

OUT-OF-SCHOOL SUSPENSION RATES AND SCHOOL-BASED MENTAL
HEALTH PROGRAMS IN MISSOURI PUBLIC MIDDLE SCHOOLS

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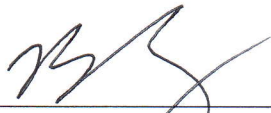
SHANNON N. OTRADOVEC

2021

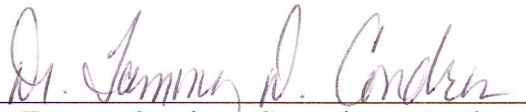
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OUT-OF-SCHOOL SUSPENSION RATES AND SCHOOL-BASED MENTAL
HEALTH PROGRAMS IN MISSOURI PUBLIC MIDDLE SCHOOLS

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OUT-OF-SCHOOL SUSPENSION RATES AND SCHOOL-BASED MENTAL
HEALTH PROGRAMS IN MISSOURI PUBLIC MIDDLE SCHOOLS

A Dissertation
Presented to
The Faculty of the Graduate Education Department
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In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

By
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2021

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“Your degree is just the door. Your work ethic is the key. But it is only by the grace and strength of God that you will walk through that door and help whoever may be on the other side.” -- Unknown

First and foremost, I want to give praise and glory to my Lord, Jesus Christ. Throughout my educational journey, I have prayed to share the love of Christ with those I come in contact with through my actions, my words, and my work. Through sharing His love, I have been blessed with countless students and educators who have inspired me to research such important aspects in all our lives, mental health, behaviors, and relationships. This research has reinforced my belief in the power relationships hold within the lives of each person, regardless of personal backgrounds or experiences. For me, this work is my heart and soul. Furthermore, it is also the reason I believe in the work educators fulfill daily in the lives of developing healthy adolescents, who are being prepared for bright futures.

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steadfast love. To my family: my mom and dad, my brothers, and sisters-in-law, and my mother and father-in-law. I love them with all my heart. Their words of encouragement and love have provided me constant motivation throughout this doctoral journey.

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TABLE OF CONTENTS

TABLE OF CONTENTS vii

LIST OF TABLESxi

ABSTRACT xiii

CHAPTER ONE..... 1

 Introduction 1

 Theoretical Framework4

 Problem Statement.....6

 Purpose of the Study.....8

 Research Questions 11

 Null Hypotheses 13

 Significance of the Study.....15

 Definition of Key Terms 17

 Limitations..... 18

 Delimitations 19

 Assumptions20

 Design Controls21

 Summary.....23

REVIEW OF THE LITERATURE26

 Introduction26

 Theoretical Framework28

 Middle School Behaviors30

Middle School Misbehaviors.....	31
Social-Emotional and Mental Health Barriers to Behavior.....	33
Public Middle School Suspensions	36
Zero Tolerance Policy	40
Alternative to Suspensions	42
Out-of-School Suspension School Level Factors.....	45
Achievement.....	47
Attendance.....	49
School Culture.....	50
Mental Health Concerns	52
Long-Term Mental Health Concerns of Adolescents.....	54
Social-Emotional and Mental Health Supports for Behavior.....	56
School-Based Mental Health Programs.....	60
School Social Workers & Counselors.....	64
Summary.....	69
METHODOLOGY	71
Introduction	71
Research Questions	72
Null Hypotheses	74
Research Setting	76
Participants	79
Sampling.....	81
Instrumentation.....	86

Procedures	90
Data Analysis.....	92
Summary.....	94
ANALYSIS OF DATA	96
Introduction	96
Research Questions	99
Null Hypotheses	101
Descriptive Statistics	103
Data Analysis.....	107
Summary.....	116
CONCLUSIONS AND RECOMMENDATIONS.....	119
Introduction	119
Research Questions	120
Null Hypotheses	123
Methods	125
Findings	126
Discussion.....	127
Implications for Education	135
Recommendations	138
Conclusion.....	140
REFERENCES	143
APPENDICES.....	165
Appendix A	166

Appendix B.....167
Appendix C.....168
Appendix D169
Appendix E.....171

LIST OF TABLES

Table 1 Missouri Suspensions K-12 2019 78

Table 2 Missouri Middle School Staff 2019..... 79

Table 3 Missouri Middle School Suspensions..... 80

Table 4 School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2017
..... 82

Table 5 School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2018
..... 82

Table 6 School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2019
..... 83

Table 7 School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2017-
2019 104

Table 8 Out-of-School Suspensions Missouri Middle Schools (6-8) 2017-2019..... 105

Table 9 Type of School-Based Mental Health Program Offered in Missouri Middle
Schools 6-8 105

Table 10 Role Responsible for Implementing School-Based Mental Health Programs in
Missouri middle schools 6-8 106

Table 11 Method Used to Implement School-Based Mental Health Programs in Missouri
middle schools 6-8..... 107

Table 12 Out-of-School Suspensions Rates and School-Based Mental Health Programs
2019 108

Table 13 Out-of-School Suspensions Rates and School Social Workers 2019 109

Table 14 Out-of-School Suspensions Rates and School Counselors 2019..... 110

Table 15 Out-of-School Suspensions Rates and School-Based Mental Health Programs 2018	111
Table 16 Out-of-School Suspensions Rates and School Social Workers 2018	112
Table 17 Out-of-School Suspensions Rates and School Counselors 2018.....	113
Table 18 Out-of-School Suspensions Rates and School-Based Mental Health Programs 2017	114
Table 19 Out-of-School Suspensions Rates and School Social Workers 2017	115
Table 20 Out-of-School Suspensions Rates and School Counselors 2017.....	116
Table 21 Out-of-School Suspensions Rates Between Schools with/without School-Based Mental Health (SBMH) Programs.....	129
Table 22 Out-of-School Suspensions Rates Between Schools with/without School Social Workers	130

ABSTRACT

Increasing rates of out-of-school suspensions and mental health reports across the nation paint a picture of increasing instability and inequity among our nation's youth (Shapiro, 2018; DeJulius & McLean, 2019). Choices adolescents make, positive or negative, are influenced by the individual's identity development, coupled with past experiences, and increasing autonomy from parents and guardians (Erikson, 1982; Maslow, 1943; Veiga et al., 2018). Research indicates mental health concerns peak during adolescent years, negatively affecting an individual's development if not properly supported (Stempel et al., 2019; Veiga et al., 2018; McCarter, 2017; World Health Organization, 2017; Erikson, 1982). Additionally, positive behavior and positive mental health outcomes can be accomplished through establishing trusting relationships between staff and students (Anyon et al., 2018; Mallett, 2016).

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) in comparing schools having or not having school-based mental health programs with out-of-school suspension rates in public middle schools. This study compares the differences in out-of-school suspension rates between schools which have school-based mental health programs and schools which do not have school-based mental health programs. No clear indication from the findings of this study signified existence of school-based mental health programs, school social workers, and/or school counselors provide a statistically significant difference between out-of-school suspension rates among public middle school students grades 6-8. While school-based mental health programs and school social workers tended to be available in schools with elevated out-of-school suspension rates,

there was still no statistically significant difference indicating those services lowered out-of-school suspensions.

Data collected in the study indicated schools utilizing school-based mental health programs tended to have higher out-of-school suspension rates when compared to those without these resources. This finding seems to suggest these services may be in place as an additional layer of support in an effort to deal more effectively with discipline issues. The results of this study may help districts and school boards determine the value school-based mental health programs may have in promoting healthier psychological development. The results may also help school districts set priorities and make decisions regarding the provision of funding for school-based mental health programs.

CHAPTER ONE

Introduction

Student suspensions are a major problem in schools and communities nationwide. Alarming high numbers of suspended students wind up in the juvenile justice system, with over 31 million youth under juvenile court jurisdiction during 2017 (Hockenberry & Puzzanchera, 2019). Eleven million hours of instruction time was lost in 2015-2016, due to exclusionary discipline practices (Losen & Whitaker, 2018). Suspended students are often left unsupervised and have significantly higher rates of entering the juvenile justice system as suspensions remove students from learning opportunities and do not provide behavior correction support (Chu & Ready, 2018). When students are suspended in middle school, the likelihood of repeated suspensions in high school along with a higher risk of dropping out is increased (Chu & Ready, 2018).

Increasing rates of out-of-school suspension and mental health reports across the nation paint a picture of increasing instability and inequity among our nation's youth (Shapiro, 2018; DeJulius & McLean, 2019). The future of education and the United States may be impacted based on schools' responses to increasing rates of out-of-school suspensions and mental health incidents (Wegmann & Smith, 2019). The need to maintain adolescent health and secure social and emotional development could significantly impact the trajectory of schools in the future (McCarter, 2017; Wegmann & Smith, 2019). Healthy school outcomes are achieved by providing appropriate access to meaningful educational experiences in a safe environment (Bains et al., 2017; National Alliance on Mental Illness, 2019; Teasley & Miller, 2011; McCarter, 2017; Villarreal, 2018).

One factor which may have contributed to the increase in out-of-school suspension rates was the widespread adoption of zero-tolerance policies which emerged in response to the Columbine High School shooting in the 1990's (Cuellar & Markowitz, 2015). Zero-tolerance policies are strict suspension regulations designed to secure buildings by decreasing undesirable behaviors and reducing student suspensions (Vidal-Castro, 2016). However, the strict nature associated with zero-tolerance policies has had reverse effects on school discipline (Vidal-Castro, 2016). Schools have instead seen a decrease in school culture and an increase in suspensions rates by missing the opportunity to address the root causes of misbehavior (Ford, 2016).

School discipline reform has been shifting over the last decade in response to failing zero-tolerance policies adopted in the 1990's (Cuellar & Markowitz, 2015). More recently, schools have begun implementing school-based mental health platforms seeking to reduce undesirable behaviors by identifying and treating mental health issues early on (McCarter, 2017). School-based mental health programs eliminate equity barriers and provide immediate access to social-emotional and behavioral support services (McCarter, 2017). School-based mental health programs and services have been successful in fostering a safe and healthy learning community (McCarter, 2017; Teasley & Miller, 2011). However, the long-lasting impact of school-based mental health programs and services in regard to student behavior and suspensions is still new and needs further review (McCarter, 2017). This study seeks to compare differences in the extent to which such programs strike a balance between ensuring a safe learning environment and addressing the needs of students whose behaviors put themselves and others at risk.

According to Missouri Department of Elementary and Secondary Education, (2019) in the state of Missouri, districts have seen a steady increase of total discipline incidents over the last three years. Discipline has been linked to gaps in social-emotional learning, mental health, and behavioral supports (Allbright et al., 2019). In addition to rising discipline issues, mental health cases have also seen a steady increase in recent years. In 2016, one out of every six adolescents from ages six to age 17 experienced a mental health disorder, which equated to 7.7 million cases nationwide (National Alliance on Mental Illness, 2019). Youth who experience depression or anxiety, experience faltering relationships and difficulty participating in daily activities.

In an effort to support healthy adolescent development, the state of Missouri recently expanded access to behavioral and mental health services on school grounds (Burrell Behavioral Health, 2020). As of 2018, fully integrated school-based mental health programs became accessible through eligible MO HealthNet Division (MHD) students (Missouri Department of Social Services (MDSS), 2018). The services allow providers enrolled as MHD fee-for-service program to provide behavioral and mental health services for students in the learning community at school sites (Missouri Department of Social Services (MDSS), 2018). In Missouri, Burrell Behavioral Health started expanding school-based mental health programs in southwest districts as of 2019 (Burrell Behavioral Health, 2020). The expansion of school-based mental health programs introduced site-based behavioral and mental health professionals to schools in Southwest Missouri with high discipline infractions and high levels of free and reduced lunch student populations (Burrell Behavioral Health, 2020). Offering readily accessible support and treatment allows at-risk students opportunities to receive necessary care and

support (McCarter, 2017). Closing mental health access gaps helps decrease sources of stress and negative outcomes associated with mental health issues (Novak, 2018).

Theoretical Framework

The theoretical framework used in this study is based on the work of Erik Erikson's (1982) Psychosocial Development and Maslow's (1943) Motivational Theory. The two theorists' works are based on the development of individuals from birth through adulthood (Erikson, 1982; Maslow, 1943). Erikson (1982) and Maslow (1943) focus on how circumstances and experiences impact behaviors and choices. Both theories Erikson's (1982) and Maslow's (1943) discuss connections between adolescent development in regard to external and internal factors resulting in development and behavior patterns.

The work of Erikson (1982) and Maslow (1943) were selected as the framework for this study to provide foundational development stages adolescents encounter and the connection each stage has with behavior choices and subsequent development patterns. According to Maslow, (1943) lack of appropriate basic level needs correlates to increased undesirable behavior and choices in an individual's life. Undesirable choices made during adolescence lead to behaviors linked to increased suspension rates and lower academic achievement (Cruz & Rodl, 2018; Veiga et al., 2018; Cuellar & Markowitz, 2015).

Adolescence is acknowledged as a time when individuals experience a pivotal conflict known as *identity development vs. identity confusion* (Erikson, 1982). Adequate development of an adolescent's identity removes the threat of experiencing *identity confusion*, thus, making success in adulthood more likely (Erikson, 1982). Setting the stage for psychosocial conceptualization of individual identity during adolescence fosters

healthy *identity development* and decreases negative behaviors associated with *identity confusion* (Erikson, 1982). However, when students are suspended, students associate suspensions with feelings of disappointment, failure, and lack of self-confidence (Roseberry, 2018). The feelings of self-doubt hinder a student's ability to develop a healthy, positive identity (Erikson, 1982).

Choices adolescents make, positive or negative, are influenced by the individual's identity development, coupled with past experiences, and increasing autonomy from parents and guardians (Erikson, 1982; Maslow, 1943; Veiga et al., 2018). Maslow (1943) indicates secured physiological and safety needs allow individuals to progress toward achieving social belonging, and thus, begin to build relationships and trust. Once an individual achieves a solid foundation of social belonging, the individual becomes motivated to seek fulfillment of self-esteem and higher achievement (Maslow, 1943). Lack of progression through the stages results in challenges adolescents must overcome prior to realizing success (Maslow, 1943). Zero-tolerance policies resulting, in higher out-of-school suspension rates, interfere with students' opportunities to develop healthy self-conceptualization and identity, as negative connotations are accepted by the adolescent and then associated with their identity (Roseberry, 2018; Erikson, 1982).

This study sought to explore meaningful differences of middle school student suspensions rates between schools which have school-based mental health programs and schools without such programs. A thorough review of recent literature provides a basis for the study. Within the literature review, the researcher examined key research completed in the field and exposed the gap in research this study sought to fill.

Problem Statement

Student suspensions are a major problem in schools and communities nationwide, as suspended youth interact with juvenile justice centers, miss learning opportunities, and have higher risks of dropping out (Hockenberry & Puzzanchera, 2019; Losen & Whitaker, 2018; Chu & Ready, 2018). Alarming, high numbers of suspended students wind up in the juvenile justice system, with over 31 million youth under juvenile court jurisdiction in 2017 (Hockenberry & Puzzanchera, 2019). Eleven million hours of instruction time was lost during the 2015-2016 school year due to exclusionary discipline practices (Losen & Whitaker, 2018). Suspended students are often left unsupervised and as a result have significantly higher rates of entering the juvenile justice system. Out-of-school suspensions remove students from learning opportunities and do not provide students with behavior correction support (Chu & Ready, 2018). When students are suspended in middle school, the likelihood of repeated suspensions in high school along with a higher risk of dropping out is increased (Chu & Ready, 2018).

The decision to use exclusionary discipline practices is made with the intent of keeping the learning environment safe and conducive to learning (Advocacy & Communication Solutions, 2019). However, when suspended students return and do not repair relationships, students may lose trust in adults and in the school community as a whole (Huang & Cornell, 2017). When students develop negative attitudes toward school, the culture and climate of the school can be significantly damaged. Thus, the lack of behavior intervention, academic learning opportunities, and reentry support initiates a vicious cycle of repeated undesirable behaviors, prompting the need for change (Chu & Ready, 2018).

When schools fail to support the root cause of suspended students' misbehavior, a life-long domino effect of increased adversity is created (Chu & Ready, 2018). The use of exclusionary discipline practices places students on the track known as the school-to-prison pipeline (STPP). Once youth enter the juvenile justice system, students are more likely to become repeat offenders and struggle to excel academically (National Alliance on Mental Illness, 2019). Research has shown, students who drop out of high school increase taxpayer burden as they are unable to financially support themselves through career level jobs. Additionally, 70% of students within juvenile justice centers have a mental health disorder and increased rates of suicide (National Alliance on Mental Illness, 2019).

In an effort to interrupt the STPP and negative outcomes, some schools across the United States have implemented on-site school-based mental health programs (McCarter, 2017). With the implementation of school-based mental health programs, the question which exists is to whether or not the program helps to decrease the suspension rate of students in grades six-eight in Missouri public middle schools. Prompting the need for this study, McCarter (2017) identified mental health concerns arise between ages 6-17, peaking at age 13 when adolescents are in middle school. Thus, the impact of schools providing appropriate interventions and supports as alternatives to suspensions needs to be investigated more in-depth (McCarter, 2017).

Highly unprecedented challenges and changes emerged during 2020 in response to the COVID-19 pandemic. Students and teachers were thrust into a learning environment conducted solely from individuals' homes, which had not previously been a norm (Nasr, 2020). For adolescents, the challenge of achieving critical psychosocial

development while, being forced to stay at home in isolation, could result in behavioral and mental health challenges in the future (Wiguna et al., 2020; Erikson, 1982). During the pandemic, the learning platforms and available school services shifted immediately to combat school closures, which opened a new avenue to deal with school discipline and mental health, not previously explored. With online schooling becoming a norm of society during 2020, the gap in immediate access to school counselors, social workers, and educators who have also expanded virtual accessibility in response to COVID-19 can also be addressed. The landscape of how students experience out-of-school suspensions now has a new platform to explore, as the world responds to the challenges and opportunities COVID-19 has presented. While exploring the options COVID-19 has presented is needed, this study sought to determine if a difference in the rate of out-of-school suspensions of public middle school students in 2016-2017, 2017-2018, and 2018-2019 between schools having school-based mental health programs and schools which do not have school-based mental health programs.

Purpose of the Study

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) in comparing schools having or not having school-based mental health programs with out-of-school suspension rates in public middle schools (6-8). This study compares the differences in out-of-school suspension rates between schools which have school-based mental health programs and schools which do not have school-based mental health programs for Missouri public middle schools (6-8) during the years 2017-2019. Measurement of the independent variable was based on the existence or non-existence of

school-based mental health programs, which are generally defined as the collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017). Measurement of the dependent variable was on a per 100 students enrolled rate of out-of-school suspensions, generally defined as an exclusionary discipline practice involving the removal of a student from school and providing no educational support for violating the school district's adopted code of conduct for expected behavior (Cruz & Rodl, 2018). The existence or non-existence of school-based mental health programs was collected from questionnaire responses from middle school principals. Responses indicated a 'yes/no' answer regarding whether school-based mental health programs existed in each school responding to the questionnaire for the school's years of 2017, 2018, and 2019.

Individual schools' selections were only included in one category for data analysis in this quantitative study, based on the existence or non-existence of the school-based mental health program. No school data was included in both categories, as the question of existence is definitive. Schools were further categorized based on questionnaire responses of two additional research questions including the existence or non-existence of school counselors and school social workers. The additional two independent variables including the school counselors and social workers were vitally important to the study, as both of the professionals support mental health programs in public middle schools (Reinbergs & Fefer, 2017; Missouri Department of Elementary and Secondary Education, 2020; Teasley & Miller, 2011; McCarter, 2017; American School Counselor Association, 2015). The results of this portion of the questionnaire were only included in one category, as the question of existence of school counselor or school social worker is also definitive.

The dependent variable was measured by the out-of-school suspension rate per 100 students enrolled at each public middle school in the state of Missouri (6-8). Out-of-school suspension rates per 100 students enrolled is annually reported to the Missouri Department of Education (DESE) by each public middle school and district in the state of Missouri through the Core Data collection (Missouri Department of Elementary and Secondary Education, 2020). The DESE database provides public open access and information reported to DESE from districts is accurate and reliable as schools are held accountable for data reporting based on the Missouri School Improvement Plan (MSIP) process (Missouri Department of Elementary and Secondary Education, 2020).

Past studies exploring out-of-school suspensions have been vast, showing increased suspensions have a relationship with heightened adverse outcomes among youth (Steinberg & Lacoé, 2018; Losen et al., 2013; American Academy of Pediatrics, 2013). However, research exploring differences of suspensions rates with school-based mental health programs is limited, especially with the middle school grades (6-8). This study adds to the knowledge base in exploring the differences of public middle schools (6-8) suspension rates between schools having school-based mental health programs and schools which do not have such mental health programs. The results of this study may help districts and school boards determine the value school-based mental health programs may have in promoting healthier psychological development. The results may also help school districts set priorities and make decisions regarding the provision of funding for school-based mental health programs.

Research Questions

Three main research questions and nine sub-questions guide this study. Suspension information was accessed through the Missouri Department of Elementary and Secondary Education open access database. A questionnaire was used to identify Missouri public middle schools which had school-based mental health programs with schools without such programs.

1. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school-based mental health programs** and schools without **school-based mental health programs**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs?

2. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school social workers** and schools without **school social workers**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers?
3. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school counselors** and schools without **school counselors**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors?

- b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors?
- c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors?

Null Hypotheses

H₀1. There will be no statistically significant difference between the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀2. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school social workers and schools without school social workers.

H₀2a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers.

H₀2b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers.

H₀2c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers.

H₀3. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school counselors and schools without school counselors.

H₀3a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors.

H₀3b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors.

H₀3c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors.

Significance of the Study

Extensive past studies exploring out-of-school suspensions show increased suspensions in middle school are associated with adverse outcomes for suspended students (Steinberg & Lacoé, 2018; Losen et al., 2013; American Academy of Pediatrics, 2013). Reported high rates of incarcerations, drop-outs, missed instruction time, and increased mental health concerns have been linked to troubled school behavior, especially when lack of appropriate support is apparent (Hockenberry & Puzanchera, 2019; Losen & Whitaker, 2018; Wegmann & Smith 2019; American Academy of Pediatrics, 2013). However, non-exclusionary discipline practices decrease negative outcomes associated with out-of-school suspensions, suggesting an improved outlook for at-risk adolescents (Anyon et al., 2018; Huang & Cornell, 2017; Gregory et al., 2018; Song & Swearer, 2017; McCarter, 2017; Mallett, 2016; Buckmaster, 2016).

Research indicates mental health concerns peak during adolescent years, negatively affecting an individual's development if not properly supported (Stempel et al., 2019; Veiga et al., 2018; McCarter, 2017; World Health Organization, 2017; Erikson,

1982). Additional studies indicate positive behavior and positive mental health outcomes can be accomplished through establishing trusting relationships between staff and students (Anyon et al., 2018; Mallett, 2016). School-based mental health supports utilizing resources such as individual counseling, crisis intervention, and group counseling play a vital role in whole-child development and improved student outcomes (Bains et al., 2017; Eklund et al., 2017; American Academy of Pediatrics, 2013). Since the middle school age range is directly correlated to increased mental health reports, as found by McCarter, (2017) and increased out-of-school suspensions, as noted by the American Academy of Pediatrics, (2031) this study is needed to add to the current literature.

Missouri was chosen as the focus of this study since out-of-school suspensions have been increasing for the past three years (2017-2019) (Missouri Department of Elementary and Secondary Education, 2019). Counties throughout Missouri have expanded school-based mental health access into schools with support from Burrell Behavioral Health as of 2018. Burrell offers services for individual therapy and counseling, educational and therapeutic groups, crisis intervention, serious mental illness, substance-use disorders, serious emotional disturbances, and other mental health concerns (Burrell Behavioral Health, 2020). Burrell is in the top three largest Certified Behavioral Health Center's in the United States and the second largest in Missouri (Burrell Behavioral Health, 2020). The organization received four million dollars in grant funds from Substance Abuse and Mental Health Services Administration (SAMHSA) in 2018 and an additional four million dollars in 2020 (Burrell Behavioral Health, 2020). Funds from the grants, support services for adolescents on school grounds and in Burrell

facilities, with an emphasis on providing rapid access to care for uninsured and underinsured individuals (Burrell Behavioral Health, 2020). This study sought to explore differences in out-of-school suspensions rates between 2017-2019 with new and expanded implementation of school-based mental health care within the school setting in the state of Missouri. While studies have been done over out-of-school suspensions and school-based mental health programs independently, no previous study explores the differences of out-of-school suspension rates with schools with school-based mental health programs and schools without school-based mental health programs. The connection between the two aspects needs further review.

Definition of Key Terms

For the purpose of this study, key terms are defined as follows:

Adolescence. The period of time between 10 and 19 years old when one experiences profound changes in physical, psychological, cognitive, and emotional changes (Veiga et al., 2018; World Health Organization, 2017).

Exclusionary discipline. Policies in place to punish students from exhibiting the same behavior in the future and discourage peers from engaging in similar conduct (Costenbader & Markson, 1998, as cited in Chu & Ready, 2018).

Middle School. A structure and philosophy of effective middle level practices based upon the needs of adolescents. Middle Schools typically serve students from grades 6-8 (Haynes, 2017).

Out-of-school suspension. An exclusionary discipline practice which involves removing a student from the school for violating the school district's adopted code of conduct for expected behavior (Cruz & Rodl, 2018).

School-based mental health programs. Collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017).

School-to-prison pipeline. School policies pushing students from schools into the juvenile justice system (Novak, 2018).

Social-emotional learning. Program which teaches students how to become aware of their behaviors, build relationship skills, and how to make healthy choices (Shapiro, 2018).

Zero-tolerance policy. Policies predicated on the notion of eliminating disruptive behaviors from the learning environment, it is necessary to remove troublemakers through the mechanisms of suspension and expulsion (Skiba et al., 2003, as cited in Teasley & Miller, 2011).

Limitations

This research is a causal-comparative study exploring differences of public middle schools' out-of-school suspension rates and school-based mental health programs in the state of Missouri, therefore determining differences was limited.

The following limitations existed in the study.

1. Limited funding, choice of study research design, and statistical model constraints.
2. Total population sampling, true response, participant drop-out, and reliability of the questionnaire and DESE open database data.
3. Time period of data retrieved from archival Missouri public middle school out-of-school suspension data reported to Missouri Department of

Elementary and Secondary Education for the school years 2016-2017, 2017-2018, and 2018-2019.

4. Missouri public middle schools which have adopted and implemented school-based mental health programs for the school years 2016-2017, 2017-2018, and 2018-2019.
5. Return rate of demographical informational survey.
6. Data were based on school districts collection method and means throughout the state of Missouri in the school years 2016-2017, 2017-2018, and 2018-2019.
7. Overlapping of programs existence explored within the study, school-based mental health, school social workers and school counselors.

Delimitations

The following delimitations existed in the study.

1. The research delimited the population included in this study to only Missouri public middle schools serving students in grades 6-8.
2. The researcher restricted suspension data retrieved from DESE open access database to only out-of-school suspension rates for middle schools serving students grades 6-8 in the state of Missouri during the 2016-2017, 2017-2018, and 2018-2019 school years.
3. The researcher restricted the timeframe of the study to include only the 2016-2017, 2017-2018, and 2018-2019 school years.

4. The theoretical frameworks chosen for this study was Erikson's (1982) Psychosocial Development Theory and Maslow's (1943) Motivational Theory.
5. The researcher directly extracted data for the study from the DESE website and input the data into the Statistical Package for the Social Sciences (SPSS) to make comparisons between variables.

Assumptions

The following assumptions existed in the study.

1. The researcher assumed out-of-school suspension data reported to the Missouri Department of Elementary and Secondary Education for the school years 2016-2017, 2017-2018, and 2018-2019 was current and accurate.
2. The researcher assumed the data from DESE is valid, reliable, and reported with integrity.
3. The researcher assumed the data collected which indicated whether or not Missouri public middle schools have school-based mental health programs was inclusive, valid, reliable, and reported and executed with integrity.
4. The researcher assumed honesty and truthful responses from participants.
5. The researcher assumed Missouri data could be generalizable to other states with similar demographics.
6. Statistical assumptions for an independent samples *t*-test were assumed.

The assumptions accounted for by the researcher to ensure an independent samples *t*-test was appropriate by verifying the following: (1) the

dependent variable was measured on a continuous scale, (2) the independent variable consisted of two categorical, independent groups, (3) there was independence of observations, meaning no relationship between groups existed, (4) no significant outliers were present, (5) the dependent variable was approximately normally distributed for each group of the independent variable, and (6) homogeneity of variances was tested using Levene's test. The assumptions were tested in sequential order to control for violations which would have rendered the independent samples *t*-test unusable.

Design Controls

The design of this study was quantitative causal-comparative in nature. An independent samples *t*-test was completed to determine differences of Missouri public middle schools' grades 6-8 suspension rates between schools with school-based mental health programs and schools without. Limitations of the study did not result in interference by the researcher and did not impede the study. Limited funding access available for the researcher to conduct the study did not hinder results of the study. Variables of choice and research questions used in the study made using an independent samples *t*-test appropriate. Total population sampling and response rates of the questionnaire and information obtained from the DESE open access database of Missouri public middle schools (6-8) were appropriate for the study as the DESE open access database is the method used across the state by all public school districts.

The delimitations of the study put in place by the researcher regarding the ranges of grades 6-8 were appropriate for the study as adolescent psychosocial development and

motivation were the primary focus of research. The time frame used in the study, including the 2016-2017, 2017-2018, and 2018-2019 school years, allowed for the researcher to explore a year before, the year of, and a year after the state of Missouri expanded access availability of school-based mental health programs to MO HealthNet Division (MHD) students. The researcher focused on psychosocial development and motivation of adolescents, allowing the criteria of middle school's grades 6-8 to be appropriate for the study. Erikson's (1982) Psychosocial Development Theory and Maslow's (1943) Motivational Theory were used as framework of the study to support the theoretical base for the research. Information extracted from DESE regarding out-of-school suspensions during the 2016-2017, 2017-2018, and 2018-2019 school years were considered consistent and appropriate as all districts across the state utilize the same Core Data collection software and follow the MSIP approval process conducted by DESE (Missouri Department of Elementary and Secondary Education, 2020).

The assumptions of the study did not hinder research results. The researcher assumed the information extracted from DESE regarding out-of-school suspensions for the 2016-2017, 2017-2018, and 2018-2019 school years were accurate and reliable, as DESE data collection is supported through Core Data and the Missouri Student Information System (MOSIS) process which is managed by the Office of Data Systems Management at DESE (Missouri Department of Elementary and Secondary Education, 2020). All districts across the state of Missouri use the same data collection and reporting software which allows for consistency in reporting. The data received regarding school-based mental health programs in public middle schools were assumed to be accurate and

reliable and reported from school principals with integrity. Statistical assumptions for an independent samples *t*-test were assumed and followed.

Summary

Exclusionary discipline practices have led to severe adverse outcomes for students across the nation and resulted in 11 million hours of instruction time lost during the 2015-2016 school year (Losen & Whitaker, 2018). It is widely accepted out-of-school suspensions increase rates of dropouts, lower academic performance, and increase rates of incarceration. Race, gender, socio-economic status, and disability status have been the main focus factors in a large body of research regarding school suspensions (Cruz & Rodl, 2018). However, student development and mental health factors relating to discipline have not been as thoroughly reviewed. With 70% of students in juvenile justice centers suffering from a mental health disorder and increased rates of suicide, a shift in focus needs to occur (McCarter, 2017). Out-of-school suspensions aggravate prevalent equity gaps for at-risk youth, making it challenging for the individual's to overcome adversity. Most recently, schools across the nation are providing mental health services to students on school grounds in an effort to curb undesirable behaviors and negative outcomes (McCarter, 2017). Understanding opportunities present in discipline and school-based mental health is important, as future public health outcomes are dependent upon the educational success of today's students (Stempel et al., 2019; Hughes et al., 2017).

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) as both theories relate to how middle school students' development is influenced by experiences

with exclusionary disciplinary measures. This study compares the differences in out-of-school suspension rates between schools with school-based mental health programs and schools without for Missouri public middle schools for grades 6-8. The independent variable is school-based mental health programs which are generally defined as the collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017). The dependent variable is out-of-school suspensions which are generally defined as an exclusionary discipline practice which involves removing a student from school for violating the school district's adopted code of conduct for expected behavior (Cruz & Rodl, 2018).

The upwelling of adolescent mental health reports occurring simultaneously with the increasing rates of out-of-school suspensions leaves room for exploring the connection between the two aspects of out-of-school suspensions and school-based mental health programs (Wegmann & Smith, 2019). Exploring out-of-school suspension rates and school-based mental health programs is needed within the educational literature, as a gap linking the two variables in a significant way exists. Looking through the lens of Erikson's (1982) Psychosocial Development and Maslow's (1943) Motivational Theory, the researcher explored behaviors and mental health concerns of adolescents and the connections the theories have to adolescent development and motivation during the middle school years. This causal-comparative study sought to provide vital information to the educational community, school leaders, and school boards to enrich the knowledge basis for decisions around suspensions and school-based mental health programs. Findings could assist schools in making changes to discipline practices and school-based mental health program offerings at the middle school level.

Chapter two includes a thematic review of the literature related to school suspension rates and school-based mental health programs. The literature review explores factors relating to student development and the link between school suspensions and school-based mental health programs. Suspension factors reviewed include zero-tolerance and exclusionary discipline policies, restorative justice practices and whole child supports as an alternative to suspension. The impact suspensions have on achievement, attendance, and school culture are also discussed. Mental health concerns in the U.S. are reviewed in the literature along with school-based mental health program design, support, and the social-emotional barriers of behavior prevalent in schools. Chapter three methodology includes the design of the study and methods used in collecting and analyzing data. Chapter four findings include information related to the results of the study and provides a thorough analysis of results. Finally, Chapter five includes recommendations for future study, implications for practice, and final conclusions.

REVIEW OF THE LITERATURE

Introduction

Education has often been considered a safe haven for helping students excel academically and satisfy basic level needs (Buckmaster, 2016; Maslow, 1943). Schools also strive to uphold a strong commitment to protecting a healthy development process while ensuring no student is isolated from support (Gonzales et al., 2019; Vidal-Castro, 2016; Buckmaster, 2016). However, researchers are now finding a shift in the previous perspective, as increasing reports of high suspensions and mental health concerns sweep across the nation (McCarter, 2017; Buckmaster, 2016). Adolescence is a time of important development for middle school students and the experiences the students encounter and relationships they build begin to shape the trajectory of their lives (Erikson, 1982; Maslow, 1943). However, high rates of suspensions are occurring simultaneously with use of strict zero-tolerance policies and a lack of social-emotional, behavior and mental health supports (National Alliance on Mental Illness, 2019; Losen & Whitaker, 2018). Lack of proper mental health support and strict zero-tolerance policies place the nation's most at-risk students on the fast track to experiencing severe adverse effects (McCarter, 2017; Teasley & Miller, 2011). Researchers continue to connect zero-tolerance policies with questionable discipline practices, since zero-tolerance policies isolate at-risk students from sources of support and hinder healthy adolescent development (Gonzales et al., 2019; Vidal-Castro, 2016; Buckmaster, 2016). When students are suspended, the students are often left unsupervised, have significantly higher rates of suffering from mental health problems, and have an increased risk entering the juvenile justice system (National Alliance on Mental Illness, 2019; Mallett, 2016).

In an effort to remedy adverse effects of exclusionary discipline, while promoting ethically sound policies, schools nationwide have begun integrating restorative practices and school-based mental health services (Swick & Powers, 2018; Buckmaster, 2016). Discipline reform and policy changes provide opportunities for schools to implement restorative practices and school-based mental health services (Buckmaster, 2016). The recent interventions seek to identify and support at-risk adolescents struggling with social-emotional, behavioral, and mental health concerns, while providing a healthy learning environment (Swick & Powers, 2018; Buckmaster, 2016). The recent adjustments have been linked to healthy adolescent development and behavioral awareness, while halting further adverse effects suffered from suspensions (Gonzales et al., 2019; Vidal-Castro, 2016; Buckmaster, 2016). Properly supporting troubled youth through social-emotional learning, behavior interventions, and mental health services, assist schools in developing healthy citizens and future leaders (Wegmann & Smith, 2019; American Academy of Pediatrics, 2013).

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) as both theories relate to how middle school students' development is influenced by experiences with exclusionary disciplinary measures. This study compares the differences in out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs for Missouri public middle schools (6-8). The independent variable includes school-based mental health programs, are generally defined as collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al.,

2017). The dependent variable includes out-of-school suspensions are generally defined as an exclusionary discipline practice which involves removing a student from school for violating the school district's adopted code of conduct for expected behavior (Cruz & Rodl, 2018).

Theoretical Framework

Two key pillars of developmental and educational psychology form the theoretical framework for the study and include Erikson's foundational Theory of Psychosocial Development (1982) and Maslow's Motivational Theory (1943). Erikson's and Maslow's theories are the lens through which the study examines the impact school-based mental health programs has on students' long-term psychosocial development. The work of Erikson (1982) and Maslow (1943) were selected as frameworks for this study to provide foundational development stages adolescents encounter along with motivational factors and the connection each has with behavior choices and development patterns as development and motivation are linked to behavior choices and have lifelong impacts.

Erikson's Theory of Psychosocial Development (1982) indicates external factors have a direct impact on human development from childhood through adulthood.

Erikson's theory suggests critical aspects of adolescent development and describes how each developmental stage impacts successive development (Erikson, 1982). A pivotal time frame noted is during adolescence (age 12-18 years) as adolescences is a time when children experience many levels of change. Throughout the adolescent years, Erikson (1982) suggest adolescents are emerging into a level of fidelity and experience *identity vs. identity confusion*. Erikson (1982) claims during the fidelity stage, adolescents are strengthening and developing abilities to trust, and trust oneself, be trustworthy, and

commit to one's loyalty. A lack or delay of developing fidelity during adolescence can cause pervasive results such as diffidence or defiance and even extreme attachment to diffident or defiant cliques and causes (Erikson, 1982). However, fidelity is attainable based on previous success in earlier stages of psychosocial development as fidelity results from a strong foundation of hope and trust, which are often built by age 12. Erikson (1982) claims hope is conceived and developed to allow individuals to leap or hop into future endeavors without hesitation. If hope or trust is not thoroughly developed during infancy, Erikson (1982) argues young adolescents can regain basic fundamentals to strengthen psychosocial developmental delays, if the development is intensely supported. Once gaps in development are closed, the adolescent can move forward toward developing fidelity during adolescence (Erikson, 1982).

Maslow's Motivational Theory (1943), commonly known as known as Hierarchy of Needs is also a core theoretical base for this study. Maslow's (1943) five-tier model is built on the basis of a continuum of needs, progressing from lower to higher levels, with satisfied lower-level needs allowing progression toward higher-level needs. The Hierarchy of Needs includes the following levels: physiological needs, safety needs, love and belonging, esteem, and self-actualization (Maslow, 1943). Maslow claims unmet lower-level needs motivate individuals and the longer an individual's needs are denied, the more motivated individuals become. Maslow (1943) clarifies within his model, needs are not met in a sequential manner, but lower-level needs can hinder progression toward higher-level needs. He claims all individuals have the capability to move toward the final tier of self-actualization, but most individuals never attain the level of self-actualization because the individual fails to meet lower-level needs (Maslow, 1943). Maslow (1943)

goes on to explain life experiences cause constant fluctuation between levels, but Maslow (1943) has been clear in his delineation that behavior is primarily motivated by the basic need level which includes aspects of safety and physiological needs. The basic need levels are important to note, as school behavior in adolescences are highly motivated by needs such as food, water, warmth, safety, and security (Maslow, 1943). Furthermore, Maslow (1943) explains the basic level needs determine how motivated a student is to progress toward psychological needs such as developing relationships, friends, and developing a feeling of accomplishment.

Middle School Behaviors

Based on the work of Erikson, (1982) adolescence is acknowledged as a time when individuals experience a pivotal conflict known as *identity development vs. identity confusion*. Inadequate development of an adolescent's identity increases *identity confusion*, making success in adulthood more challenging. Setting the stage for psychosocial conceptualization of individual identity during adolescence fosters healthy *identity development* and decreases negative behaviors associated with *identity confusion* (Erikson, 1982). Choices adolescents make, whether positive or negative, are influenced by the individual's identity development, coupled with past experiences, and increasing autonomy from parents and guardians (Veiga et al., 2018; Erikson, 1982). This study seeks to understand the effect exclusionary disciplinary practices has on students already struggling with issues of *identity confusion* as identity development is only one of the changes adolescents experience while in middle school (Veiga et al., 2018). Physical, psychological, cognitive, and emotional changes are also acutely present during the

period of transition as all areas contribute to decisions and influence choices and behaviors middle school students exhibit (Erikson, 1982).

Changing behaviors can become barriers to adolescent development and achievement if not adequately nurtured (DeJulius & McLean, 2019). Social and emotional barriers directly impact behavior and influence the conflict of *identity development vs. identity confusion* (DeJulius & McLean, 2019; Erikson, 1982). Middle schools provide an expansive opportunity to positively influence adolescent development through physical, psychological, cognitive, and emotional avenues (Haynes, 2017). Haynes (2017) found seven categories significantly impact middle school transitions: (a) high expectations, (b) nurturing and support, (c) communication and collaboration, (d) school environment, (e) parental involvement, (f) development of character and soft skills, and (g) career exploration and connections. Utilizing the above strategies can alleviate transition challenges middle school students face, and encourage healthy development and positive outcomes (Haynes, 2017). The goal of this study is to provide insight into the value of having school-based mental health programs available as a support to students during adolescent transitions.

Middle School Misbehaviors

During the transition into adolescence and puberty, a range of behaviors and patterns are often present (Dwivedi & Thapa, 2019). Misbehavior patterns observed during early adolescent years include aggression, defiance, disruptive behavior, truancy, recklessness, inattentiveness, stealing, lying, fraudulence, and impulsivity. As adolescents age, subsequent behaviors such as attention seeking, bullying, substance abuse, and eve-teasing can also become apparent. The types of misbehaviors during adolescence are

linked to feelings of fear, shyness, sadness, and withdrawing oneself from daily activities (Dwivedi & Thapa, 2019). As suspensions are a result of student misbehaviors, understanding the source of the misbehavior is essential to support healthy development patterns of behavior among adolescents (Chu & Ready, 2018).

Suspensions have historically been utilized to hold students accountable for negative behaviors and classroom disruptions (Watson et al., 2019). Suspensions are linked to developmental success and/or failure of students, including delays in moral, social, and academic development. When students experience punitive consequences, the ability to develop trusting relationships with adults is impacted, thus, delaying the *identity development* and fidelity which Erikson argues is vital for adolescents to secure proper psychosocial development (Erikson, 1982). Behaviors associated with lack of trust can become apparent through students becoming withdrawn, quiet, clingy, attention seeking, self-conscious, controlling, and/or aggressive (Sroufe, 1983 as cited in Watson et al., 2019). The behaviors often associated with lack of trust lead to teachers to be unwilling or unable to develop healthy relationships with students, and teachers instead seek disciplinary measures to handle uncomfortable situations (Watson et al., 2019). If the root cause of the misbehavior is missed, and behaviors are simply punished, the opportunity for helping students develop trusting relationships is left open and students are more likely to fall into *identity confusion* (Erikson, 1982). During *identity confusion* adolescent behaviors such as diffidence or defiance become apparent, as even extreme attachment to diffident or defiant cliques can occur, resulting in negative behavior patterns (Erikson, 1982). Even though adolescents can experience gaps in developing trusting relationships during *identity confusion*, rebuilding and repairing relationships is still possible and can

lead to adequate *identity development* and fidelity into adulthood. Successful interventions involve supportive relationships which are built on trust, as such relationships are often able to offset adverse behaviors adolescents exhibit as a result of inadequate psychosocial development patterns associated with *identity confusion* (Erikson, 1982). Often times, the root causes of the misbehavior occur simultaneously with interactions adolescents experience at home and school (Noltemeyer et al., 2012). Maslow's (1943) Hierarchy of Needs involving individual's identity move into focus, as he claims safety needs, love, and belonging in conjunction with building trusting relationships are essential for motivating adolescents.

Social-Emotional and Mental Health Barriers to Behavior

Social-emotional barriers students face daily are more complex than ever (DeJulius & McLean, 2019). Anxiety, depression, and bullying, identified as top priorities of mental health concerns, lead to increased emotional and behavioral issues adolescents experience (van Vulpen et al., 2018). Motivating adolescents requires individualized and dependable support which is often tough for teachers to consistently maintain (DeJulius & McLean, 2019; Maslow, 1943). The surging addition of students facing mental health concerns exacerbates the task of motivating adolescents and leaves educators feeling unable to succeed or provide appropriate support (DeJulius & McLean, 2019; Maslow, 1943).

A challenging component to consider is youth in schools today are from a generation of instability in response to daily technology advances and changing family and school dynamics (Schrobsdorff, 2016 as cited in DeJulius & McLean, 2019). In addition, adolescents also face family economic instability and growing concerns

regarding school shootings, terrorism, and health pandemics which can lead to increased emotional strain (Peters & Bennett, 2020; Shapiro, 2018; Schrobsdorff, 2016 as cited in DeJulius & McLean, 2019). Instability can cause inconsistency, frustration, and undesirable behaviors in adolescents, which is then reflected in elevated suspension rates (Shapiro, 2018). With high levels of instability and insecurity, adolescents remain suppressed in the security tier of Maslow's Hierarchy of Needs, thus, decreasing the likelihood of progressing to the higher-level tiers of relationships and belongingness (Maslow, 1943).

Additionally, other components including violence, exposure to violence, and trauma also worsen mental health issues in adolescents and often results in poor outcomes (Larson et al., 2017). Consequently, combating adolescent trauma adds an additional layer of difficulty for teachers and parents to address and overcome (Larson et al., 2017; Stempel et al., 2019). Even though many parents strongly support school-based mental health services, the severe lack of mental health training and resources offered at school, in conjunction with many parents' limited understanding of mental health issues, prevent youth from receiving proper support (van Vulpen et al., 2018). Subsequently, the barriers to necessary care become even worse in rural districts when insurance, funding, and resource limitations are more prevalent among families and schools.

While teachers have a perceived heightened awareness of mental health concerns in buildings when the support of a mental health therapist is present, due to a lack of training, teachers still experience significant comfort barriers when discussing mental health concern with students and parents (Osagiede et al., 2018). The discomfort teachers experience when communicating about mental health indicates teachers require ongoing

trainings tailored to support efforts for helping students access necessary mental health support. Even with increased implementation of school-based mental health centers, only 30% of teachers receive trainings related to mental health issues most commonly identified in adolescents (Osagiede et al., 2018). Even if school-based mental health centers are accessible for students, the lack of trainings available for teachers still present concerns. Nevertheless, continuous, concentrated training and modeling for educators regarding the integration of school-based mental health programs, can improve teacher perceptions and heighten teacher awareness of critical concerns on the impact mental health services can have on students. The shift to positive perceptions among teachers regarding school-based mental health programs, benefits the entire school community and better supports students facing mental health concerns (Osagiede et al., 2018).

Inconsistency in mental health identification screening processes also raise concerns, and indicate the need for a systematic approach to the protocols used in identifying students' social-emotional and mental health issues (Humphrey & Wigelsworth, 2016; Levitt et al., 2007). Concerns regarding the utilization of universal screening procedures have surfaced among adolescents as universal screenings can potentially single out a single person or group, falsely identify students as at-risk, and unjustifiably place future behaviors into question (Humphrey & Wigelsworth, 2016). However, Humphrey and Wigelsworth (2016) claim universal screenings can provide early detection of mental health issues, even with the aforementioned concerns, as long as teachers and staff are supported with high-quality trainings while implementing the screenings and have clear communication with parents if further evaluations are warranted. Several studies have indicated a swelling of support to remove barriers

adolescents face regarding social-emotional, behavioral, and mental health supports on school campuses (van Vulpen et al., 2018; Osagiede et al., 2018).

Providing timely support, in accessible locations, is critical for properly supporting developing youth (van Vulpen et al., 2018). Barriers to support prevent about 70% of youth, known to struggle with mental health, from receiving adequate support. Closing gaps between mental health support and care which includes screening, funding, and the location of services provides opportunities to support healthy social-emotional and academic development among at-risk adolescents.

Public Middle School Suspensions

Education was once regarded as a safe haven for helping at-risk students excel academically and satisfy the basic level needs of all students (McCarter, 2017; Maslow, 1943). However, strict zero-tolerance policies and lack of effective behavior and mental health supports have increased America's out-of-school suspensions and decreased feelings of safety (McCarter, 2017). Out-of-school suspensions continue to aggravate prevalent equity gaps between varying socioeconomic classes, gender, and racial groups (Wegmann & Smith, 2019; Losen et al., 2013).

Punitive punishments, such as out-of-school suspensions, lead to unnecessary challenges for adolescents, especially since most suspended students already struggle academically (McCarter, 2017; Gregory, Skiba, & Mediratta, 2017). Suspended students frequently experience little educational support and are often removed from learning opportunities for extended periods of time (Gonzalez et al., 2019). However, due to changes in school functioning in response to COVID-19, distance learning has presented new opportunities to dealing with discipline such as online behavior modules (Donelson,

2020) The online behavior modules provide a unique outlet to support students while suspended out of the building. Using the online behavior modules students participate in behavior modification modules with information regarding typical misbehaviors and a reflection of the problematic behaviors and potential consequences which resulted in the suspension. The modules also include therapeutic behavior modules which provide information targeted to support students for areas such as drug abuse, low self-esteem, bullying, and suicide prevention. Zero-tolerance policies continually put at-risk youth on the fast track to the juvenile justice system, and often times without even providing corrective behavior support (McCarter, 2017; Teasley & Miller, 2011). Lack of support contributes to out-of-school suspensions as the main factor leading to adverse academic outcomes for at-risk students (Gregory, Skiba, & Mediratta, 2017).

The school-to-prison pipeline in America has continued to grow over the last two decades, with repeated out-of-school suspensions increasing engagement of youth with the juvenile justice centers (Novak, 2018; McCarter, 2017). Teaching youth who are detained varies significantly from teaching youth in a public-school setting (Reed, 2017). Teachers in juvenile justice centers prepare lessons for a wide range of ages ranging from 12-19 with varying learning levels; have daily changes in the rosters of who is expected to be in class; teach in isolation from the larger public school domain; and are confined to locked rooms monitored by video surveillance at all times. The differences in juvenile justice centers contribute to the educational experiences of juveniles being vastly different than learning experiences in public schools. Students in detention centers are often strip-searched and observed with all noticeable body markings documented.

Additionally, students most often lost privileges to all personal belongs and have nothing which is considered their own.

The sense of losing one's self in isolated suspensions and in the juvenile justice center contributes to an adolescent's instability and stress (Gonzalez et al., 2019; Reed, 2017). Erikson (1982) indicates *identity development vs. identity confusion* occurring during adolescence has lifelong impacts. Adolescents interacting with juvenile justice centers can begin to develop an identity associated solely with the juvenile justice system and can result in an increased risk of repeated undesirable behaviors (Novak, 2018; Erikson, 1982). Juvenile justice centers in the U.S. are estimated to have 70% of their inmates suffering from a mental health disorder, with alarming rates of increased risks of suicide (National Alliance on Mental Illness, 2019). In addition, once incarcerated, rates of continued mental health instability are vastly present (National Alliance on Mental Illness, 2019). Youth engaging with the juvenile justice system run the risk of repeated incarceration throughout their lives (Novak, 2018). Subsequently, however, while reincarceration is a concern, research has shown when inmates enroll in and complete educational courses, the rate of recidivism is decreased throughout their lives (Starnes, 2018). Furthermore, the completion of educational programs while in a correctional facility often leads to changed viewpoints of education from an inmate's perspective and an individual is more likely to find hope in their future endeavors.

The shift to exclusionary disciplinary practices over the last two decades has not only resulted in severe adverse effects on our nation's youth, but has continued to exacerbate equity gaps with students of color often experiencing higher rates of suspensions when compared to white students (Gregory, Skiba, & Mediratta, 2017). Cruz

and Rodl (2018) note findings of Skiba et al. (2011) linked to equity gaps, which report black students are found to be suspended four times more than their white peers during the middle school years. Black students in Missouri lost 122 days of instruction, per 100 enrolled and equated to black students missing 177,000 days of instruction in 2015-2016, whereas white students lost only 22 days of instruction (Losen & Whitaker, 2018). Racial equity gaps are reiterated in the findings of Hockenberry and Puzanchera (2019), which identified between 2005 and 2017, white youth were less likely to be held in a juvenile detention center across all offense categories than all other races. Cruz and Rodl (2018) note additional findings of Skiba et al. (2011) and reported Latino students are underrepresented in elementary suspension data, but significantly overrepresented during middle school years.

Continual aggravation of social inequity is spiraling out of control, negatively impacting communities nationwide (Wegmann & Smith, 2019; Losen & Whitaker, 2018; Huang & Cornell, 2017). Racial disparities in school suspensions start as early as preschool and are intensified during middle school (Losen & Martin, 2018; Gregory & Fergus, 2017; Losen & Skiba, 2010). The link to increased suspensions among children and particularly the disproportionate rates of suspensions based on race, could be tied to the psychosocial development gaps during early school age years (Erikson, 1982). The issue then becomes more complex and demands a more comprehensive examination of equity issues from early development forward. However, if the chasm of disparities in exclusionary discipline practices is left open, future generations may be socialized to accept unequal outcomes of students in schools and juvenile justice systems nationwide (Wegmann & Smith, 2019). Zero-tolerance policies have contributed to increased rates of

suspensions among adolescents, and thus brought forth the issues of the harmful adverse effects of such policies into question.

Zero Tolerance Policy

In the 1990's, after the Columbine High School shootings, schools across the nation implemented zero-tolerance policies to protect school communities and improve security (Cuellar & Markowitz, 2015). In 1994, the Gun Free Schools Act prompted quick adoption of zero-tolerance policies with the intent to help keep schools safe. Originally, zero-tolerance policies sought to decrease undesirable behaviors and reduce student suspensions, but the strict nature associated with zero-tolerance has had reverse effects on school discipline (Vidal-Castro, 2016). Schools have instead seen increasing suspensions rates and lack implementation of addressing root causes of misbehavior (Ford, 2016). Schools which adopted zero-tolerance policies have also experienced significant declines in school culture as well (Huang & Cornell, 2017).

Zero-tolerance policies have increased out-of-school suspensions for minor infractions such as excessive noise, sharing inhalers, cough drops, and Midol (Ford, 2016; Vidal-Castro, 2016). Again, African American students have received higher rates of out-of-school suspensions for minor infractions when compared to white students, continuing to aggravate equity gaps (Ford, 2016). Zero-tolerance for minor infractions has resulted elevated suspension rates and detrimental effects on youth and school communities (Huang & Cornell, 2017). Adverse outcomes of zero-tolerance policies have also caused decreases in positive adult-student relationships, which has resulted in youths having little trust with adults (Vidal-Castro, 2016). Students not perceiving the assured levels of safety nor have a sense of strong relationships often have a challenging time

attaining higher levels of connectedness, developing strong relationships, and foundations of trust (Erikson, 1982; Maslow, 1943).

Exclusionary discipline associated with zero-tolerance policies neglects the root cause of undesirable behaviors and can be counterproductive by exacerbating negative behaviors (Chu & Ready, 2018). When the root cause of misbehavior is overlooked, adolescents face long-term consequences which include increased rates of dropping out and being incarcerated. Youth misbehaviors are often associated with unidentified or unmet behavioral health concerns (Meyer, Bracey, & Eagan, 2018). The unmet needs, resulting in negative behaviors, could stem from undeveloped levels of trust early in the adolescent's life (Erikson, 1982). Researchers argue against harsh school punishments because harsh punishments do not reflect desired outcomes for at-risk youth (Chu & Ready, 2018; Huang & Cornell, 2017). Meyer et al. (2018) agree students' unmet behavioral health needs must be supported not punished. However, significant numbers of adolescents do not have access to appropriate behavioral or mental health services to support underlying concerns (Meyer et al., 2018). However, implementing social and emotional learning opportunities through restorative justice practices and positive behavior intervention and supports (PBIS), have potential to improve school culture and behavior (Chu & Ready, 2018; Huang & Cornell, 2017; Vidal-Castrol, 2016). Improved school culture and PBIS practices can improve student behaviors and address the root causes of misbehavior (Chu & Ready, 2018; Huang & Cornell, 2017).

In 2015, many states began to reevaluate exclusionary discipline practices and implement behavioral interventions including alternative approaches to harsh discipline practices associated with zero-tolerance policies (Steinberg & Lacoé, 2018). Punitive

discipline patterns have directly impacted schools and communities which are overburdened and underfunded (Mallett, 2016). Insubordination has been noted as the fastest climbing discipline infraction and a leading factor contributing to the rising of out-of-school suspension rates (Steinberg & Lacoé, 2018). A review of literature compiled by Mallett (2016) identified concerns of typical adolescent behaviors such as class disruptions, truancy, and fighting as being criminalized, resulting in heightened suspensions for such behaviors, and increasing adolescent interactions with the juvenile justice system. Interaction with juvenile justice centers does not positively impact communities, as many adolescents engaging with juvenile systems do not pose a safety risk (Mallett, 2016). In response to the increase of discipline infractions at the misdemeanor level, schools coast-to-coast have sought policy reforms to reduce suspensions for minor infractions (Steinberg & Lacoé, 2018; Mallett, 2016). Seeking alternatives to suspensions, some schools have prohibited out-of-school suspension for not following classroom rules, inappropriate language, and gestures (Steinberg & Lacoé, 2018). Additionally, restorative justice practices and school-wide PBIS have also been an interconnected piece of the school discipline reform currently taking place across the country as an alternative to suspensions.

Alternative to Suspensions

Eighty five percent of juvenile arrests originate in offenses taking place out of the school building (Cuellar & Markowitz, 2015). With such a large percentage of offenses occurring outside of schools, the need for school practices supporting positive pro-social behaviors to help limit undesirable behaviors at all times is evident. Cuellar and Markowitz (2015) also link poor out of school choices, which result in arrests, with

students' suspensions from schools through the use of exclusionary discipline practices. Actively engaging students in academic content at an early age and maintaining engagement can help reduce suspension risk over time (Cruz & Rodl, 2018). If adolescents remain engaged in educational opportunities, the risk of adverse behaviors decreases (Yang & Anyon, 2016). Schools supporting the whole-child through appropriate social, emotional, mental health care, and behavior counseling are viable alternatives to zero-tolerance policies (Advocacy & Communication Solutions, 2019). A critical component to the success of alternative programs is early detection of social-emotional learning gaps and mental health concerns (Advocacy & Communication Solutions, 2019). Uncovering the root cause of behavior issues improves student safety and academic achievement through the implementation of alternative programs (Advocacy & Communication Solutions, 2019; CDC, 2018). Alternative programs seek to engage parents and the community as active participants in supporting positive student outcomes (Advocacy & Communication Solutions, 2019).

Schools have shown success through restorative justice practices (Ford, 2016). In Oakland, California suspensions decreased 50% over three-years, as a result of restorative justice practices. Investing in the restoration of youth to support continuation of proper development is essential for placing youth on the trajectory of future success (Erikson, 1982). Buckmaster (2016) highlights research conducted by Cameron and Thorsborne (2001) regarding restorative justice practices and the link the practices have on people's mindsets. While Buckmaster (2016) argues for more implementation of restorative justice practices since such practices are more ethically sound, he strongly implores administrators to understand training with the practices alone will not correct

the errors of inequity which are present with discipline. Buckmaster (2016) identifies the critical need for a mindset shift among educators to truly shift away from harmful discipline practices, so positive results can be rendered. Students need to feel and believe the adults in charge are on their side and trying to help them learn new acceptable behaviors; not solely punishing them (Buckmaster, 2016). Investing in the development and capacity of teachers' understanding of restorative practices can benefit adolescents and contribute to healthy development. Continual trainings engrossed in theory and philosophical tenets of restorative justice are fundamentally essential, as procedural and technical implementation are not enough for sustainability and effectiveness (Cama, 2019). A mindset shift supporting the underlying foundation of restorative justice: *harm and need, obligations, and engagement* must exist. Continuous learning development with multi-tier support around the aforementioned concepts is essential for the alignment of restorative justice beliefs and a deeper understanding of the role each educator fills in the restorative justice process to occur. Ensuring educators are prepared to work synchronously with students fulfill healing, equity, and rebuild relationships is necessary for sustainability and effectiveness.

Another essential piece for complete understanding of what the student needs for growth is a school's awareness of the context of a student's behavior and underlying motivation behind the undesired behaviors (Anyon et al., 2018). As previously mentioned, motivation and behavior are linked to fulfilling the basic level safety needs and love/belonging needs (Maslow, 1943). When basic level needs go unmet, behaviors associated with underperformance and discipline surface (Anyon et al., 2018). Behaviors such as students being withdrawn quiet, clingy, attention seeking, self-conscious,

controlling, and/or aggressive become apparent (Watson et al., 2019; Noltemeyer, 2012). Such behaviors are associated with long-term challenges among adolescents and often stem from the home, parental/sibling relationships, and family dynamics (Sroufe et al., 2000). Understanding the root of the misbehavior helps to direct school personnel in solving the true problem rather than punishing the symptom (Anyon et al., 2018). Developing a sense of security with trusted adults provides essential foundations within Maslow's security tier, as well as the love and belonging tier, and helps motivate adolescents to progress through the needs pillars for maximized success (Cama, 2019; Maslow, 1943). Supporting motivation within the tiers through restorative justice practices allow adolescents to develop and maintain health, friendships, relationships, and a sense of connectedness (Cama, 2019; Maslow, 1943). Once relationships are established and nurtured, dividends are paid in the form of lower suspension rates and improved achievement outcomes (Anyon et al., 2018). As students develop a sense of security and belonging within Maslow's (1943) Hierarchy of Needs, *identity development* is strengthened through the basis of trusting relationships (Erikson, 1982).

Out-of-School Suspension School Level Factors

School discipline is not designed to harm students, rather school boards and districts design policies to serve the best interest of all, and provide environments conducive for learning (Mallett, 2016). School discipline policies are different from school to school, thus, creating an inconsistency for how discipline infractions are treated (Mallett, 2016). Inconsistency within discipline policies presents challenges for developing youth, as security with Maslow's Hierarchy of Needs (1943) must be attained before progression to higher tiers is possible. Most adverse behaviors are consistently

seen across schools but, the treatment of the adverse behaviors vary. Inconsistency in treatment can be seen in western and southern states higher minority and free and reduced lunch populations, having higher discipline infractions for undesirable behaviors (Muschert & Peguero, 2010 as cited in Mallett, 2016). The higher the discipline infractions are among adolescents qualifying for free and reduced lunch reinforces the importance of satisfaction within Maslow's (1943) security tier and the role security plays in behaviors exhibited and disciplined within schools.

Undesirable student behaviors remove students from the classroom, often for significant periods of time (McCarter, 2017; Teasley & Miller, 2011). Missed instruction time increases a student's likelihood of suffering academically by repeating a grade, dropping out, and/or entering the juvenile justice system (McCarter, 2017; Teasley & Miller, 2011). The American Psychological Association Zero Tolerance Task Force (2008) and Hirschfield (2008) have found evidence concluding zero-tolerance policies adopted to improve school safety across the United States have actually increased problem behaviors, increased dropouts, and decreased the sense of school safety. Out-of-school suspensions force students to miss academic opportunities and suffer academically (Teasley & Miller, 2011). School suspensions are tied to anxiety, depression, aggressive behavior, and an increased dropout rate, thus, putting youth at risk for undesirable impacts (Cameron, 2006). Furthermore, Edmonds-Cady and Hock (2008) uncovered links between school suspensions and psychiatric disorders, especially in urban locations (as cited in Teasley & Miller, 2011).

One would think the addition of school resource officers would promote fewer incidents or misbehavior, but Mallett (2016) actually found an increased presence of

school resource officers was linked to higher suspension rates and increased adolescent interaction with the juvenile justice system. Mallett's (2016) research ties school resource officers' presence in schools with adversely affecting vulnerable adolescents in a negative way. Subsequently, nationwide, since the integration of zero-tolerance policies, even with the presence of school resource officers in schools, student arrests have continued to increase between 300% to 500% (Advancement Project, 2005; NAACP, 2006; Theriot, 2009; Thureau and Wald, 2009; as cited in Mallett, 2016). Once juveniles become involved with the juvenile justice system, a domino effect of adverse circumstances arise (Mallett, 2016). Achievement, attendance, and school culture experience negative results as more strict school discipline increases (Roseberry, 2018; Teasley & Miller, 2011). Students, schools, and communities see adverse impacts as out-of-school suspensions and juvenile justice interactions increase (Mallett, 2016). A sense of safety and security is essential for development, as argued by Maslow (1943), but research illuminates reverse outcomes of school resource officers fulfilling the security tier, thus, leaving questions surrounding what constitutes a sense of security among adolescents within school buildings.

Achievement.

When students experience out-of-school suspensions grades, achievement, and educational motivation are adversely affected (Roseberry, 2018). Data from Roseberry (2018) indicates suspended students believe out-of-school suspensions give an excuse to fall behind academically, not graduate on time, and not complete schoolwork. Nonetheless, suspended students do have a higher likelihood of knowing how to stay caught up due to having more experience with completing schoolwork while suspended

when compared to students with less suspensions. While suspended students may know how to stay caught up, Roseberry (2018) concluded suspended students experience a negative impact on overall academic achievement. Even one out-of-school suspension increases a student's probability of ending up within the juvenile justice system, repeating a grade, and/or dropping out (Losen, Hewitt, & Toldson, 2014 as cited in McCarter, 2017).

Retaining motivation of suspended students is tough, especially if schools and/or environments lack support (Roseberry, 2018; Maslow 1943). Lack of support from school communities and family units exacerbate Maslow's security tier, and threaten the suspended students' motivation to perform well academically (Maslow, 1943). Encouraging interactions between suspended students and school staff is supported in research, as relationships positively impact achievement and motivation for students (Roseberry, 2018; Maslow, 1943).

Research from the Civil Rights Project (2000) suggests a relationship between school suspensions and the inflation of state mandated test scores (as cited in Teasley & Miller, 2011). While such practices are known to be unethical, evidence suggests instances occur (Skiba, Eckes, & Brown, 2009). Researcher's collectively suggest school suspensions rid underachieving students' test scores from reflecting testing outcomes during a high-stakes testing era (Civil Rights Project, 2000; Edmonds-Cady & Hock, 2008; Howarth, 2008; Skiba et al., 2003 as cited in Teasley & Miller, 2011). Removing underperforming students from the testing pool through exclusionary discipline practices, negatively impacts the school climate while inaccurately reflecting the achievement of the learning community (Skiba, Eckes, & Brown, 2009). Additionally, conclusive

evidence cites schools with higher suspension rates do not perform better on academic achievement tests and actually experiences adverse school climate results and overall performance (Skiba, Eckes, & Brown, 2009). The argument could be made regarding the development with the security tier is denied in instances when suspensions occur and school climate is low, thus, leaving the student body unmotivated or unable to perform at a high-level since progression within Maslow's (1943) Hierarchy of Needs is delayed when basic level needs are left unsatisfied.

Attendance.

Annually, over 6.5 million students miss 15 or more school days a year (Allison & Attisha, 2019). Missing school increases the risk of adverse outcomes such as mental health instability, unhealthy behavior, substance abuse, and poor long-term health issues (Allison & Attisha, 2019). Additional risks associated with school suspensions include a heightened association of students becoming disengaged with school and eventually dropping out altogether (Chu & Ready, 2018). Advocating for supports benefiting the whole child, especially in areas of academics, behavior intervention, and social emotional learning, are critical components vital to the restructuring of school discipline reform, thus, paving the way of closing equity gaps for at-risk adolescents (Chu & Ready, 2018). Hence, securing an environment which is supportive of student development encourages proper progression through Maslow's Hierarchy of Needs (Maslow, 1943).

Research suggests school-based mental health centers provide needed support for adolescents by connecting students and families with community interventions designed to promote healthy development and behavior patterns among youth (Allison & Attisha, 2019; Knopf et al., 2016). The connected support results in improved academic

outcomes, higher graduation rates, improved attendance, and better overall mental health. Improving student attendance benefits the student, the school, and the community by providing integrated programs which offer support to at-risk youth and their families (Allison & Attisha, 2019; Shapiro, 2018; Knopf et al., 2016).

One avenue of interconnected support includes The Center for Disease Control's Whole School, Whole Community, Whole Child model (WSCC), which positively impacts student attendance and academic outcomes (CDC, 2018). The WSCC model promotes active services revolving around supporting the whole child by ensuring healthy, safe, engaged, supported, and challenged learning environments. The Whole Child model reflects Maslow's (1943) work of reinforcing the importance of satisfying security and basic level needs among adolescents. Accordingly, a study conducted by Shapiro (2018) concludes school-based mental health centers show improvements in student attendance. While the results in the study were not statistically significant, Shapiro (2018) concluded even small increases in attendance can provide more funding for schools which can allow additional interventions to be offered for whole child support and impact the whole community. Students associating a sense of success and trust within the learning community encourages a healthy identity development process (Shapiro, 2018). Furthermore, Erikson, (1982) argues trust and hope are associated with positive outcomes and necessary for healthy development progression.

School Culture.

Focused improvement of school culture successfully decreases rates of out-of-school suspensions (Huang & Cornell, 2017). Authoritative school climate is associated with lower rates of school suspensions as an authoritative school climate's main attributes

are responsiveness and demandingness. Providing social and emotional support measures, along with holding high standards for all staff and students, creates an environment of trust and reduces student misbehavior. The importance of including restorative justice practices and PBIS to improve school culture, improve student outcomes, and reduce suspension rates are vital and encouraged to improve school culture. Additionally, Huang and Cornell (2017) claim structures and practices which are restorative in nature, help develop trust with the learning community and result in improved school relationships. Such measures further support Maslow (1943) and Erikson's (1982) work with identity development associated with security and building healthy relationships.

Providing effective administrative support for teacher efficacy through developing and maintaining positive relationships with at-risk students improves and builds positive school culture (Meyer et al., 2018). According to Meyer et al., (2018) a School-Based Diversion Initiative (SBDI) developed in Connecticut shows removing exclusionary discipline practices and replacing such practices with positive interventions significantly decreases suspensions. The SBDI focuses on training teachers in trauma-informed mental health, restorative practices, and positive family and community engagement.

Continuous opportunities for students to interact with positive adults, in the school environment, encourages healthy relationship development and behavior correction supports (Huang & Cornell, 2017). Positive relationships between adolescents and adults has a positive impact on school discipline and mental health struggles adolescents face. Suspended students are motivated by positive relationships with school staff who continue to encourage students and give students a voice regarding suspensions

(Roseberry, 2018). Schools seeking to improve school culture and healthy adolescent development have a high return on academic success, social-emotional learning and development, and a decrease in undesired behaviors (Olson, 2018; American Academy of Pediatrics, 2013). Healthy school culture plays a role in *identity development* which Erikson (1982) argues is critical among students while also contributing to the motivation factors found in Maslow's (1943) Hierarchy of Needs. Again, based on Maslow, (1943) once students feel secure and basic level needs are attained, progression to higher level processing and motivation are able to occur.

Mental Health Concerns

Mental health is a vast concern in America due to affecting all age ranges, genders, and races (National Alliance on Mental Illness, 2019). Race, gender, socioeconomic status, and disability status is the main focus in a large body of research regarding school suspensions but largely lacks ties to mental health (Cruz & Rodl, 2018; Wilson, 2018). However, focused studies on student development factors and mental health have largely been neglected in regard to student behaviors and juvenile justice centers (Wilson, 2018). The estimated 70% of inmates in juvenile justice centers with mental health issues in the U.S. suggests a possible link between mental health and the kinds of behaviors which tend to lead to out-of-school suspensions (National Alliance on Mental Illness, 2019; American Academy of Pediatrics, 2013).

Mental health disorders are the most common cause of premature death in the U.S., with depression being the most frequently reported (National Alliance on Mental Illness, 2019). Depression not only takes lives, but costs the world one trillion dollars annually in lost productivity (World Health Organization, 2017). In 2016, one out of

every six adolescents ranging from ages 6-17 experienced a mental health disorder, thus, equating to 7.7 million cases nationwide (National Alliance on Mental Illness, 2019). Youth who experience depression or anxiety, often have faltering relationships and difficulty participating in daily activities. Nearly half of lifetime mental health concerns become apparent during the adolescent years (Villarreal, 2018). Suspended students often have negative views of themselves by using descriptive words such as disappointment, failure, miserable, and distraught to describe their suspensions (Roseberry, 2018). The implications highlight a connection between the importance of mental health, culture, and climate of schools with suspended students.

Since most adolescents are not self-sufficient, many experience extraneous barriers and have no alternatives to care (Larson et al., 2017). A widespread concern in the United States regarding adolescents who are not self-sufficient, include financial and transportation barriers to receive mental health services. Such barriers become problematic since early identification of mental health concerns are crucial for allowing adolescents to receive necessary support (Villarreal, 2018). Schools are poised to break down barriers for adolescents by providing services on-site. Additionally, schools can provide unique opportunities for initial mental health identification and allow for appropriate prevention and treatment interventions to occur seamlessly, while promoting resilience among youth (Villarreal, 2018; Dray et al., 2017; Weisz et al., 2005). Furthermore, schools are also capable of reducing the financial and transportation burdens which may block mental health services for students by offering services on-site (Bains et al., 2017; Larson, et al., 2017). If mental health needs are left untreated, outcomes can have severe negative social and emotional impacts, along with life-

threatening consequences (Swick & Powers, 2018). Maslow's Theory of Motivation principles align with the thought regarding students whose basic mental health needs are not met may resort to behaviors detrimental to themselves and to the larger context as they strive to satisfy unmet psychosocial and safety needs (1943). The Council for Children with Behavioral Disorders urges schools to adopt policies and practices designed to identify early warning signs of emotional distress and provide immediate intervention and support (Mathur et al., 2017).

Long-Term Mental Health Concerns of Adolescents.

Mental health concerns lead to a variety of long-term impacts based on gender, age, and socioeconomic demographics among school aged children (Bains, et al., 2017; Merikangas et al., 2010). An estimated 7.7 million adolescents experiencing treatable mental health problems never receive proper care (Whitney & Peterson, 2019). As numbers of mental health concerns continue to increase, the economic burden of youth mental health care increases as well (O'Connell et al., 2009 as cited in Merikangas et al., 2010). Societal cost associated with mental health care is quickly approaching a quarter of a trillion dollars a year in the United States, thus, highlighting the urgent need to provide effective interventions and support for youth health across the nation (Merikangas et al., 2010).

The majority of adult mental health disorders develop during adolescence, and affect one in every three to four youth (Brauner & Stephens, 2006; Costello et al., 2005; Merikangas et al., 2010). Mood, anxiety, behavior, and substance use disorders among adolescents aggravate an individual's ability to excel academically and behave in school and also can lead to long-term struggles with mental health (Larson et al., 2017;

Merikangas et al., 2010). The most prevalent mental health disorders identified during adolescence include depression, post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorders (ADHA), and drug and alcohol use (Merikangas et al., 2010). Early onset of mental health disorders can have lifetime impacts for one in four to five adolescents showing early signs of concerns, which indicates mental health disorders affect more adolescents long-term than asthma or diabetes (Merikangas et al., 2010; Akinbami, Schoendorf, & Parker, 2003; CDC, 2007 as cited in Merikangas et al., 2010). Severe long-term impacts include higher rates of school suspensions, lower academic performance, increased dropout rates, high rates of incarceration, and continued struggles into adulthood (Bains, et al., 2017; McCarter, 2017; Teasley & Miller, 2011; Merikangas et al., 2010).

Major depressive incidents impacted approximately three million teenagers between the ages of 12-17 in 2015, according to the Department of Health and Human Services (DeJulius & McLean, 2019). The rise of reported anxiety and depression concerns in America's youth is affecting all racial and socioeconomic backgrounds at alarmingly high rates. Even though a staggering increase of reported anxiety and depression are present, cases actually being identified and treated are lower, thus, emphasizing the vast need of early intervention practices and on-going support into adulthood (Child Mind Institute, 2015; Hellmuth, 2018). As Erikson's work (1982) claims, *identity development* is largely important as adolescents are developing fidelity and trusting capabilities based on encounters associated with external environmental settings. The development of fidelity during adolescence allows smooth progression

through subsequent psychosocial development stages and the ability for adolescents to trust others as well as trust themselves.

Social-Emotional and Mental Health Supports for Behavior

Adolescence is a time of vast and dynamic transition for middle school students as past experiences begin melding with current behaviors and choices to develop *individual identities* (Veiga et al., 2018; Erikson, 1982). The period of adolescence is between 10 and 19 years old when individuals experience profound changes in physical, psychological, cognitive, and emotional changes (Veiga et al., 2018; World Health Organization, 2017). If the changes which adolescents experience are not supported through proactive channels, adolescents become more susceptible to require treatment and care for years to come (Veiga et al., 2018; Erikson, 1982). As previously mentioned, an estimated 70% of students do not receive proper mental health development supports as a result of extraneous barriers, out of the student's control (van Vulpen et al., 2018). The barriers adolescents face regarding adequate social-emotional and mental health supports present challenges for schools in fulfilling healthy development among students (Osagiede et al., 2018; van Vulpen et al., 2018; Humphrey & Wigelsworth, 2016; Levitt et al., 2007). Access and location of services, funding, transportation, proper training among staff, and early identification of areas of concern are barriers adolescents and schools face, and present opportunities for supportive practices and systems to emerge. In response to the barriers adolescents face, schools are challenged to seek avenues to support healthy adolescent development.

The American Academy of Pediatrics (2013) calls for schools to provide safe, nurturing environments where children's needs are identified and treated. Safety is a

critical component of students' lives and can be controlled at schools allowing progression in development (Erikson, 1982; Maslow, 1943). Schools identifying unacceptable behaviors early are able to treat root causes and not punitively punish behaviors (American Academy of Pediatrics, 2013). According to American Academy of Pediatrics (2013) exclusionary discipline practices regularly have no educational support and often place the student back into the environment responsible for adverse behaviors, with no means of correction. Students who receive suspensions are less likely to earn a high school degree, which associates with high societal costs (American Academy of Pediatrics, 2013). Research identifies people with a high school diploma are expected to live 11-15 years longer than people who do not, and typically earn significantly higher wages (Gonzales et al., 2019; Hummer & Hernandez, 2018). The American Academy of Pediatrics (2013) recognizes the need for community members to stand up with schools and encourage appropriate alternatives to suspensions which support the whole child healthy development. Properly supporting troubled youth through social and emotional learning and mental health supports closes equity gaps for at-risk adolescents (American Academy of Pediatrics, 2013). Early identification and supportive practices of cultural risk factors curb undesirable behaviors and promotes a healthy, whole child (American Academy of Pediatrics, 2013). Additionally, providing training for all educators to reduce implicit bias adds to reduced suspensions for students of color, also narrowing equity gaps as well (Ford, 2016). Through successfully closing mental health gaps with all school community members; staff, students, parents, and community members, researchers are hopeful undesirable behaviors experienced in schools will narrow as well (Huang & Cornell, 2017; Ford, 2016; American Academy of Pediatrics, 2013).

As a safeguard for students' social-emotional development, state and federal lawmakers enacted a policy in 2015 known as the Every Student Succeeds Act (ESSA). The policy requires states to focus on and measure at least one of the following non-academic outcomes: student engagement, educator engagement, student access to and completion of advanced coursework, post-secondary readiness, or school climate and safety to ensure student social-emotional development is nurtured (Allbright et al., 2019). Successfully focusing on securing students' social-emotional learning (SEL) is fairly new and lacking implementation fidelity. However, schools are investigating avenues of providing and understanding high quality SEL support and instruction to heighten impact (Berkowitz et al., 2017; Jones and Doolittle, 2017). The integration of school-based mental health programs directly on school grounds is a viable opportunity for a not-for-profit organization fitting the criteria to support SEL (Allbright et al., 2019; Greenberg, Domitrovich, Weissberg, & Durlak, 2019).

Allbright et al. (2019) found six categories of SEL practices linked to promoting healthy relationships and resulting in positive school climates and outcomes. The categories include: supporting positive behavior, use of elective courses and extracurricular activities, SEL-specific classroom practices and curricula, personnel strategies, and measurement and data use. Other researchers further support Allbright et al. (2019) concluding that SEL is a way to not only improve student social-emotional capacity, but substantially impact public health and the general population's wellbeing (Greenberg, Domitrovich, Weissberg, & Durlak, 2019).

Findings from Allbright et al. (2019) present opportunities for districts to consider not-for-profit options include programs or services developed to support SEL practices

which are focused on advancing student and school success, improving student health, and mental and emotional well-being. Not-for-profit opportunities found to be effective at reinforcing SEL platforms include communitywide afterschool programs led by trained SEL mentors, integration of SEL classes and seminars at local Boy's and Girl's Clubs, and programs supported at local YMCA's (Olson, 2018). A clear vision, common language, transparency, and strong leadership are foundational elements required between community organizations and the school. If cohesiveness is evident between communitywide organizations and the school, the community at large benefits from local organizations supporting SEL for school age children and their families. Providing an outlet to foster relationships and create a sense of belonging among adolescents encourages motivation with the love and belonging tier of Maslow's (1943) Hierarchy of Needs and the *development of identity* with supportive outlets (Erikson, 1982).

Strong relationships, friendships, and healthy social interactions assist individuals in times of distress and frustration by helping individuals avoid depressive tendencies (Maslow, 1943). Such relationships provide a support network for individuals to rely on and feel a sense of social belonging and love. The relationships and strong sense of belonging adolescents desire are a vital component which can reduce out-of-school suspensions, and provide a network of supportive adults as alternatives to acting out with undesirable behaviors (Anyon et al., 2018; Maslow, 1943). Positive relationships are achieved between adolescents, school personnel, and families through home visits, greetings, morning meetings, increased visibility of school personnel, and consistent contact with families (Anyon et al., 2018). Strong relationships focused on the context of the student's behavior results in stronger school culture and fewer discipline infractions.

Closing relationship gaps with students, families, and the school community simultaneously closes discipline gaps. Closing discipline gaps without utilizing exclusionary discipline practices provides increased opportunity for students to excel academically and personally (Anyon et al., 2018; Maslow, 1943).

Frequent use of repeated mental health services provides a viable option of reducing suspensions, if access barriers are removed and treatment is convenient (Stempel et al., 2019). Additional researchers agree undesirable behaviors can be curbed if proper behavior interventions, social-emotional learning, and mental health supports are in place (Noltemeyer et al., 2019; McCarter, 2017; Teasley & Miller, 2011). However, services must occur simultaneously with high levels of implementation fidelity between the school, home, and community. Access to school-based mental health providers, who advocate for SEL and restorative justice practices, can be effective in reducing suspensions nationwide (Gonzales et al., 2019; McCarter, 2017). School social workers and school counselors have the ability to provide a stepping-stone in the right direction of discipline reform (McCarter, 2017; American School Counselor Association, 2015). Furthermore, the movement of support can create a ripple effect within social justice for all students and support lower incarceration rates (McCarter, 2017).

School-Based Mental Health Programs.

School-based mental health programs are the collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017). School-based mental health program success has been found to be limited to teacher and administrator beliefs regarding suspensions, student behavior, and culture (Kang-Yi et al., 2013). The success of school-based mental

health programs correlates to the expanse and access of programs provided and the fidelity of implementation (Hellmuth, 2018; Kang-Yi et al., 2013). Subsequently, if school-based mental health access is timely and funded, has high levels of emotional investment from staff, then higher rates of use and success are prevalent. Staff require specific strategies, on-going intensive trainings, and additional supports to effectively implement and sustain mental health programs (Hellmuth, 2018).

Common school-based mental health programs used to promote healthy social-emotional, behavioral development, and reduce adverse outcomes include: Positive Behavior Interventions and Supports (PBIS), FRIENDS, which represents Feelings, Remember to relax, I can do it, Explore solutions, Now reward yourself, Don't forget to practice, and Smile, Positive Action (PA), Promoting Alternative Thinking Strategies (PATHS), Skills for Life (SFL), Good Behavior Game (GBG), and Cognitive-Behavior Intervention for Trauma in Schools (CBITS) (Hellmuth, 2018). School wide programs, such as PBIS, are designed to enhance prosocial behaviors and academic outcomes while promoting positive school culture (Noltemeyer et al., 2019). Such programs, when implemented with fidelity, appropriate funding, and on-going supports, have rendered positive results for adolescents development of social-emotional, behavioral skills, academic outcomes, and decreases in school suspensions (Hellmuth, 2018; Murphy et al., 2016; Noltemeyer et al., 2019). School-wide programs align teacher language to reflect goals and values of the programs, as well as combine common resources to be utilized across the school building and community to support harmonious application of intended supports (Olson, 2018). Embedded trainings, common vision, and goals, along with

professional development continue to support staff members who are implementing strategies to support students across the school and community.

In addition to the aforementioned programs, resilience-focused interventions supporting adolescents with depressive and anxiety symptoms have seen positive impacts for short-term reductions in adverse concerns, especially when used as a prevention method and treatment (Dray et al., 2017; Weisz et al., 2005). Resilience interventions, such as cognitive behavior therapy (CBT) aim to strengthen protective factors of adolescents, thus, allowing adolescents to become more resilient and less debilitated when facing mental health struggles related to depression (Hetrick et al., 2015; Weisz et al., 2005). Targeted mental health interventions also produce positive results for adolescents, especially when youth are first exposed to universal interventions structured to support depression and anxiety (Werner-Seidler et al., 2017). Allocating specific funding and on-going training and support of school-based mental health programs promotes the impact the programs have in adolescents' lives for healthy social-emotional, behavioral, and academic development (Hellmuth, 2018).

Suspensions are a result of student behavior in combination with teacher and administrative attitudes regarding behavior (Kang-Yi et al., 2013). Systematic and focused mental health programs in schools may reduce suspension rates and more fully support at-risk students (Noltemeyer et al., 2019; Burns et al., 2005). Researchers suggest the entire school community be involved during the transition to school-based mental health programs through professional development and community engagements (Shapiro, 2018; Hellmuth, 2018; Burns et al., 2005). Eroding stigmas surrounding mental health care through school implementation of school-based mental health programs allow

school communities to actively support at-risk students (Shapiro, 2018). Additionally, programs require consistent evaluation and on-going development and trainings provided for staff to support effective practices and eliminate the superficial appearance of meeting student needs (Hellmuth, 2018).

Significant relationships between the usage of school-based mental health programs and the provision of services to underserved, at-risk students are contributing factors in providing adequate support (Merikangas et al., 2011). Mental health support may improve school and student outcomes in a positive way through regular treatment and easy access (Shapiro, 2018). While community mental health visits represent limited numbers nationwide, school-based mental health visits show a higher usage of services (Merikangas et al., 2011). Students on Medicaid are the most frequent users of school-based mental health services which suggests mental health access is beneficial for students representing the lower socioeconomic population as barriers to care are eliminated (Bains et al., 2017). School-based mental health programs are able to reach a demographic typically underserved in community health care (Knopf et al., 2016).

Student utilization of school-based mental health services increase at age eight, the same year state standardized testing begins across the nation (Bains et al., 2017). The increase in the utilization of services leads researchers to suggest higher pressure and stress result in student's need for mental health support. At age 13, students are almost three times more likely to visit a school-based mental health provider than students who are five. Puberty, transitional changes of middle school coursework, and social-emotional changes are contributing factors to increased school-based mental health usage in middle schools. Research indicates boys visit school-based mental health professionals more

than girls, and allows providers to support a hard-to-reach demographic in the younger male population (Bains et al., 2017; Kang-Yi et al., 2013). Male students also experience higher rates of suspensions than females and leads researchers to suggest higher usage of school-based mental health programs have the greatest impact on middle school male students (Bains et al., 2017; Kang-Yi et al., 2013).

Services needed immediately are often provided by individuals within the school by individuals such as school social workers and school counselors, who are trained to provide crisis prevention interventions (Reinbergs & Fefer, 2017). The roles of school social workers and school counselors seek to provide immediate support to struggling students at school sites, while referring students for more intensive mental health support, when needed. Repeated mental health support visits among adolescents provide opportunities for meaningful and trusting relationships between student and support personnel to be developed, thus, offering a sense of belonging and trust to be nurtured among students (Erikson, 1982 & Maslow, 1943).

School Social Workers & Counselors.

School social workers and school counselors share in the responsibility of providing immediate crisis prevention and trauma-informed interventions which support struggling students (Duran, 2020; Reinbergs & Fefer, 2017; American School Counselor Association, 2017). Together, with school psychologists, school social workers and school counselors form a team of support personnel advocating for the health and rights of all students working hard to identify and refer students for proper care and utilize community resources accessible for schools, such as the Boys and Girls Clubs and other non-profits (Duran, 2020; Olson, 2018). The goal of the support personnel is to improve

conditions for learning for all students through appropriate preventions and interventions (Duran, 2020).

School social workers are primed with the resources necessary to close the widening social-emotional learning gaps for America's most at-risk students (McCarter, 2017; Teasley & Miller, 2011). Consistent and focused work in assisting students to overcome poverty, prejudice, and powerlessness is a task school social workers and school-based mental health professionals are able to address (Ali et al., 2019; Teasley & Miller, 2011). Designing developmentally appropriate services, while providing culturally sensitive and multi-level approaches, allow school social workers to assist struggling students within the school and community (Duran, 2020). Coordinating appropriate care between students, families, and community supports is a primary responsibility of social workers to help ensure mental health services are provided in a timely manner. School social workers provide a bridge between the student, school, family, and community through mediation. Additionally, school social workers become a representative voice of the student and are able to identify cultural concerns which might be the underlying root cause of negative or worrisome behavioral patterns (Duran, 2020; Welsh & Little, 2018).

School social workers with a firm understanding of family structure and functioning within the community increase the effectiveness of their role (Aeby et al., 1999). The knowledge of family structure and community can improve the effectiveness of a social workers relationships with the entire school community (Teasley & Miller, 2011). An additional benefit of school social workers includes the identification of opportunities for improvement regarding school discipline (Cotter Stalker, 2018).

Effective relationships between school social workers and school administrators allow discipline policies to be evaluated for gaps in reflecting students' best interests (Cotter Stalker, 2018). One consideration vital for effective school social workers is to maximize time on campus and eliminate communication barriers hindering success (McCarter, 2017).

School social workers are responsible for providing clinical therapy and specialized mental health interventions for students and families which include: psycho-social evaluations, such as functional behavioral assessments for students, consultations, and interventions for students based on school functioning (Teasley & Miller, 2011; Duran, 2020). Additionally, school social workers are positioned to facilitate effective re-enrollments for students returning from out-of-school suspensions (Duran, 2020; McCarter, 2017). When students are not properly transitioned, positive relationships with the school community remain broken, thus, increasing repeated suspension risks (McCarter, 2017). School social workers are poised to provide appropriate transitions of youth from juvenile justice systems back into the school building after suspensions. Additionally, the supportive roles of school social workers help reduce symptoms of students experiencing anxiety, depression, and aggressive behaviors while increasing academic achievement when transitioning (McCarter, 2017; Teasley & Miller, 2011). Providing essential transition services may help reduce future discipline infractions.

In addition to school social workers, school counselors also provide a source of support among students as first line identifiers of potential disengagement of students and gaps in social/emotional development (American School Counselor Association, 2017). School social workers bridge the gap in support between school, family, and student,

whereas school counselors focus foremost on providing front line-immediate support for students. School counselors provide a direct line of support for students' academic development, college and career readiness, and social-emotional development (American School Counselor Association, 2017). The direct line of support school counselors provide adolescents reiterates known correlations between a student's mental health and the ability for a student to learn (American School Counselor Association, 2017; VanVelsor, 2009). Risky behaviors linked to negative outcomes among adolescents are often brought to school counselors as a first stop for intervention (American School Counselor Association, 2017). Behaviors often seen as high-risk are immediately referred to counselors and include substance abuse, sex, violence, depression, and attempted suicide (Kann et al., 2018). The list of behaviors is not encompassing of all the behaviors school counselors address but are linked to an increased risk of negative outcomes among adolescents and warrant immediate attention. School counselors are responsible for delivering comprehensive school counseling programs which address critical needs of students, while providing a space of support for students and families (American School Counselor Association, 2017). School counselors are on the front lines in buildings, working with students daily, thus, positioning school counselors with the ability to identify and refer students for appropriate mental health supports when concerns arise (American School Counselor Association, 2017; VanVelsor, 2009).

Studies have indicated when students have accessible and immediate access to school counselors and comprehensive school counseling programs, academic outcomes associated with student learning and behavioral choices improve, especially in low socioeconomic schools (Lapan et al., 2012; Carey & Dimmitt, 2012). Research further

supports the presence and value school counselors have on adolescents' social-emotional development, and cite direct counseling sessions or small group settings focused on social-emotional and cognitive-learning result in positive outcomes for students (Lemberger et al., 2018). Social-emotional and academic benefits are also present when counselors utilize research-supported counseling models with middle school students to promote healthy development (Rose & Steen, 2014, as cited in American School Counselor Association, 2015). Small group settings and personalized interventions provide opportunities for adolescents to develop identities with supportive practices and individuals and strengthen connections with trusted adults and the love/belonging tier of Maslow's (1943) Hierarchy of Needs.

Specialized Instructional Support Personnel (SISP) collectively fulfill requirements of the ESSA and better support student success (Portfilio, 2019). The SISP include school counselors, school social workers, and school psychologists, working harmoniously to improve learning conditions for students, as students struggle to be successful without a healthy mental health status. Installing SISP personnel in schools, along with additional school-based mental health providers and programs, helps eliminate access barriers many students face and allows timely care (Portfilio, 2019; Hellmuth, 2018; Kang-Yi et al., 2013). Removing access barriers for students provides opportunities for immediate identification and support of behavior and/or mental health needs of students within the school sites. Including a Multi-Tiered System of Support (MTSS) through the integration of SISP across schools promotes synchronous practices among teachers and school personnel (von der Embse, 2018). The front-line crisis intervention and incident response specialists are able to cultivate high-quality learning environments

and early identification of mental health concerns for all students (Portfilio, 2019; von der Embse, 2018). Securing behavior, social/emotional, and crisis interventions with trusted adults within the school, provides students a sense of security within Maslow's (1943) basic need tiers of safety and love/belonging.

Summary

Adolescence is a time of vital development among students, laying the foundation for how responses to circumstances impact choices and decisions made, and based on internal feelings of identity and motivation (Veiga et al., 2018; Erikson, 1982; Maslow, 1943). With rates of suspension and mental health concerns on the rise, with severe long-term health struggles and public/personal financial burdens, the issue of healthy student development is an opportunity schools and communities simply cannot afford to miss (Wegmann & Smith 2019; Merikangas et al., 2010). Zero-tolerance policies originally designed to protect schools and student safety have failed to fulfill intended purposes, thus, leaving room for discipline reform and other interventions to replace the errors of inequity such policies have ensued (Vidal-Castro, 2016; Cuellar & Markowitz, 2015). Neglecting healthy development and opportunities for intervention leads to a more dire path, including long-term mental health problems and heightened rates of incarceration among adolescents (Bains et al., 2017; McCarter, 2017; Teasley & Miller, 2011; Merikangas et al., 2010; Erikson, 1982; Maslow, 1943).

Schools provide prime settings to secure the health, social-emotional, and behavioral development of adolescents through the use of school-based mental health programs and proper support personnel (Wegmann & Smith, 2019; Villarreal, 2018; McCarter, 2017). If healthy development supports are in place and barriers to care

removed, students are more likely to find a prosperous road toward success (Hellmuth, 2018; Kang-Yi et al., 2013). Research has indicated supportive mental health practices in schools promote healthy adolescent development and higher rates of future success among adolescents (Anyon et al., 2018; McCarter, 2017). Alternatives to suspensions can reduce the number of out-of-school suspensions experienced among at-risk adolescents (Gonzales et al., 2019). However, research exploring the differences of school-based mental health programs and out-of-school suspensions is lacking among connected research and needs further review (McCarter, 2017). Addressing social-emotional and behavioral concerns early prevents a lifetime of increased adversity for the nation's youth, thus, providing more opportunities to flourish into adulthood (Swick & Powers, 2018; Erikson, 1982; Maslow, 1943).

The following chapters continue to explore the differences among school-based mental health programs and out-of-school suspensions among middle school students (6-8). Chapter three methodology includes the design of the study and methods used in collecting and analyzing data. Chapter four findings include information related to the results of the study and provides a thorough analysis of results. Finally, Chapter five includes recommendations for future study, implications for practice, and final conclusions.

METHODOLOGY

Introduction

Through extensive review of literature, the researcher found exclusionary disciplinary practices over the last two decades have resulted in severe adverse effects of our nation's at-risk youth and contributed to at-risk students experiencing higher rates of suspensions (Gregory, Skiba, & Mediratta, 2017). The additional time away from school out-of-school students experience when suspended contribute to gaps in achievement as well, thus, schools need to address the issues with school disciplinary practices before a new generation of students are conditioned to repeat the same errors of inequity (Novak, 2018; Shapiro, 2018). Successfully closing equity gaps among at-risk youth today will promote future leaders who do not accept unequal outcomes as the norm (Wegmann & Smith, 2019).

The purpose of this causal-comparative study is to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) as both theories relate to how middle school students' development is influenced by experiences with exclusionary disciplinary measures. This study compares the differences in out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs for Missouri public middle schools (6-8). The independent variable is school-based mental health programs, which are generally defined as collaboration between health and education services to ensure physical and mental health care needs of children and adolescents are met (Bains et al., 2017). The dependent variable is out-of-school suspensions, and is generally defined as an exclusionary discipline practice which involves removing a student from school for

violating the school district's adopted code of conduct for expected behavior (Cruz & Rodl, 2018).

Contents of Chapter Three cover the methodology of the study and include the design of the study along with the methods used in collecting and analyzing data. Chapter Three contains the studies' research questions, research setting, participants, sampling, research design, instrumentation, procedures, and data analysis. Throughout Chapter Three the researcher also describes the processes and procedures utilized in the study.

Research Questions

Three main research questions and nine sub-questions guided this study. Suspension information was accessed through the Missouri Department of Elementary and Secondary Education open access database. A questionnaire was used to identify the Missouri public middle schools with school-based mental health programs and without.

1. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school-based mental health programs** and schools without **school-based mental health programs**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs?

- c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs?
2. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school social workers** and schools without **school social workers**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers?
3. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school counselors** and schools without **school counselors**?

- a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors?
- b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors?
- c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors?

Null Hypotheses

H₀1. There will be no statistically significant difference between the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year

2018-2019 between schools with school-based mental health programs and schools without school-based mental health programs.

H₀2. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school social workers and schools without school social workers.

H₀2a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers.

H₀2b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers.

H₀2c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers.

H₀3. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school counselors and schools without school counselors.

H₀3a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year

2016-2017 between schools with school counselors and schools without school counselors.

H₀3b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors.

H₀3c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors.

Research Setting

Missouri was selected as the setting of the research in response to the increasing out-of-school suspensions over the 2016-2017, 2017-2018, and 2018-2019 school years. According to Missouri Department of Elementary and Secondary Education (2019) in the state of Missouri, districts have seen a steady increase in total discipline incidents over the last three school years (2017-2019). Discipline has been linked to gaps in social-emotional learning, mental health, and behavioral supports (Allbright et al., 2019). In addition to rising discipline issues, mental health cases have also seen a steady increase in recent years (National Alliance on Mental Illness, 2019). Youth who experience depression or anxiety, experience faltering relationships and difficulty participating in daily activities (National Alliance on Mental Illness, 2019). In an effort to support adolescent development, the state of Missouri recently expanded access to behavioral and mental health services on school grounds. As of 2018, fully integrated school-based

mental health programs became accessible for eligible MO HealthNet Division (MHD) students (Missouri Department of Social Services, 2018). The services allow providers enrolled as MHD fee-for-service programs to provide behavioral and mental health services for students in the learning community at school sites (Missouri Department of Social Services, 2018). Missouri expanded school-based mental health access into schools with support from Burrell Behavioral Health, receiving grants of four million dollars in 2018 and an additional four million in 2020 from Substance Abuse and Mental Health Services Administration (SAMHSA), to expand mental health care in communities throughout the state (Burrell Behavioral Health, 2020). Burrell is in the top three largest Certified Behavioral Health Center's in the United States and Missouri's second largest and focuses on providing rapid access to care for uninsured and underinsured individuals, as of 2020 (Burrell Behavioral Health, 2020). Burrell offers services for individual therapy and counseling, educational and therapeutic groups, crisis for intervention serious mental illness, substance-use disorders, serious emotional disturbances, and other mental health concerns (Burrell Behavioral Health, 2020).

The research for this study was conducted in the state of Missouri, using suspension and school-based mental health data from all 200 public middle schools, grades 6-8. Data collected from the Missouri Department of Elementary and Secondary Education (2020) reflected the following information regarding public schools in Missouri. Missouri public school districts across the state had 907,108 students enrolled K-12, during the 2019 school year with a total of 95,462 middle school students grade 6-8. Total school suspensions in the state of Missouri in 2019 were reported as 11,756 across K-12 grade levels, with a 1.3 rate of suspension per 100 students. Additional

suspension breakdowns are included in Table 1 below. Total school suspensions have seen a steady increase from the 2017 school year, with the rate of suspensions increasing from 1.2 in 2017 (per 100 students) to 1.3 in 2019 (per 100 students). Middle school suspensions were reported as 1,266 a rate of 1.4 (per 100 students) in 2017 and 1,611 a rate of 1.69 (per 100 students) in 2019.

Table 1

Missouri Suspensions K-12 2019

Suspension Types	Suspensions
Total School Suspensions	11,756
Total Out-of-School Suspensions	10,675
Total Suspensions up to 10 days (in or out-of-school suspension)	9,231
Total Suspensions more than 10 days (in or out-of-school suspension)	2,525
Total Expulsions	26

The state of Missouri employed a total of 16,617 Administrative and Supervisory personnel during 2019. The jobs include superintendents, principals, librarians, counselors, social workers, school psychologists, specialty coordinators, and other supervisory positions. Missouri employed a total of 86,092 certified staff members, teaching in districts across the state and reported having staff at the 200 middle school buildings (6-8) throughout the state as mentioned in Table 2.

Table 2*Missouri Middle School Staff 2019*

Staff Positions	Number of Staff
Principals	377
Assistant Principals	334
Supervisors	20
Certified Teachers	10,167
Guidance Counselors	529
Librarians	285
School Psychological Examiners	222
School Psychologists	288
School Social Workers	471

Of the 200 middle schools (6-8), the student population varies greatly in rural, urban, and suburban areas across Missouri. The smallest middle school reported 12 enrolled students and the largest middle school reported 1,243 enrolled students, during 2019. Free and reduced lunch rates average 50% in Missouri, however, the rates vastly differ throughout different districts/schools throughout Missouri.

Participants

Participants in this causal-comparative study included any students who had an out-of-school suspension reported to DESE during the 2016-2017, 2017-2018, and 2018-2019 school years from any of the 200 Missouri public middle schools' grades 6-8. The number of middle school students enrolled during the years 2017, 2018, and 2019 are reported in Table 3. The total number of out-of-school suspensions for middle schools in Missouri are also included in Table 3. Data reported to DESE on out-of-school suspensions from each middle school was collected and reviewed by the researcher, but no individual student identifying factors were present in the data, only the summation of suspensions.

Table 3*Missouri Middle School Suspensions*

Year	Total Enrollment (6-8)	Total Out-of-School suspensions
2017	90,561	1,266
2018	93,267	1,631
2019	95,462	1,611

Principals from all Missouri public middle school's grades 6-8, received a questionnaire to help the researcher identify schools with school-based mental health programs and schools without school-based mental health programs during the 2016-2017, 2017-2018, and 2018-2019 school years. For this study, 200 public middle schools in Missouri were contacted to participate in the questionnaire. In addition to identifying school-based mental health programs, the participants indicated whether or not the individuals' school had a school social worker and a school counselor during the years 2016-2017, 2017-2018, and 2018-2019. Initial questionnaires were sent to all school principals along with follow up emails to allow for ample participation. Data from only one questionnaire per school was used in the analysis.

All Missouri public middle schools (6-8) were included in the study. Sizes of the middle schools in 2019 varied from 10 to 1,243 students enrolled. Out-of-school suspensions in 2019 varied from zero incidents to 74 incidents between middle schools included in the study. The rate of out-of-school suspensions during 2019 varied from zero to 12.5 per 100 students enrolled in middle schools included in the study. Rural, urban, and suburban schools across the state were included in the study. Demographics of the schools in Missouri during 2019 range from 3.9% to 100% on free and reduced lunch. In

2019, the number of students per teachers ranged from two to 24, while students per administrators ranged from 12 to 1095, in districts across the state.

Sampling

Selection of samples were purposive in nature, meaning the researcher believed the sampling selection fit the criteria needs of the study (Etikan, Musa, & Alkissim, 2016). A minimum sample size of 102 middle schools was required for this study as the total of the 102 samples included two sample size groups. Sample size group one had at least 51 schools with school-based mental health programs and sample size group two had at least 51 schools without school-based mental health programs. The sample size was needed to achieve a medium effect size of 0.5, a power of 0.8, and an alpha of .05. (Faul et al., 2007; Faul et al., 2009). The researcher only included data from Missouri public middle schools (grades 6-8) as part of the total purposive sampling for the study. Out-of-school suspension data from public middle schools, grades 6-8, across the state of Missouri were analyzed for the years, 2016-2017, 2017-2018, and 2018-2019. Once Missouri public middle schools, grades 6-8, were identified using the open access database from DESE, a list of schools was compiled to allow the researcher to contact identified schools regarding the existence or non-existence of school-based mental health programs, school social workers, and school counselors during the 2016-2017, 2017-2018, and 2018-2019 school years. The total population sample allowed the researcher to provide generalizability to a state with similar demographics to Missouri. Tables 4, 5, and 6 show the total number of schools with and with school-based mental health programs, school social workers, and school counselors during the years 2016-2017, 2017-2018 and 2018-2019.

Table 4

School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2017

Targeted Resource 2017	Schools With	Schools Without
School-based mental health program	26	17
School Social Worker	15	28
Counselor	40	3

Table 4 shows the total number of middle schools with and without school-based mental health programs, school social workers, and counselors for 2017. Total included were 43 schools with a total of 21,835 enrolled students for 2017 and 398 total out-of-school suspensions.

Table 5

School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2018

Targeted Resource 2018	Schools With	Schools Without
School-based mental health program	29	14
School Social Worker	15	28
Counselor	39	4

Table 5 shows the total number of middle schools with and without school-based mental health programs, school social workers, and counselors for 2018. Total included were 43 schools with a total of 22,889 enrolled students for 2018 and 474 total out-of-school suspensions.

Table 6

School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2019

Targeted Resource 2019	Schools With	Schools Without
School-based mental health program	33	10
School Social Worker	18	25
Counselor	40	3

Table 6 shows the total number of middle schools with and without school-based mental health programs, school social workers, and counselors for 2019. Total included were 43 schools with a total of 22,025 enrolled students for 2019 and 452 total out-of-school suspensions.

Research Design

The research design was quantitative in nature and a causal-comparative design was selected for this study, as the researcher intended to find differences between “independent and dependent variables after an action or event has already occurred” (Adams & Lawrence, 2018; Salkind, 2010, p 125). In this case, the action in question included the existence and non-existence of school-based mental health programs, social workers, and school counselors in Missouri public middle schools. Schools may have a combination of the programs, but this study examined each aspect separately and did not look for interactions among the programs. This design allowed the researcher to uncover differences which may exist between out-of-school suspension rates and the existence and non-existence of school-based mental health programs, school social workers, and school counselors for the years within the study: 2016-2017, 2017-2018, and 2018-2019. When a study examines differences produced in independent and dependent variables, a causal-comparative study is suitable (Adams & Lawrence, 2018).

This causal-comparative study used an independent samples *t*-test to determine if rates of out-of-school suspensions were statistically significantly different between schools with school-based mental health programs, social workers, and counselors when compared with schools without such programs and support. The study includes out-of-school suspension rates from 2016-2017, 2017-2018, and 2018-2019, which are ex-post facto in nature. Ex-post facto is when data being used in the study has already occurred and has been collected (Salkind, 2010). Ex-post facto is after the fact data with no interference from the researcher (Salkind, 2010).

An independent samples *t*-test was appropriate for the study because the means between two unrelated groups were compared using the same continuous dependent variable, which included out-of-school suspension rates. The non-experimental research design was suitable for the study since the researcher described the differences in the dependent variable between two groups. No variables in the study were manipulated and there were no controls placed on different groups (Salkind, 2010).

To accomplish the goal of exploring differences in out-of-school suspension rates in Missouri public middle schools, grades 6-8, between schools with school-based mental health programs and schools without the researcher used out-of-school suspension data collected from the Missouri Department of Elementary and Secondary Education (DESE) open access database. The use of the data was appropriate, as the data included all data collected from every public middle school, grades 6-8, in the state of Missouri. Data from the database was verified by DESE through the Core Data and MOSIS collection process which is managed by the Office of Data Systems Management at DESE (Missouri Department of Elementary and Secondary Education, 2020). From the DESE open access

database, the researcher collected out-of-school suspension data from all Missouri public middle schools, grades 6-8, for the years 2016-2017, 2017-2018, and 2018-2019.

The independent variable of school-based mental health programs is generally defined as collaboration between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017). The existence or non-existence of the school-based mental health programs were determined from questionnaire responses collected from middle school principals. Responses indicated whether or not school-based mental health programs existed or did not exist in the respective schools for the years 2016-2017, 2017-2018, and 2018-2019. Individual schools' selections were only included in one category for data analysis for this quantitative study, based on the existence or non-existence of the school-based mental health programs. No school data was included in both categories, as the question of existence was definitive. Schools were further categorized based on questionnaire responses to the additional two research questions which included existence or non-existence of school counselors and school social workers. The additional two independent variable: school counselors and social workers, were vitally important to the study, as the professionals support mental health programs in public middle schools (Reinbergs & Fefer, 2017; Missouri Department of Elementary and Secondary Education, 2020; Teasley & Miller, 2011; McCarter, 2017; American School Counselor Association, 2015). The results were also only included in one category, as the question of existence of school counselor or school social worker is definitive. The dependent variable of out-of-school suspensions are generally defined as an exclusionary discipline practice which involves removing a student from school for violating the school district's adopted code

of conduct for expected behavior (Cruz & Rodl, 2018). The dependent variable was measured by the out-of-school suspension rate per 100 students enrolled at each public middle school in the state of Missouri (6-8) for the school years of 2017-2019. Out-of-school suspension rates per 100 students enrolled is annually reported to DESE by each public middle school and district in the state of Missouri in a database which provides public open access (Missouri Department of Elementary and Secondary Education, 2020). Information reported to DESE from districts is accurate and reliable as schools are held accountable for data reporting through Core Data collection based on the MSIP process.

Instrumentation

The researcher used the Missouri Department of Elementary and Secondary Education (DESE) open access database to obtain out-of-school suspension rates for the 2017, 2018, and 2019 school years. The data was ex-post facto in nature and did not have any interference from the researcher. The researcher also gathered public middle schools' principal emails from the DESE open access database to contact principals of the schools included in the study.

Information collected from DESE regarding the out-of-school suspensions and principal emails were downloaded by the researcher from the open access database; no permission was required to retrieve the data. Public schools in the state of Missouri report school data using the Core Data System and the Missouri Student Information System (MOSIS), which includes out-of-school suspensions and principal contact information annually. DESE collects data through the Core Data and MOSIS throughout the year and suspension data is collected on the June cycle and must be submitted by June 30 each

year. Schools receiving funds under the Elementary and Secondary Education Act (ESEA) and the Individuals with Disability Act (IDEA) must report discipline incidents resulting in ISS, OSS, expulsion, or unilateral removal to an interim educational setting for one half day or more (Missouri Department of Elementary and Secondary Education, 2020). Schools report suspension information which includes the student's identification number, grade level, date of offense, offense nature, weapon (if applicable), race, gender, LEP, disability, type of removal, length of removal, modified length of removal, and alternative placement. All schools in the state of Missouri are required to upload reporting data to DESE through an Excel template to the MOSIS Data Collection System using Internet Explorer by accessing the DESE web application and signing in using predetermined login credentials (Missouri Department of Elementary and Secondary Education, 2020). Information obtained and managed by DESE in the Core Data and MOSIS collection are web-based and used to meet federal reporting requirements (Missouri Department of Elementary and Secondary Education, 2020). School and district level data has public access through the Missouri Comprehensive Data System (MCDS) portal located on the DESE website. Excel spreadsheets reporting collected district data is accessible for the public to download through the MCDS portal (Missouri Department of Elementary and Secondary Education, 2020). The Office of Data System Management manages all information collected and housed on the MCDS portal (Missouri Department of Elementary and Secondary Education, 2020).

The district and school data obtained from the open access database is appropriate for the study as public middle schools in the state of Missouri are held accountable for reporting accurate information to DESE and the chain of verification from DESE is

followed and managed by the Office of Data System Management (Missouri Department of Elementary and Secondary Education, 2020). Information from each school district is reported using the same procedure and expectations (Missouri Department of Elementary and Secondary Education, 2020). School funding is reliant upon the accurate reporting of discipline incidents under the Elementary and Secondary Education Act (ESEA) and the Individuals with Disability Act (IDEA) (Missouri Department of Elementary and Secondary Education, 2020). Data reported in the DESE database regarding suspensions and discipline incidents are provided by each school district as part of the ongoing Core Data collection process as a per incident entry in the Excel template upload collected each June. Even though discipline incidents are reported on a per incident basis into Core Data, the discipline incidents can be downloaded through the public access database to reflect a rate per 100 students enrolled, which reflects a more generalizable rate when comparing across various districts. Rates per 100 students enrolled is the suspension rate data the researcher used in the study. All school districts are required to provide accurate data regarding disciplinary infractions and consequences to the infractions to DESE by June 30 each year as part of the Core Data and MOSIS reporting process (Missouri Department of Elementary and Secondary Education, 2020). The researcher has relied on the integrity of the data collection system for accurate information, as school funding is reliant upon accurate reporting (Missouri Department of Elementary and Secondary Education, 2020). Districts must follow DESE reporting guidelines and schools should be instructed how to properly report school and student level data from district staff. Schools are responsible for data reported to DESE, and if corrections need to be made, schools must follow correction procedures given by DESE through the MOSIS system on the

DESE website (Missouri Department of Elementary and Secondary Education, 2020). DESE certifies data through the MSIP process, once all data is collected and accurate for each school district across the state of Missouri in order to meet state and federal reporting requirements (Missouri Department of Elementary and Secondary Education, 2020). Since open access data was utilized, no special permissions were required from DESE to complete this study. The Office of Data System Management manages all information collected and housed on the MCDS portal and school data which is accessible for public use through the MCDS (Missouri Department of Elementary and Secondary Education, 2020). DESE states the MCDS portal is accessible for public use of information on the MCDS portal for access to education related data for school personnel and the public (Missouri Department of Elementary and Secondary Education, 2020).

The researcher prepared a brief questionnaire, sent to all public middle school principals (grades 6-8), requesting information regarding the presence of school-based mental health programs, school social workers, and school counselors during the school years 2016-2017, 2017-2018, and 2018-2019. A copy of the questionnaire is provided in Appendix A. The researcher scored the questionnaire responses by breaking down existence and non-existence of the following programs and support: school-based mental health programs, school social workers, and school counselors and then compared the categories with the out-of-school suspension rates per 100 students collected from the DESE open access database for the years 2016-2017, 2017-2018, and 2018-2019. Schools were only included in one category, as the question of existence or non-existence of school-based mental health programs, school social workers, and school counselors is

definitive. Permission to collect information regarding out-of-school suspension rates and principal emails was not necessary as data used was ex-post facto in nature and reported through verified channels on the DESE open access database. Permission regarding the information collected from the questionnaire regarding the existence of school-based mental health programs, school social workers, and school counselors was collected along with responses to the questionnaire which was completed by school principals. No personal, identifiable information was collected or used in this study and individual school names were removed from the data prior to data analysis.

Procedures

The researcher was approved through the RRB process at Southwest Baptist University to conduct this study. The researcher did not collect any personal information for the study. The researchers obtained principal emails and school phone numbers from the Missouri Department of Elementary and Secondary Education's open access database. The researcher then emailed a questionnaire to every public middle school principal (grades 6-8) in the state of Missouri. In the spring of 2021, the questionnaire emailed to principals sought to collect information regarding the existence of school-based mental health programs, school social workers, and school counselors during the years 2016-2017, 2017-2018, and 2018-2019. A follow up email was sent to school principals who did not respond to the initial questionnaire after a two-week period to control for schools with no and/or slow internet access and email. The email sent to the principals, including copies of follow up emails, are found in Appendix B and Appendix C. The researcher then sent an additional email to all remaining schools in the study who had not returned a completed questionnaire one week after the second questionnaire

was sent, to ensure all information regarding school-based mental health programs, school social workers, and school counselors in Missouri public middle schools (grades 6-8) was collected. The questionnaire asked the following questions:

1. Did school-based mental health programs exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Yes or No? Select year(s) which apply.
2. Did school social workers exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Yes or No? Select year(s) which apply.
3. Did a school counselor exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Yes or No? Select year(s) which apply.

The researcher used the open access database with Missouri Department of Elementary and Secondary Education to obtain out-of-school suspension data for 2017, 2018, and 2019 for public middle schools, grade 6-8, in the state of Missouri. Out-of-school suspension data used in the study was ex-post facto data, therefore, requiring no IRB approval. Information regarding out-of-school suspension rates from schools participating in the survey were collected from the DESE open access database. Data on out-of-school suspensions is collected annually through the Core Data collection process, verified by DESE through the MSIP process, and publicly available through the open access database. Out-of-school suspension data for the years 2016-2017, 2017-2018, and 2018-2019 were the only years used in the research. The researcher used SPSS to analyze data and the outcomes of the variables from the independent samples *t*-test. In the SPSS software, the researcher used 'yes' or 'no' indicators for the independent variable, which included school-based mental health programs. The dependent variable used included the

out-of-school suspension rates per 100 students enrolled for the years 2016-2017, 2017-2018, and 2018-2019. The independent variable indicated if school-based mental health programs existed or not in the middle schools identified and used in the study.

Data Analysis

An independent samples *t*-test was the appropriate data analysis for this causal-comparative study based on the researcher comparing means of two unrelated groups with the same continuous dependent variable (Adams & Lawrence, 2019). The researcher cleaned the out-of-school suspension data retrieved from the open access DESE database for school years 2017, 2018, and 2019, prior to utilizing SPSS. Outliers in the data points which did not fall within parameters of the study were removed. Significant outliers and schools which did not respond to the questionnaire were also removed from the data set. The researcher obtained data regarding the existence of school-based mental health programs, social workers, and school counselors from the questionnaires, and only schools returning questionnaires were included in the study. The percentage of returned questionnaires collected and used in the study were 21%.

An independent samples *t*-test was performed to compare out-of-school suspension rates for schools with school-based mental health programs with schools without such programs, for each of the three years including: 2016-2017, 2017-2018, and 2018-2019. The researcher checked the data to ensure the independent samples *t*-test was the best way to analyze results and accounted for all six assumptions required for an independent samples *t*-test to be utilized (Laerd, 2018). The assumptions accounted for by the researcher to ensure an independent samples *t*-test was appropriate by verifying the following: (1) the dependent variable was measured on a continuous scale, (2) the

independent variable consisted of two categorical, independent groups, (3) there was independence of observations, meaning no relationship between groups existed, (4) no significant outliers were present, (5) the dependent variable was approximately normally distributed for each group of the independent variable, and (6) homogeneity of variances was tested using Levene's test (Laerd, 2018). The assumptions were tested in sequential order to control for violations which would have rendered the independent samples *t*-test unusable.

Study output results rendered from the independent samples *t*-test showed the mean, standard deviation, standard error of the means, *t* value, degrees of freedom (*df*), *p* value, difference between the sample mean and the population mean, and the 95% confidence interval (Adams and Lawrence, 2019). The researcher used the *p* value to reject or fail to reject the null hypothesis. A *p* value of less than .05 will reject the null hypothesis. The independent samples *t*-test indicated whether the difference between groups was statistically significant, however, the *t*-test did not provide information regarding effect size (Laerd, 2018).

After the *p* value was determined, the researcher calculated the effect size. The effect size is the strength of the effect of a variable of interest and essential for the study as the effect size reveals the size of the effect of the variable (Adams & Lawrence, 2019). The effect size was important to the study to further explore statistical significance of the variables. The researcher determined the category as the effect size was based on the three levels of effect size using a Cohen's *d* measurement. The Cohen's *d* effect size category was determined by dividing the difference between the means of two groups by their pooled standard deviation (Adams & Lawrence, 2019). The Cohen's *d* represents

the extent to which the null hypothesis is false (Salkind, 2010). The three category levels were small/weak (Cohen's $d = .20$), medium/moderate (Cohen's $d = .50$), and large/strong (Cohen's $d = .80$) according to (Adams & Lawrence, 2019).

Summary

The purpose of this causal-comparative study was to explore differences in out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs for Missouri public middle schools (6-8). The researcher identified Missouri as the setting of the study in response to increasing out-of-school suspensions over the 2016-2017, 2017-2018, and 2018-2019 school years (Missouri Department of Elementary and Secondary Education, 2019). In addition to increasing discipline incidents, mental health cases have also seen a steady increase in recent years (National Alliance on Mental Illness, 2019). Additionally, as of 2018, fully integrated school-based mental health programs became accessible for eligible Missouri HealthNet Division (MHD) students (Missouri Department of Social Services, 2018). Research has linked rates of disciplinary incidents to gaps in social-emotional learning, mental health, and behavioral supports (Allbright et al., 2019). Therefore, the expansion of mental health access within Missouri schools, in conjunction with rising discipline rates, prompted the researcher to design a study exploring differences between out-of-school suspension rates in schools with school-based mental health programs and schools without such programs.

Chapter Three laid the foundation for the study and the methodology. The information outlined in this chapter included the purpose of the research, research questions and hypotheses, research setting, participants, sampling, design,

instrumentation, procedures, and data analysis. Chapter four includes information related to the results of the study and provides a thorough analysis of results. Chapter five includes recommendations for future study and final conclusions.

ANALYSIS OF DATA

Introduction

The pertinence of this study surfaced in response to rates of out-of-school suspension and mental health incidents increasing simultaneously, while research exploring the differences between the variables remained limited (Wegmann & Smith, 2019; Villarreal, 2018; McCarter, 2017). Since schools provide prime settings to secure the health, social-emotional, and behavioral development of adolescents through the use of school-based mental health programs and proper support personnel, the researcher sought to explore differences in out-of-school suspension rates between schools with school-based mental health programs and schools without (Wegmann & Smith, 2019; Villarreal, 2018; McCarter, 2017). Understanding opportunities for receiving mental health support present in school discipline and school-based mental health is important, as future public health outcomes are dependent upon the educational success of today's students (Stempel et al., 2019; Hughes et al., 2017).

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) in comparing schools having or not having school-based mental health programs with out-of-school suspension rates in public middle schools (6-8). This study compares the differences of out-of-school suspension rates between schools which have school-based mental health programs and schools which do not have school-based mental health programs for Missouri public middle schools (6-8) during the years 2017-2019. Measurement of the independent variable was based on the existence or non-existence of school-based mental health programs, which were generally defined as the collaboration

between health and education services to ensure the physical and mental health care needs of children and adolescents are met (Bains et al., 2017). Measurement of the dependent variable was on a per 100 student enrollment rate of out-of-school suspensions. Out-of-school suspensions, for the purpose of this study were defined as an exclusionary discipline practice involving the removal of a student from school with no educational support for violating the school district's adopted code of conduct for expected behavior provided (Cruz & Rodl, 2018). The existence or non-existence of school-based mental health programs was collected from questionnaire responses from middle school principals. Responses indicated a 'yes/no' answer regarding whether school-based mental health programs existed in each school responding to the questionnaire for the school years of 2017, 2018, and 2019. Individual schools' selections were only included in one category for data analysis in this quantitative study, based on the existence or non-existence of the school-based mental health program. No school data was included in both categories, as the question of existence was definitive. Schools were further categorized based on questionnaire responses of two additional research questions which included the existence or non-existence of school counselors and school social workers. The additional two independent variables including the school counselors and social workers were vitally important to the study, as both of the professionals support mental health programs in public middle schools (Reinbergs & Fefer, 2017; Missouri Department of Elementary and Secondary Education, 2020; Teasley & Miller, 2011; McCarter, 2017; American School Counselor Association, 2015). The results of the existence of school social workers and school counselors offered were also only included

in one category, as the question of existence of school counselor or school social worker was also definitive.

The dependent variable was measured by the out-of-school suspension rate per 100 students enrolled at each public middle school in the state of Missouri (6-8). Out-of-school suspension rates per 100 students enrolled is annually reported to the Missouri Department of Education (DESE) by each public middle school and district in the state of Missouri through the Core Data collection (Missouri Department of Elementary and Secondary Education, 2020). The DESE database provides public open access and information reported to DESE from districts and is accurate and reliable as schools are held accountable for data reporting based on the Missouri School Improvement Plan (MSIP) process (Missouri Department of Elementary and Secondary Education, 2020).

Past studies exploring out-of-school suspensions have been vast, showing increased suspensions have a relationship with heightened adverse outcomes among youth (Steinberg & Laco, 2018; Losen et al., 2013; American Academy of Pediatrics, 2013). However, research exploring differences of suspensions rates with school-based mental health programs is limited, especially with the middle school grades (6-8). This study adds to the knowledge base in exploring the differences of public middle schools (6-8) suspension rates between schools having school-based mental health programs and schools which do not have such mental health programs. The results of this study may help districts and school boards determine the value school-based mental health programs may have in promoting healthier psychological development. The results may also help school districts set priorities and make decisions regarding the provision of funding for school-based mental health programs.

Contents of Chapter Four include the research questions and null hypothesis guiding the study. Descriptive statistics of results obtained are also presented. Additionally, a data analysis section and corresponding tables are presented which report the results of the independent samples *t*-test conducted for the study. Chapter Four concludes with a summary of the chapter and analysis of data.

Research Questions

Three main research questions and nine sub-questions guide this study. Suspension information was accessed through the Missouri Department of Elementary and Secondary Education open access database. A questionnaire was used to identify Missouri public middle schools having school-based mental health programs with schools without such programs.

1. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school-based mental health programs** and schools without **school-based mental health programs**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs?

- c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs?
 2. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school social workers** and schools without **school social workers**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers?
 3. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school counselors** and schools without **school counselors**?

- a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors?
- b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors?
- c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors?

Null Hypotheses

H₀1. There will be no statistically significant difference between the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year

2018-2019 between schools with school-based mental health programs and schools without school-based mental health programs.

H₀2. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school social workers and schools without school social workers.

H₀2a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers.

H₀2b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers.

H₀2c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers.

H₀3. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school counselors and schools without school counselors.

H₀3a. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year

2016-2017 between schools with school counselors and schools without school counselors.

H₀3b. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors.

H₀3c. There will be no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors.

Descriptive Statistics

The percentage of returned questionnaires included in the study data was 21% of the total distributed. The total number of responding schools was 48 of the 200 surveyed, however, five schools returned the survey, but data was missing and therefore were not used in this study. All other responding schools' data was included in the data set.

The number of schools with school-based mental health programs all three years of the study was 25. The number of schools without school-based mental health programs all three years of the study was nine. Additionally, the number of schools with school social workers all three years of the study was 15. The number of schools without social workers all three years of the study was 23. Furthermore, the number of schools with school counselors all three years of the study was 38. The number of schools without school counselors all three years of the study was two. Schools reported a mixture of program access between the years included in the study, accounting for variances in totals

with and without each program/service for the school years 2016-2017, 2017-2018, and 2018-2019. Table 7 depicts school-based mental health programs availability for all three school years in the study, 2016-2017, 2017-2018, and 2018-2019.

Table 7

School-Based Mental Health & Support in Missouri Middle Schools (6-8) 2017-2019

Targeted Resource	Schools With	Schools Without
School-based mental health program	25	9
School Social Worker	15	23
Counselor	38	2

Out-of-school suspension rates (per 100 students enrolled as reported to DESE) for the 43 responding schools ranged from a rate of 0 to 12.5 during the 2018-2019 school year, 0 to 13.5 during the 2017-2018 school year, and 0 to 10.9 during the 2016-2017 school year. Enrollment for the responding schools during the 2018-2019 school year ranged from 12 students to 1,178 students, 10 students to 1,171 students during 2017-2018, and 14 to 1,144 students during 2016-2018. During the 2016-2017 school year, 398 out-of-school suspension incidents were reported to DESE from the 43 schools included in the study. During the 2017-2018 school year 474 out-of-school suspensions were reported and during the 2018-2019 school year 452 out-of-school suspensions were reported from the 43 schools in the study. The standard deviation of the out-of-school suspension rates for the school years 2016-2017, 2017-2018, and 2018-2019 was 0.175. The *t*-tests did not detect any differences between out-of-school suspension rates due to a relatively low standard deviation of 0.175. Table 8 depicts the total enrollment, total number of out-of-school suspensions and suspension rates reported to DESE for the schools included in the study.

Table 8*Out-of-School Suspensions Missouri Middle Schools (6-8) 2017-2019*

School Year	Enrollment	OSS Incidents	OSS Rate
2016-2017	21,835	398	1.82
2017-2018	22,889	474	2.17
2018-2019	22,025	452	2.05

The 43 schools responding to the questionnaire reported a variety of ways school-based mental health programs and services are implemented within the school building. Clinician services were most frequently reported as the main type of school-based mental health programs and the second most frequent school-based mental health program implemented was PBIS. Additional types of school-based mental health programs offered included PATHS and CBITS. Other programs schools indicated on the questionnaire included Conscious Discipline, Community Task Force, Teen Outreach, Second Steps, Character Education, Care Coordinators and Communities in Schools. Table 9 depicts the reported programs offered at schools responding in the study.

Table 9*Type of School-Based Mental Health Program Offered in Missouri Middle Schools 6-8*

Answer	Count	Percent
Clinician Services (i.e., Burrell Behavioral Health or Similar)	27	41.54%
PBIS - Positive Behavior Interventions Supports	21	32.31%
PA - Positive Action	0	0.00%
PATHS - Promoting Alternative Thinking Strategies	1	1.54%
SFL - Skills for Life	0	0.00%
CBITS - Cognitive Behavior Interventions for Trauma in Schools	1	1.54%
GBG - Good Behavior Game	0	0.00%
FRIENDS	0	0.00%
Other	12	18.46%

School counselors were reported as the primary individual responsible for implementing school-based mental health programs at middle schools in Missouri. Additionally, principals and teachers are also heavily relied on as implementors of school-based mental health programs within schools as well. Table 10 depicts results collected on individuals responsible for implementing school-based mental health programs in Missouri middle schools according to the data collected from the questionnaire.

Table 10

Role Responsible for Implementing School-Based Mental Health Programs in Missouri middle schools 6-8

Answer	Count	Percent
Principal(s)	21	23.33%
Counselor(s)	41	45.56%
Teachers	17	18.89%
Other	11	12.22%

In-class lessons and building wide implementation were the most frequently reported method used to implement school-based mental health programs in Missouri public middle schools. Other methods of implementation reported included individual therapy sessions, Military Family Life Counselors, group sessions, and counseling referrals. Table 11 depicts results collected from the questionnaire responses regarding the implementation of school-based mental health programs.

Table 11

Method Used to Implement School-Based Mental Health Programs in Missouri middle schools 6-8

Answer	Count	Percent
In-Class Lessons	28	41.79%
Building Wide Implementation	27	40.30%
Other	12	17.91%

Data Analysis

An independent samples *t*-test was the appropriate data analysis for this causal-comparative study based on the researcher comparing means of two unrelated groups with the same continuous dependent variable (Adams & Lawrence, 2019). The researcher obtained data regarding the existence of school-based mental health programs, social workers, and school counselors from the questionnaires sent to middle school principals (6-8). Only schools returning complete questionnaires were included in the study. The percentage of returned questionnaires collected and used in the study was 21%, representing 43 schools and 22,025 students. The researcher obtained the out-of-school suspension rates for Missouri public middle schools for the school years 2016-2017, 2017-2018, and 2018-2019 from the DESE open access database.

The researcher cleaned the out-of-school suspension data retrieved from the open access DESE database for school years 2016-2017, 2017-2018, and 2018-2019 prior to utilizing SPSS. Data from returned questionnaires was aligned to corresponding out-of-school suspensions rates prior to data points being input into SPSS. Outliers in the data points which did not fall within the parameters of the study, as well as incomplete questionnaire responses, were removed from the SPSS input. Outliers removed included

data points which were an abnormal distance from other values within the random sample. Significant outliers were also removed from the out-of-school suspension rate and school-based mental health data, as assessed by inspection of a boxplot, which displayed behavior of the median data as well as the ends of the distributions. The removal of outliers and significant outliers was necessary to characterize normal observation for this study. However, outliers remained included in the data set for school social workers and school counselors, as *t*-tests are robust to outliers. Five outlier data points were included in the data sets for 2018-2019. In 2017-2018, one outlier for school-based mental health and counselors, and two outliers for school social workers. In 2016-2017, three outliers for school-based mental health and counselors and five outliers for school social workers. The results and analysis of the *t*-test are reported in the following tables.

Table 12

Out-of-School Suspensions Rates and School-Based Mental Health Programs 2019

<i>t</i> -test for Equality of Means							
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
OSS Rate 2019	1.202	39	0.236	1.19649	0.99517	-0.816	3.209

In 2019, a total of 31 schools with school-based mental health programs and 10 schools without school-based mental health programs were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school-based mental health programs and schools without school-

based mental health programs existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = .203$). The out-of-school suspension rates were higher in schools with school-based mental health programs ($M = 1.54, SD = 1.82$) than schools without school-based mental health programs ($M = .87, SD = .98$). Additionally, no statistically significant difference, $M = 1.20, 95\% \text{ CI } [-0.816, 3.21], t(39) = 1.202, p = 0.24$ was present, therefore the researcher failed to reject the null hypothesis.

Table 13

Out-of-School Suspensions Rates and School Social Workers 2019

	<i>t</i>	<i>df</i>	<i>t</i> -test for Equality of Means			
			Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
OSS Rate 2019	-0.002	39	0.999	-0.00100	0.54103	-1.095 1.093

In 2019, a total of 16 schools with school social workers and 25 schools without school social workers were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school social workers and schools without school social workers existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of

variances, as assessed by Levene’s test for equality of variances ($p = .46$). The out-of-school suspension rates were slightly lower in schools with school social workers ($M = 1.38$, $SD = 1.52$) than schools without school social workers ($M = 1.38$, $SD = 1.79$). Additionally, no statistically significant difference, $M = -0.001$, 95% CI [-1.10, 1.09], $t(39) = -0.002$, $p = 0.99$ was indicated, therefore the researcher failed to reject the null hypothesis.

Table 14

Out-of-School Suspensions Rates and School Counselors 2019

	<i>t</i>	<i>df</i>	<i>t</i> -test for Equality of Means			
			Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
OSS Rate 2019	1.202	39	0.236	1.19649	0.99517	-0.816 3.209

In 2019, 38 schools with school counselors and 3 schools without school counselors were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school counselors and schools without school counselors was evident. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk’s test ($p > .05$), and there was homogeneity of variances, as assessed by Levene’s test for equality of variances ($p = 0.288$). The out-of-school suspension rates were higher in schools with school counselors ($M = 1.46$, $SD = 1.70$) than schools without school counselors ($M = 0.27$, $SD = 0.46$). Additionally, no

statistically significant difference, $M = -1.20$, 95% CI [-0.82, 3.21], $t(39) = 1.202$, $p = 0.236$ was present, therefore the researcher failed to reject the null hypothesis.

Table 15

Out-of-School Suspensions Rates and School-Based Mental Health Programs 2018

	t-test for Equality of Means					
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
OSS Rate 2018	-0.619	39	0.540	-0.67063	1.08381	-2.862 1.521

In 2018, 27 schools with school-based mental health programs and 14 schools without school-based mental health programs were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school-based mental health programs and schools without school-based mental health programs existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk’s test ($p > .05$), and there was homogeneity of variances, as assessed by Levene’s test for equality of variances ($p = .167$). The out-of-school suspension rates were lower in schools with school-based mental health programs ($M = 1.72$, $SD = 1.77$) than schools without school-based mental health programs ($M = 2.39$, $SD = 5.12$). Additionally, no statistically significant difference, $M = -0.67$, 95% CI [-2.86, 1.52], $t(39) = -0.62$, $p = 0.54$ was present, therefore the researcher failed to reject the null hypothesis.

Table 16*Out-of-School Suspensions Rates and School Social Workers 2018*

	<i>t</i> -test for Equality of Means						
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
OSS Rate 2018	0.690	39	0.495	0.74656	1.08254	-1.443	2.936

In 2018, 16 schools with school social workers and 25 schools without school social workers were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school social workers and schools without school social workers existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = .10$). The out-of-school suspension rates were higher in schools with school social workers ($M = 2.44$, $SD = 5.15$) than schools without school social workers ($M = 1.69$, $SD = 1.71$). Additionally, no statistically significant difference, $M = .747$, 95% CI [-1.44, 2.93], $t(39) = 0.69$, $p = 0.495$ was present, therefore the researcher failed to reject the null hypothesis.

Table 17*Out-of-School Suspensions Rates and School Counselors 2018*

	<i>t</i> -test for Equality of Means						
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
OSS Rate 2018	0.934	39	0.356	1.60811	1.72141	-1.873	5.089

In 2018, 38 schools with school counselors and 3 schools without school counselors were present. An independent-samples *t*-test was run to determine differences in out-of-school suspensions rates between schools with school counselors and schools without school counselors were indicated. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = 0.420$). The out-of-school suspension rates were higher in schools with school counselors ($M = 2.11$, $SD = 3.39$) than schools without school counselors ($M = 0.50$, $SD = 1.00$). Additionally, no statistically significant difference, $M = 1.61$, 95% CI [-1.87, 5.01], $t(39) = 0.93$, $p = 0.356$ was present, therefore the researcher failed to reject the null hypothesis.

Table 18*Out-of-School Suspensions Rates and School-Based Mental Health Programs 2017*

	<i>t</i> -test for Equality of Means						
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
OSS Rate 2017	-0.205	38	0.839	-0.14476	0.70701	-1.576	1.286

In 2017, 23 schools with school-based mental health programs and 17 schools without school-based mental health programs were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school-based mental health programs and schools without school-based mental health programs existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = .900$). The out-of-school suspension rates were lower in schools with school-based mental health programs ($M = 1.44, SD = 2.12$) than schools without school-based mental health programs ($M = 1.59, SD = 2.34$). Additionally, no statistically significant difference, $M = -0.14, 95\% CI [-1.57, 1.29], t(38) = -0.205, p = 0.839$ was present, therefore the researcher failed to reject the null hypothesis.

Table 19*Out-of-School Suspensions Rates and School Social Workers 2017*

	<i>t</i> -test for Equality of Means						
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
						Lower	Upper
OSS Rate 2017	-0.605	38	0.549	-0.43467	0.71888	-1.889	1.020

In 2017, 15 schools with school social workers and 25 schools without school social workers were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school social workers and schools without school social workers existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = .746$). The out-of-school suspension rates were higher in schools with school social workers ($M = 2.42$, $SD = 0.62$) than schools without school social workers ($M = 2.06$, $SD = 0.41$). Additionally, no statistically significant difference, $M = -0.435$, 95% CI [-1.89, 1.02], $t(38) = -0.605$, $p = 0.55$ existed, therefore the researcher failed to reject the null hypothesis.

Table 20*Out-of-School Suspensions Rates and School Counselors 2017*

	<i>t</i> -test for Equality of Means					
	<i>t</i>	<i>df</i>	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference Lower Upper
OSS Rate 2017	0.798	38	0.430	1.05045	1.31669	-1.615 3.715

In 2017, 37 schools with school counselors and three schools without school counselors were present. An independent-samples *t*-test was run to determine if differences in out-of-school suspensions rates between schools with school counselors and schools without school counselors existed. Outliers were present in the data, as assessed by inspection of a boxplot, however, independent samples *t*-test are robust to outliers. Out-of-school suspension scores for each group were normally distributed, as assessed by Shapiro-Wilk's test ($p > .05$), and there was homogeneity of variances, as assessed by Levene's test for equality of variances ($p = 0.324$). The out-of-school suspension rates were higher in schools with school counselors ($M = 1.58$, $SD = 2.24$) than schools without school counselors ($M = 0.53$, $SD = 0.92$). Additionally, no statistically significant difference, $M = -1.05$, 95% CI [-1.61, 3.72], $t(38) = 0.798$, $p = 0.43$ existed, therefore the researcher failed to reject the null hypothesis.

Summary

Chapter Four included an analysis and findings of the study. Completed survey responses from the 43 respondents were compiled and used to quantitatively analyze the difference among out-of-school suspension rates between schools with school-based

mental health programs and schools without school-based mental health programs. The data was analyzed for the 2016-2017, 2017-2018, and 2018-2019 school years which were included in the study. Analysis of the data indicated no statistically significant difference in out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs during the years in the study was found. The researcher did not conduct further research as no statistical significance between rates of out-of-school suspension was found among groups. An independent samples *t*-test was used to determine when to reject or fail to reject each of the null hypotheses of all research questions and sub questions. Upon computation of results of the survey and out-of-school suspension rates among Missouri public middle schools (6-8), there was not sufficient evidence to support rejection of the null hypothesis of each of the three research questions and nine sub questions. No statistically significant difference between out-of-school suspensions rates between schools with school-based mental health programs and schools without school-based mental health programs existed. Furthermore, no statistically significant difference between out-of-school suspension rates between schools with school social workers and schools without school social workers existed. Additionally, no statistically significant difference between out-of-school suspension rates between schools with school counselors and schools without school counselors was evident. The same result held true for each of the three school years, 2016-2017, 2017-2018, and 2018-2019 examined within the study.

Chapter Five provides a summary and conclusion of the research study regarding out-of-school suspension rates and school-based mental health programs throughout Missouri public middle schools (6-8). Additionally, implications of the study are identified and discussed. Included in the conclusion and summary is an overview of the research with recommendations for future study within the area of out-of-school suspension rates and school-based mental health programs.

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) in comparing schools having or not having school-based mental health programs with out-of-school suspension rates in public middle schools (6-8). This study compares the differences in out-of-school suspension rates between schools which have school-based mental health programs and schools which do not have school-based mental health programs for Missouri public middle schools (6-8) during the years 2016-2019. The extensive review of the literature found exclusionary disciplinary practices over the last two decades have resulted in severe adverse effects of our nation's at-risk youth and contributed to at-risk students experiencing higher rates of suspensions (Chu & Ready, 2018; Gregory, Skiba, & Mediratta, 2017; Huang & Cornell, 2017; Ford, 2016; Vidal-Castro, 2016; Cuellar & Markowitz, 2015). Schools were found to provide prime settings to secure the health, social-emotional, and behavioral development of adolescents through the use of school-based mental health programs and proper support personnel (Wegmann & Smith, 2019; Villarreal, 2018; McCarter, 2017). Additionally, if healthy development supports are in place and barriers to care removed, students are more likely to find a prosperous road toward success (Hellmuth, 2018; Kang-Yi et al., 2013). Research has indicated supportive mental health practices in schools can promote healthy adolescent development and higher rates of future success among adolescents (Anyon et al., 2018; McCarter, 2017).

Erikson's (1982) and Maslow's (1943) theories are the lens through which the study examined the impact school-based mental health programs had on students' long-term psychosocial development. Erikson's Theory of Psychosocial Development (1982) indicated external factors have a direct impact on human development from childhood through adulthood. Maslow's (1943) five-tier model was built on the basis of a continuum of needs, progressing from lower to higher levels, with satisfied lower-level needs allowing progression toward higher-level needs. Maslow (1943) claimed unmet lower-level needs motivate individuals and the longer an individual's needs are denied, the more motivated individuals become. The work of Erikson (1982) and Maslow (1943) were selected as frameworks for this study to provide foundational development stages adolescents encounter along with motivational factors. The connection both Erikson's (1982) and Maslow's (1943) work has with behavior choices and development patterns as development and motivation are linked to behavior choices and have lifelong impacts were foundational for this study.

Contents of Chapter Five begins with a brief overview of the method and findings of the study. The chapter further provides an extensive discussion of study results, implications considered from the study, and recommendation for future research. Chapter Five closes with the researcher's final conclusions regarding this study's importance in the body of research regarding out-of-school suspensions and school-based mental health.

Research Questions

Three main research questions and nine sub-questions guided this study. Suspension information was accessed through the Missouri Department of Elementary and Secondary Education open access database. A questionnaire was used to identify Missouri public

middle schools with school-based mental health programs and schools without such programs.

1. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school-based mental health programs** and schools without **school-based mental health programs**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs?
2. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school social workers** and schools without **school social workers**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between

- schools with school social workers and schools without school social workers?
- b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers?
3. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with **school counselors** and schools without **school counselors**?
 - a. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors?
 - b. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors?
 - c. What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors?

Null Hypotheses

H₀1. There was no statistically significant difference between the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1a. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1b. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀1c. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school-based mental health programs and schools without school-based mental health programs.

H₀2. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school social workers and schools without school social workers.

H₀2a. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school social workers and schools without school social workers.

H₀2b. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school social workers and schools without school social workers.

H₀2c. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school social workers and schools without school social workers.

H₀3. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school counselors and schools without school counselors.

H₀3a. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2016-2017** between schools with school counselors and schools without school counselors.

H₀3b. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2017-2018** between schools with school counselors and schools without school counselors.

H₀3c. There was no statistically significant difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) during the school year **2018-2019** between schools with school counselors and schools without school counselors.

Methods

This causal-comparative study was conducted after the approval from the Research Review Board of Southwest Baptist University, was granted in February 2021. Upon receiving approval, the researcher sent out a questionnaire to 200 middle school principals, grades 6-8, across the state of Missouri. The questionnaire sought information regarding the existence or non-existence of school-based mental health programs, school social workers, and school counselors for the school years 2016-2017, 2017-2018, and 2018-2019. Only schools returning complete questionnaires were included in the study. The percentage of returned questionnaires collected and used in the study was 21%, representing 43 schools. The researcher obtained the out-of-school suspension rates for Missouri public middle schools for the school years 2016-2017, 2017-2018, and 2018-2019 from the DESE open access database.

The researcher cleaned the out-of-school suspension data retrieved from the open access DESE database for school years 2016-2017, 2017-2018, and 2018-2019 prior to utilizing SPSS. Data from returned questionnaires was aligned to corresponding out-of-school suspensions rates prior to data points being input into SPSS. Outliers in the data points which did not fall within parameters of the study, as well as incomplete questionnaire responses, were removed from the SPSS input. Significant outliers were also removed from the out-of-school suspension rate and school-based mental health data, as assessed by inspection of a boxplot. However, outliers remained included in the data set for school social workers and school counselors, as *t*-tests are robust to outliers. Five outlier data points were included in the data sets for 2018-2019. In 2017-2018, one outlier for school-based mental health and counselors, and two outliers for school social

workers. In 2016-2017, three outliers for school-based mental health and counselors and five outliers for school social workers.

Findings

Out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs was the focus of this study. Past studies exploring out-of-school suspensions have been vast, showing increased suspensions have a relationship with heightened adverse outcomes among youth (Steinberg & Laco, 2018; Losen et al., 2013; American Academy of Pediatrics, 2013). However, research exploring differences of suspensions rates with school-based mental health programs is limited, especially with the middle school grades (6-8). This study adds to the knowledge base in exploring the differences of public middle schools (6-8) suspension rates between schools having school-based mental health programs and schools which do not have such mental health programs. The review of the literature prompted the researcher to develop three research questions pertaining to the gap found in the literature regarding out-of-school suspensions and school-based mental health programs.

Upon computation of results of the survey and out-of-school suspension rates among Missouri public middle schools (6-8), there was not sufficient evidence to support rejection of the null hypothesis of each of the three research questions and nine sub questions. No statistically significant difference between out-of-school suspensions rates between schools with school-based mental health programs and schools without school-based mental health programs existed. Furthermore, no statistically significant difference between out-of-school suspension rates between schools with school social workers and

schools without school social workers existed. Additionally, no statistically significant difference between out-of-school suspension rates between schools with school counselors and schools without school counselors was evident. The same result held true for each of the three school years, 2016-2017, 2017-2018, and 2018-2019 examined within the study.

The standard deviation of the out-of-school suspension rates for the school years 2016-2017, 2017-2018, and 2018-2019 was 0.175, for the 43 schools responding to the questionnaire. As a result of the low standard deviation rate, the *t*-test did not detect significant differences between the out-of-school suspension rates. The low standard deviation made detecting differences challenging for the schools and school years included in the study. Additionally, unforeseen limitations can potentially limit the finding of true results for the differences between out-of-school suspension rates between schools with school-based mental health programs and schools without such programs. Furthermore, the scope of the study did not include examination of such elements as fidelity of implementation, referral process to school-based mental services, and rates of usage of school-based mental health programs within the school.

Discussion

Results of the study indicated no statistically significant difference between rates of out-of-school suspensions between schools with school-based mental health programs and schools without existed. No statistically significant difference between schools with school social workers and schools without existed. Furthermore, no statistically significant difference between schools with school counselors and schools without existed. The following section provides a brief analysis of the three research questions,

followed by in-depth discussion regarding the interpretation, analysis, and synthesis of the results and findings from this study.

Research Questions 1 Analysis: What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school-based mental health programs and schools without school-based mental health programs? The 43 schools responding to the questionnaire regarding school-based mental health program access resulted in 26 schools with access and 17 without during the 2016-2017 school year, 29 with access and 14 without during the 2017-2018 school year, and 33 with access and 10 without during the 2018-2019 school year. While the split narrowed each year between school-based mental health program access, the results of the *t*-tests indicated no statistically significant difference in out-of-school suspension rates between schools with school-based mental health programs and schools without existed. The findings did not support school-based mental health programs as a major preventative measure in reducing out-of-school suspension rates. However, the majority of schools responding ‘yes’ to having access to school-based mental health programs also reported elevated out-of-school suspensions rates, whereas schools responding ‘no’ had relatively lower out-of-school suspension rates. While schools with school-based mental health programs in place did not show a statistically significant difference in out-of-school suspension rates from schools without school-based mental health programs. Table 21 below depicts the out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs.

Table 21*Out-of-School Suspensions Rates Between Schools with/without School-Based Mental Health (SBMH) Programs*

School Year	Total Schools with SBMH	Total Schools without SBMH	OSS Rate with SBMH	OSS Rate without SBMH
2016-2017	26	17	2.12	1.20
2017-2018	29	14	2.30	1.75
2018-2019	33	10	2.24	1.14

Research Questions 2 Analysis: What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school social workers and schools without school social workers? Of the 43 public middle schools across Missouri responding to the questionnaire regarding access to school social workers resulted in 15 schools with access and 28 without during the 2016-2017 school year, 15 with access and 28 without during the 2017-2018 school year, and 18 with access and 25 without during the 2018-2019 school year. The split indicated existence of school social workers was limited and the results of the *t*-tests indicated no statistically significant difference in out-of-school suspension rates between schools with school social workers and schools without was present. The findings did not support school social workers as a major preventative measure in reducing out-of-school suspension rates. However, the majority of schools responding ‘yes’ to having access to school social workers reported slightly lower out-of-school suspensions rates for 2016-2017 and 2017-2018, whereas schools responding ‘no’ during the same years had slightly higher out-of-school suspension rates. During 2018-2019, schools with school social workers reported elevated suspensions rates when compared to schools without social workers. The rates of out-of-school suspensions tended to increase as access to social workers increased.

Table 22 depicts the rates of out-of-school suspensions for the years in the study between schools with school social workers and schools without.

Table 22

Out-of-School Suspensions Rates Between Schools with/without School Social Workers

School Year	Total Schools with School Social Workers	Total Schools without Social Workers	OSS Rate with School Social Workers	OSS Rate without School Social Workers
2016-2017	15	28	0.91	2.52
2017-2018	15	28	2.15	2.18
2018-2019	18	25	2.19	1.93

Research Questions 3 Analysis: What is the difference in the rate of out-of-school suspensions in Missouri public middle schools (6-8) between schools with school counselors and schools without school counselors? Virtually all schools reported ‘yes’ to having access to school counselors on school grounds. School counselors have become a staple position in schools as a first line of student support. Only two schools of the 43 responded ‘no’ for counselors not present during the years of the study. The comparison between groups was challenging to assess, as the variance in existence of school counselors was limited. Counselors have become an integral part of resources provided in schools, as the role is a universal practice to support student learning and development. Furthermore, the results of the *t*-tests indicated no statistically significant difference in out-of-school suspension rates between schools with school counselors and schools without.

While this study did not result in significance regarding the existence of school-based mental health programs, social workers, and counselors contributing to a difference

with out-of-school suspensions, the data collected and analyzed does provide additional information to the knowledge base surrounding the aforementioned intervention programs and services. Subsequently, further analysis regarding school-based mental health practices is thoroughly examined in the following discussion. Furthermore, the researcher connected important information obtained through this study and discussed the major themes explored in the following sections as well.

Providing school-based mental health programs and services within schools requires additional resources, such as outside partnerships with school-based clinicians and behavior interventionists, as well as the implementation of school-based mental health programs, such as PBIS. The additional layers of supportive services within school-based mental health indicates schools must be conscientious of the targeted needs within individual schools and seek to determine the effectiveness of programs and services among individual students. Thus, it seems prudent for school leaders to track program effectiveness, and usage of services within the building among students experiencing out-of-school suspensions to ensure programs are meeting overarching goals of improving social-emotional development and overall student behavior.

The link uncovered in research has tied social-emotional development barriers to adverse behaviors and outcomes among adolescents, thus, indicating the need for targeted intervention for at-risk students (Advocacy & Communication Solutions, 2019; Allbright et al., 2019; Wegmann & Smith, 2019; Villarreal, 2018; Anyon et al., 2018; Steinberg & Lacoé, 2018; Meyer, Bracey, & Eagan, 2018; Meyer et al., 2018; McCarter, 2017).

Tracking the implementation of school-based mental health services and the accessibility of such programs for the at-risk population can provide administrators data pertaining to

the overall value of providing school-based mental health programs in their respective settings. Assessing the value of school-based mental health programs is important to justify extra financial costs associated with providing and offering the additional programs. Subsequently, Maslow's (1943) and Erikson's (1982) theories conclude positive outcomes in behavior and social-emotional development are attainable through targeted intervention and support. Thus, administrators in schools with higher overall proportions of at-risk students may find the additional expense of establishing school-based mental health services within the school setting is justified due to the elevated need within the student population.

Schools offering school-based mental health programs might consider creating a plan of action for implementation of such programs and services to potentially lower the rate of out-of-school suspensions. Schools might plan how identification of need will be determined, how implementation of programs and services will be provided, how programs and services will be assessed for effectiveness, and the role each level of staff will be required to fulfill. Additionally, analyzing the current discipline policies and ensuring the alignment of practices and policies regarding proper support of at-risk student populations is in place, could further support goals of lowering out-of-school suspensions.

Unfortunately, inconsistency in mental health identification was noted in the review of the literature as a barrier among at-risk adolescents, thus, indicating the need for consistent approaches to be utilized within individual school buildings among staff (Humphrey & Wigelsworth, 2016; Levitt et al., 2007). Strategic implementation of mental health supports among staff, especially teachers, is a critical component of school-

based mental health program effectiveness, as teachers have been identified as a prominent role in student discipline interactions (Osagiede et al., 2018). The gap in the teachers' role in school-based mental health programs has been reinforced through data results obtained in this study, as only 18% of teachers were found to play a role in school-based mental health implementation. Furthermore, the review of literature shed light on the need for proper teacher professional development regarding school-based mental health, as the teachers often encounter adverse behavior identification among adolescents first (Osagiede et al., 2018).

Proper identification of need, among at-risk students, requires teachers to possess a thorough understanding of social-emotional development and proper identification of behavioral development delays requiring additional support. Teachers' perceptions regarding mental health, relationship building strategies, and supportive interventions heighten awareness to issues when issues arise, thus, allowing teachers to become an integral part of supporting at-risk students (Osagiede et al., 2018; Erikson, 1982). Results from the study regarding implementation of school-based mental health programs indicated 18% of schools rely on teachers, where 45% rely on counselors to implement school-based mental health programs and services. This research reinforced the importance of the teachers' role in the implementation of school-based mental health and the potential for greater breadth and depth of program reach as a result of a teacher's involvement.

Maslow (1943) argued individuals are incapable of progressing through the Hierarchy of Needs when lower-level needs remain unmet. Ensuring staff are equipped with the ability to properly identify where students are within Maslow's Hierarchy of

Needs (1943) could lead to targeted interventions being properly applied. Since many of Maslow's (1943) lower-level needs include aspects such as food, water, safety, and security, ensuring such needs are met, especially while at school, is absolutely essential for the healthy development among students. Additionally, Erikson (1982) claimed adolescents experiencing *Identity Confusion* often show adverse behaviors, thus, indicating the need for teachers to be equipped with the ability to identify gaps within social-emotional development as early as possible, so targeted interventions can begin to lead at-risk students back onto the path of healthy identity development. Such an intervention, according to Erikson (1982) can lead to restoration of fidelity and identity development, especially when strong foundations of trust and hope are established with others. The restoration of fidelity and identity Erikson (1982) described allows the adolescent to successively progress to the next stages of psychosocial development. Erikson's (1982) argument pertaining to psychosocial development support reinforces the necessity of supportive adults among at-risk adolescents.

Even though this study did not support school-based mental health programs and services as significantly associated with lower discipline rates, other data points not explored in this study may indicate different results from future studies. Results of the study did not specifically address teacher-student relationships or teachers' awareness of Maslow's Hierarchy of Needs (1943) or Erikson's Psychosocial Development (1982) theories. However, specifically identifying levels of understanding regarding such theories could provide administrators with additional avenues of more targeted professional development for educators in an effort to fully support students.

The aforementioned aspects analyzed in reference to the three research questions highlight the limitations this study encountered. This study specifically examined whether differences existed in out-of-school suspension rates between schools with school-based mental health programs and schools without. Additionally, the study did not provide examination of the effectiveness of student development in schools where school-based mental health programs, school social workers, or counselors existed. Furthermore, the study also did not look at usage rates, usage patterns, or implementation fidelity of school-based mental health programs in existence among schools with school-based mental health programs, school social workers, or school counselors. Professional development among staff in buildings with and without school-based mental health programs was also not explored. Additionally, student identification for referral to school-based mental health services was not examined in this study either. While results of this study did not show statistically significant differences among school-based mental health programs and out-of-school suspension rates, the elements limited by this study, including further examining teacher-student relationships, awareness of Maslow's Hierarchy of Needs (1943) and Erikson's Psychosocial Development (1982) theories, may have produced different results. Therefore, additional research in this field remains essential.

Implications for Education

No clear indication from the findings of this study signified existence of school-based mental health programs, school social workers, and/or school counselors provide a statistically significant difference between out-of-school suspension rates among public middle school students grades 6-8. While school-based mental health programs and

school social workers tended to be available in schools with elevated out-of-school suspension rates, no statistically significant difference indicating such services lowered out-of-school suspensions existed. Data collected in the study indicated schools utilizing school-based mental health programs tended to have higher out-of-school suspension rates when compared to the schools without such resources. This finding seems to suggest schools-based mental health programs, school social workers, and school counselors are services which may be in place as an additional layer of support in an effort to deal more effectively with discipline issues. Counselors were found to be a universal resource, where 41 of the 43 schools participating in the study indicated existence of this position, as a frontline intervention for student learning and development. Furthermore, additional levels of intervention and programs for schools with additional challenges and higher out-of-school suspension rates were evident from responses in the study. Subsequently, the additional layers of support included school-based mental health programs and school social workers.

Implications of the results of this study suggest utilization of additional support services such as school-based mental health programs and social workers may not be needed as a universal resource in all public middle schools as no significant differences were found between schools with such services and schools without the services in terms of out-of-school suspension rates. Thus, it may be reasonable to conclude such services should be provided on a targeted, as-needed basis. Incidental data collected during this research brought to light trends indicating higher suspension rates are present in schools providing access to school-based mental health programs and services. The higher suspension rates within the schools suggest school-based mental health programs and

services are currently being allocated in a targeted way to meet specific identified needs within the specific schools. This type of information provides administrators with insight regarding the strategic allocation of resources which are needed to meet specific needs within schools. Thus, the results of the study could serve to inform school leaders in strategic planning efforts as leaders seek to ensure they are fiscally responsible when allocating funding for programs and services. Since results of the study did not indicate significant differences supporting school-based mental health programs, such services and programs might be best considered to be an additional layer of support when warranted by significant behavioral issues within a given school, rather than as a resource which should be provided across the board among all schools. Schools with a greater need for school-based mental health type services or higher at-risk youth populations might benefit from more robust services school-based mental health programs and social workers fulfill.

Data trends present within the implementation of school-based mental health programs as part of the questionnaire appear to mirror barriers identified within the review of literature, regarding the implementation of such school-based mental health programs. The burden of implementing a school-based mental health program tended to fall heavily on school counselors, which might imply teachers should be provided with professional development to learn how to identify, monitor, and refer at-risk students who might benefit from additional school-based mental health programs and services. As previously mentioned in the review of literature, even with increased implementation of school-based mental health centers, only 30% of teachers receive trainings related to mental health issues most commonly identified in adolescents (Osagiede et al., 2018).

Administrators and educational organizations providing professional development for teachers in dealing with troubled youth and supporting social-emotional learning at the classroom level might lessen the burden placed on counselors bearing the responsibility alone for the entire school. While the results of the study did not show significance for implementing school-based mental health programs, the rising suspension rates still reflect a need for intervention. Exploring professional development geared for teachers supporting school-based mental health programs and social-emotional learning when working on the frontlines with at-risk students might be a better use of funding. The need for teacher professional development is an important implication gleaned from the results of the incidental data collected in this study to better support school counselors and students.

Recommendations

While this study did not result in a statistically significant difference between out-of-school suspension rates between schools with school-based mental health programs and schools without, additional studies regarding the two measures might render different results and are warranted within this body of research. Therefore, school-based mental health programs and social workers may need to be implemented strategically in schools with identified targeted needs. The following recommendations for future study are based on results of this study, and the gap remaining in research.

The first recommendation for future study is the examination of the effect of school-based mental health programs and school social workers over time on reducing out-of-school suspension rates in buildings where such programs already exist. Such study may provide information regarding how support services evolve and become more

effective over time. Studying the longevity of school-based mental health and social worker existence, along with out-of-school suspension rates could potentially present data on whether or not programs are meeting intended purpose and support for students.

The second recommendation for future study could examine teacher and staff professional development perceptions regarding school-based mental health. Such a study could provide insight for school leaders regarding readiness and efficacy of adults implementing targeted interventions supporting school-based mental health programs. Additionally, a study involving teacher and staff perceptions could also help school district leaders better align professional development opportunities with the specific needs of teachers and staff.

The third recommendation for future study is the examination of school discipline practices in place among schools with school-based mental health programs and schools without, while looking for differences among out-of-school suspension rates. Such a study would provide additional information regarding discipline practices among schools with and without school-based mental health programs, and the resulting suspensions associated with such policies. Additional information regarding discipline practices could assist districts in addressing discipline concerns and/or policy enforcement.

The fourth recommendation for future study would be to examine usage rates, emerging patterns, and the referral processes of schools with school-based mental health programs and the differences in out-of-school suspension rates. Such a study would examine practices in place for identification of the targeted need for school-based mental health, as well as usage rates among at-risk students. Additional information obtained by

such a study could assist districts in assessing program effectiveness and implementation practices.

A final recommendation for future study could explore out-of-school suspension rates pre-COVID and post-COVID, exploring differences in how discipline and suspensions are handled with the changing platforms of suspension practices now available through virtual education. Such a study could explore the effect of students completing behavior modules while suspended and rates of out-of-school suspension recidivism. Additional information obtained from such a study could assist districts in evaluating suspension practices and available alternatives.

Conclusion

The purpose of this causal-comparative study was to test the theory of Erikson's Psychosocial Development (1982) and Maslow's Motivational Theory (1943) in comparing schools having or not having school-based mental health programs with out-of-school suspension rates in public middle schools (6-8). This study compared the differences in out-of-school suspension rates between schools with school-based mental health programs and schools without school-based mental health programs for Missouri public middle schools (6-8) during the school years 2016-2019. The findings of this study no statistically significant difference between out-of-school suspensions between schools with school-based mental health programs and schools without existed. The study added to the current literature regarding what is known about school-based mental health programs and support services in public middle schools.

The extensive review of the current literature surrounding school-based mental health programs and suspensions exposed a gap linking the two variables in a significant

way. Since adolescence is a time of vital development among students, laying the foundation for how responses to circumstances impact choices and decisions made, and based on internal feelings of identity and motivation, additional research is warranted in this field to uncover significant links among Erikson's Psychosocial Development (1982) and Maslow's Hierarchy of Needs (1943) in regard to student development and behaviors (Veiga et al., 2018; Erikson, 1982; Maslow, 1943). While Erikson (1982) and Maslow (1943) claimed adolescent development of identity and motivation are associated with the aforementioned circumstances, more research is needed regarding how student identity development and motivation are linked to out-of-school suspensions, when appropriate supportive mental health programs exist.

Schools provide prime settings to secure the health, social-emotional, and behavioral development of adolescents through the use of school-based mental health programs and proper support personnel (Wegmann & Smith, 2019; Villarreal, 2018; McCarter, 2017). Since Maslow (1943) claimed ensuring lower-level needs of students will lead to students progressing within the Hierarchy of Needs resulting in healthy outcomes among youth, schools must support lower-levels needs and provide targeted intervention when gaps are identified. Erikson (1982) reinforced the need for supportive environments for adolescents while adolescents are experiencing identity development, thus, indicating the constant need for schools to secure such environments for students. As such information is justifiable, schools must follow suit and design programs and services best developed to support targeted needs which Erikson (1982) and Maslow (1943) claim are essential for the healthy development among youth.

School suspensions are accepted as a leading cause of adverse outcomes among adolescents (Shapiro, 2018; DeJulius & McLean, 2019). As a result, the trend of adverse outcomes associated with rising out-of-school suspensions and mental health concerns demand additional research uncover the significant link between the two variables. While this study did not result in a statistically significant difference between out-of-school suspensions and schools with school-based mental health and schools without, limitations of the study possibly hinder true results. As a result, this study suggests schools with school-based mental health programs have such programs in place as an additional layer of support for elevated suspensions already existing within the schools.

Schools supporting at-risk students through school-based mental health programs and additional interventions are continuing to increase in number. Erikson (1982) and Maslow (1943) emphasized development gaps and behavior can be positively adapted through the utilization of proper support. The future of education and the United States may be impacted based on schools' responses to increasing rates of out-of-school suspensions and mental health incidents among the nation's students (Wegmann & Smith, 2019). Uncovering the significance encompassing out-of-school suspensions and school-based mental health remains essential, as adverse outcomes among adolescents continue to rise.

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APPENDICES

Appendix A

School-Based Mental Health Programs Informed Consent

Hello:

You are invited to participate in our survey regarding School-Based Mental Health Programs in Missouri public middle schools, grades 6-8. In this survey, over 200 schools in Missouri will be asked to complete a survey that asks questions about access to School-Based Mental Health Programs and additional supports within their buildings. This questionnaire will take approximately 2 minutes to complete.

Your participation in this study is completely voluntary. There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any questions, you can withdraw from the survey at any point. It is very important for us to learn your schools' offering of School-Based Mental Health Programs.

Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate. Your information will be coded and will remain confidential. Results of school-based mental health programs collected from this questionnaire will be explored for differences with out-of-school suspensions rates of Missouri public middle schools, grades 6-8, for the 2017-2019 school years, between schools with school-based mental health programs and schools without such programs. If you have questions at any time about the survey or the procedures, you may contact the SBU Research Review Board at RRB@SBUuniv.edu. SBU is the sponsoring institution of this project and the project has been reviewed by the SBU Research Review Board.

Thank you very much for your time and support. Please start with the survey now by clicking on the Continue button below.

Appendix B

Good Morning!

I wanted to follow up with the previous email I sent out. I am Shannon Otradovec, and I am a Doctoral Candidate in the Educational Leadership program at Southwest Baptist University in Bolivar, Missouri. I am working to complete my dissertation research over Out-of-School Suspension Rates and School-Based Mental Health Programs in Missouri Public Middle Schools.

If you would graciously take a few minutes to complete the below questionnaire regarding school-based mental health programs available within your school, I would greatly appreciate your response. I know your time is valuable, and this questionnaire should take around 2-4 minutes to complete.

[Link to School-Based Mental Health Programs Questionnaire](#)

Thank you for your thoughtful consideration. Please reach out to me at sotradovec@spsmail.org if you have any questions or concerns regarding the study.

Additional study information is included at the beginning of the questionnaire.

Shannon Otradovec M.Ed.

Sotradovec@spsmail.org

Appendix C

Good Morning!

I wanted to follow up with the previous email I sent out. I am Shannon Otradovec, and I am a Doctoral Candidate in the Educational Leadership program at Southwest Baptist University in Bolivar, Missouri. I am working to complete my dissertation research over Out-of-School Suspension Rates and School-Based Mental Health Programs in Missouri Public Middle Schools.

If you would graciously take a few minutes to complete the below questionnaire regarding school-based mental health programs available within your school, I would greatly appreciate your response. I know your time is valuable, and this questionnaire should take around 2-4 minutes to complete.

[Link to School-Based Mental Health Programs Questionnaire](#)

Thank you for your thoughtful consideration. Please reach out to me at sotradovec@spsmail.org if you have any questions or concerns regarding the study.

Additional study information is included at the beginning of the questionnaire.

Shannon Otradovec M.Ed.

Sotradovec@spsmail.org

Appendix D

School-Based Mental Health Programs Questionnaire

Did school-based mental health programs exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Select year(s) which these programs existed

2016-2017

2017-2018

2018-2019

School-based mental health programs did not exist during years in study

What type of school-based mental health programs did your school offer? Select all that apply

Clinician Services (i.e. Burrell Behavioral Health or similar)

PBIS - Positive Behavior Interventions Supports

PA - Positive Action

PATHS - Promoting Alternative Thinking Strategies

SFL - Skills for Life

CBITS - Cognitive Behavior Interventions for Trauma in Schools

GBG - Good Behavior Game

FRIENDS

Other

None - Did not have school-based mental health programs

If "Other" was selected, please indicate below what type of school-based mental health program was offered at your school

Who is responsible for implementing school-based mental health programs within your building?

Principal(s)

Counselor(s)

Teachers

Other

If "Other" was selected, please indicate below who is responsible for implementing school-based mental health programs within your building

What method is used to implement school-based mental health programs within your building?

In-Class Lessons

Building Wide Implementation

Other

If "Other" was selected, please indicate below how school-based mental health programs are implemented at your school

Did school social workers exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Select year(s) which these services existed

2016-2017

2017-2018

2018-2019

School Social Workers did not exist during years in study

Did a school counselor exist in your school during the 2016-2017, 2017-2018, and 2018-2019 school years? Select year(s) which these services existed

2016-2017

2017-2018

2018-2019

School Counselors did not exist during years in study

Appendix E

Research Review Board



Southwest Baptist
UNIVERSITY

COLLEGE OF HEALTH PROFESSIONS
4431 S. Fremont
Springfield, Missouri 65804
(417) 820-2069 | FAX (417) 887-4847

February 11, 2021

Re: Out of School Suspension Rates and School Based Mental Health Programs in Missouri Public Middle Schools

Dear Ms. Otradovec,

On February 11, 2021 a review of your application and supporting documents for the above named research proposal was completed. The Research Review Board (RRB) for Southwest Baptist University has determined that the proposed research project meets the criteria for Exempt status as per policy 1.15.3 in the faculty guidelines. As per the above policy "If the project is certified exempt, the principle investigator need not resubmit the project for continuing RRB review as long as there are no modifications in the exempted procedures". The study has now been approved, therefore, work on the project may begin.

If any modifications to the exempted procedures are made, the RRB will need to complete a new review of the changes to determine if the project remains Exempt or if further review is necessary.

Congratulations on the approval of your project, we wish you well during its completion. If you have any questions regarding the RRB's decision, please contact me at sxmorrow@sbuniv.edu.

Sincerely,

Suzie Morrow

Suzie Morrow, DNP, RN, CNE
Southwest Baptist University
Research Review Board, Chair
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(417) 893-7138