. Suddenly, I was tasked with taking on more responsibilities in a high school and having little to no time in the evenings to work due to athletic events and fine arts performances. It was also challenging to get to know a new group of people, to establish a new design team, and to take advantage of the strengths of each team member. A perfect example was utilizing the talents and knowledge bases of the counselor and the social worker. It was critical to have each of them on the design team and participating in the process, but I could have
done more to capitalize on each of these individuals. I arranged for the counselor to present material to each participant group, and I should have had the social worker do the same. In my quest to not overburden the social worker, I neglected to take full advantage of having her participate. She did share stories about specific issues she dealt with each day, and she did support the need for improvement in the area of supporting students with well-being, but there could have been more impact made on participants if I would have facilitated more formal ways for her to present at the sessions.

Furthermore, it is critical to recognize that working within a school setting may present limitations involving the preparation teachers may or may not have for dealing with the well-being of students. Teachers often put extra pressure on themselves related to student performance on standardized tests, and may be underprepared to tackle emotional issues with students. In fact, they may feel they barely have time to cover the mandated curriculum much less assist students in developing positive senses of well-being (Cohen, 2006). This notion once again supports the importance of providing teachers with these opportunities to participate in professional learning involving well-being.

There were times when it became challenging to make the necessary commitment to time required to gather current best practices and research to support our work. This process is lengthy, and in the education world time is often an issue. In fact, there were times when participants shared that we needed to hurry up and make a plan to fix things, which was another challenge in itself. However, for an improvement to actually occur, time must be spent. Improvement science supplies that framework, and training the two groups of participants in that framework will pay great dividends in the future.
And, one last challenge, perhaps the greatest challenge of all, is completing the work required for this disquisition and worrying that this topic will fall off of the radar of participants. There exists an overwhelming pressure to continue to work on this because there are many opportunities to continue to build on the work. One set of opportunities relates to six principles presented by Jonathan Cohen lays the foundation for collaboration to occur between mental health professionals and educators. Among those principles are comprehensive screening, full assessments of at-risk students, early intervention focused on prevention, prescription of purposeful and research supported interventions, and educational parent programs (Cohen, 2006). When compared to the improvement project detailed in this disquisition, it is apparent that many opportunities exist to further develop this project at SDHS. In order to take this project to the next level we are planning to expand our efforts by providing sessions for all teachers and families of students, educate students on how to assist themselves and one another, take full advantage of all support professionals including our counselors and social worker, and restructuring our sessions to include a greater variety of resources. These resources will include more specific training about poverty and its impact on well-being, bringing mindfulness to the classroom for students and teachers, understanding the impacts of social media on well-being, and a greater focus on connecting families with resources within the community.

Along with expanding this improvement initiative within the walls of SDHS comes the responsibility of expanding the work within the Davidson County Schools district and beyond. Building capacity within SDHS will allow us to spread the message to other schools in the district and to strengthen relationships between the mental health experts and educators within the communities served by our school system. And, now that there are almost twenty more people on board who believe THEY ALL DESERVE THIS we the opportunity to improve the
world for our adolescents and putting them on a trajectory for maintaining positive senses of well-being.
Conclusion

The data collected throughout the improvement initiative at SDHS supported that an improvement effort was critical. Students need support systems in place throughout the high school experience because there are many stressors that challenge all students, and in order to put them in place, it is critical that teachers understand positive well-being and how to create environments that foster positive well-being. Because mounting evidence supports that the well-being of children and adolescents impacts the life trajectory of individuals, it is critical for educators to begin to focus on this as part of daily practices (Carta, Fiandra, Rampazzo, Contu, & Preti, 2015).

The design team was committed to this improvement project because it had the potential to have an impact on the students at SDHS and other places, in time. The team understood that this was a complex issue with many different aspects ranging from serious mental health issues in students to minimal negative issues for students. Our students may suffer from mental illnesses, have multiple attempts at suicide, work diligently to self-mutilate or self-harm, consistently avoid others and social situations, miss opportunities to earn credits toward graduation, have less than stellar attendance records and grades, and maybe even decide to drop out of high school altogether. The team acknowledged that there are many contributing factors involved and one way they reported they could most quickly respond to student need was to establish an improvement strategy involving 4 informational sessions for teachers as part of an improvement initiative grounded in research-proven strategies to support the well-being of students at SDHS. The team also understands that this was only the beginning of the process and that future work in this area is needed.
I worked with my original design team to create a vision of understanding that ALL students deserved to be supported in the areas of well-being. This vision allowed the work to take on a meaningful form. And the move to a different, much smaller high school, naturally segued into a plan for trying to impact an even greater spectrum of students. From a social justice standpoint, it is critical for each of us to understand that every student, regardless of socioeconomic status, ethnicity, culture, past experiences, etc. deserves to be part of a school that supports the development and growth of healthy and positive well-being. And, this led my new design team to create a plan to increase the capacity of teachers to recognize when students needed support with well-being. We decided that by training teachers we would reach more students and possibly have a greater impact on more individuals over time. As participants began to unravel all that this work encompassed, we truly were working to ensure that ALL students were being supported. Working to increase the emotional well-being of students was and will continue to be a high-priority item at SDHS, as it is in many schools. After all, I believe they ALL deserve to have teachers that can identify and support them with building positive senses of well-being. And, I was fortunate to work with the LHS team members and SDHS team members that also took on the belief and vision that they ALL deserve this.
References


Appendices

Appendix A

Process Measure: Participant Qualtrics Survey
(Completed at the beginning and at the end of each cycle of the improvement project.)

Each of the questions will include responses on a scale of 0 (Never) to 10 (Always).

1. In general, to what extent do you feel comfortable in identifying students with well-being issues?
2. How much of the time do you feel you are accurately identifying students with well-being issues?
3. How often do you feel you notice students struggling with well-being issues?
4. How often do you feel you are able support students struggling with well-being issues?
5. How often do you feel you encounter students struggling with well-being issues?
6. How often do you feel your school works to develop a culture of support for students?
7. To what extent do you feel your school provides opportunities for professional development involving well-being issues of students?
8. To what extent do you feel the community supports the well-being of your students?
9. How much of the time do you feel the staff at our school encourages students to get involved with extra-curricular activities, sports, and/or academic opportunities?
10. In general, how often do you feel you are supportive of the well-being of students?
Appendix B

Process Measure: Attendance for Design Team Meetings

Implementation Fidelity Check- Goal 95%

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<th>Attended Monthly Meeting</th>
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Appendix C

Process Measure: Teacher Participant

Attendance Log for Weekly Sessions
Teacher Participant Attendance Goal- 75%

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Appendix D

The PERMA Model- Resources for Teachers

Martin Seligman, a well-known, modern day, psychologist specializing in the scientific arena of positive psychology, developed a construct of five core elements of happiness and psychological well-being called the PERMA Model. This model consists of positive emotions, engagement with the world, relationships, meaning and purpose, and achievement (Positive Psychology Program, n.d.). The graphic below provides support in visualizing the parts that make up the PERMA Model.

Appendix E

Article 1 Shared with Participants

Teen Depression and Anxiety: Why the Kids Are Not Alright

Susanna Schrobsdorff  @SusannaSchrobs | Oct. 27, 2016

The first time Faith-Ann Bishop cut herself, she was in eighth grade. It was 2 in the morning, and as her parents slept, she sat on the edge of the tub at her home outside Bangor, Maine, with a metal clip from a pen in her hand. Then she sliced into the soft skin near her ribs. There was blood—and a sense of deep relief. “It makes the world very quiet for a few seconds,” says Faith-Ann. “For a while I didn’t want to stop, because it was my only coping mechanism. I hadn’t learned any other way.”

The pain of the superficial wound was a momentary escape from the anxiety she was fighting constantly, about grades, about her future, about relationships, about everything. Many days she felt ill before school. Sometimes she’d throw up, other times she’d stay home. “It was like asking me to climb Mount Everest in high heels,” she says.

It would be three years before Faith-Ann, now 20 and a film student in Los Angeles, told her parents about the depth of her distress. She hid the marks
Appendix F

Article 2 Shared with Participants

For Educators

Educators are often the first to notice mental health problems. Here are some ways you can help students and their families.

What Educators Should Know

You should know:

- The warning signs for mental health problems.
- Whom to turn to, such as the principal, school nurse, school psychiatrist or psychologist, or school social worker, if you have questions or concerns about a student’s behavior.
- How to access crisis support and other mental health services.

What Educators Should Look For in Student Behavior

Consult with a school counselor, nurse, or administrator and the student’s parents if you observe one or more of the following behaviors:
Appendix G

Article 3 Shared with Participants

How do you tell if you or a friend might need some help?

Recognizing the signs and symptoms of mental health disorders allows you to help yourself or others get the care they need. Here are 12 signs you might notice in yourself or a friend that may be reason for concern. They are certainly reason for you to talk with someone about what you’re feeling:

1. Feelings of hopelessness or worthlessness, depressed mood, poor self-esteem, or guilt
2. Withdrawal from friends, family, and activities that you used to enjoy
3. Changes in eating or sleeping patterns
   a. Are you sleeping all the time, or having trouble falling asleep?
   b. Are you gaining weight, or never hungry?
4. Anger, rage, or craving revenge
   a. Are you overreacting to criticism?
5. Feeling tired or exhausted all of the time
6. Trouble concentrating, thinking, remembering, or making decisions
   a. Are you suddenly struggling in school?
   b. Are your grades dropping?
7. Restless, irritable, agitated, or anxious movements or behaviors
8. Regular crying
9. Neglect of personal care
   a. Have you stopped caring about your appearance, or stopped keeping up with your personal hygiene?
10. Riskless or impulsive behaviors
    a. Are you drinking or using drugs excessively?
## Appendix H

**Resources for Teacher Participants**

*Shared at Meeting 4 of Each Cycle*

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<tr>
<th>Theme</th>
<th>PERMA Component and Supporting Areas</th>
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| P= Positivity | - Nurturing a Positive State of Mind  
- Making Positive Choices | Making Better Choices  
https://goo.gl/66XFfG  
The Adolescent Brain Article  
https://goo.gl/vg7BF4  
Strategies for Being Positive  
https://goo.gl/fviRgN  
Will Smith Video  
https://goo.gl/o9p8t  
The Power of the Mind Video  
https://goo.gl/eCqaAB  
Positive Affirmations Video  
https://goo.gl/MCvvFT  
Don’t Jump to Conclusions Video  
https://goo.gl/sIePwj |
| E= Emotions | - Identifying Positive and Negative Emotions  
- Responding to Positive and Negative Emotions  
- Preventing Injury: Physical and Emotional  
- Physical Health | Worksheet Examples for Coping Skills  
https://goo.gl/sEzq6w  
Challenging Negative Thoughts Worksheet  
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Examples for Responding to Negative Emotions  
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Positive and Negative Self Talk Video  
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Positive Emotions Video  
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Definition of Emotions Video- Animated  
https://goo.gl/yfQDA7  
Inside Out “Which Emotion are You?” Quiz  
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Safety Tips for Teens  
https://goo.gl/2MFdDo  
Adolescent Health and Safety  
https://goo.gl/iZeFlO |
| R= Relationships | - Fostering Positive Relationships  
- Navigating Negative Relationships | RelationshipWorksheets- *Use first Map-  
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<td>Never Give Up, Don’t Quit- Coach Video</td>
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<td>What do you Want to be Remembered For Video</td>
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<td>Goal Setting for Teens</td>
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<td>One Step at a Time Video</td>
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<td>Monsters Inc. Goal Setting</td>
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<td>Famous Failures</td>
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