WHAT IS THE ROLE OF THE CATHOLIC ELEMENTARY SCHOOL PRINCIPAL IN UTILIZING DISTRICT-PROVIDED AND OUTSIDE SOCIAL AND EMOTIONAL RESOURCES FOR THEIR STUDENTS?

---

A Dissertation
Submitted to
The Temple University Graduate Board

---

In Partial Fulfillment
of the Requirements for the Degree
DOCTOR OF EDUCATION

---

By
Patricia McDonald Sheetz
December 2022

Examining Committee Members:

Dr. Christopher McGinley, Chair, Policy, and Organizational Leadership Studies
Dr. Judith Stull, Policy, Organizational and Leadership Studies
Professor Beth Olanoff, Policy, and Organizational Leadership Studies
Dr. Joseph DuCette, Psychological Studies

ABSTRACT

The social and emotional health support framework provided to the teachers and students by an elementary school principal is essential in providing a valid framework for researching and utilizing mental health resources within the school setting. The leadership role of a principal can validate or invalidate the use of mental health resources for their students and teachers. This framework can provide social and emotional support to children experiencing emotional support needs. In all elementary schools, a coordinated effort between teachers, administrators, and community stakeholders associated with assistance programs can enhance the quality of life for the students as well as provide recommended support to the teachers when referring an elementary school student for a social and emotional health assessment. As such, it is important that a broader social and emotional field of research is conducted so that Catholic elementary school teachers feel supported in their attempts to assist students who are struggling with low levels of self-worth or feelings of anxiety, self-harm, suicide, or depression.

This study is designed to answer two questions that are foundational to the effort to improve social and emotional resources for students at the Catholic elementary school level. The first question is: what is the role of the Catholic elementary school principal in utilizing district-provided and outside social and emotional resources for their students? The second question is: what is the role of the Catholic elementary school principal when two different counties do not offer the same social and emotional health resources for Catholic school students? In general, the principals in both counties felt strongly that additional social and emotional health support services need to be identified within the Catholic school setting.

provided for the socialization needs of our son with special needs during the time I need to pursue my academic requirements. He has made family meals, driven me to school when I was experiencing fatigue and supported me financially during my academic tenure.

My four children are at the heart of my work and the reason I entered the field of education as a teacher. This reasoning led to the advancement of my Catholic elementary school leadership position. My children understand the need for stronger social and emotional supports in the Catholic elementary school system. My family has been personally affected by social and emotional health issues and they are excited that my research will assist students who are struggling with social and emotional health issues. My oldest daughter died by suicide at the age of twenty-three and this devastating incident has compelled me to strengthen my role as a Catholic elementary school principal in providing social and emotional health supports for students. I had four children at the time of this teaching tenure, and my youngest son was sick with seizures and medical issues, yet I had no idea what lay ahead for me and the social and emotional health issues that would become ubiquitous in my own family. Our oldest daughter's illness was prevalent throughout her educational career.

I am proud of the accomplishments of my family and the support they have provided to me when I struggled with the balance of family, work, and life as a graduate student. Their resilience, dedication, and loyalty to the field of education and the importance of the role of the principal has provided me with hours of support needed to continue this most important research.

My mother is immensely proud of the woman I have become, and she is proud that I will hold the first doctorate degree in our family. She has supported my evenings of research, my days of keyboarding entry, and the hours I have spent on refining my research.

# TABLE OF CONTENTS

## LIST OF TABLES

CHAPTER 1

RATIONALE

My career as an educator began in a Philadelphia archdiocesan high school in 2002 and it was during this time that the students I worked with were very open about engaging in at-risk behaviors and experiencing mental health issues. The depth of information I received from the siblings or children of people experiencing emotional health issues was overwhelming. These challenges compelled me to seek information on support for social and emotional health for students. These experiences with high school students and working with other students and families in my career led me to seek out the social and emotional support needed to support struggling students. I realized that my schools and perhaps my school system lacked a coherent and comprehensive approach to supporting children in crisis.

While the school system in which I work lacks a comprehensive approach to these issues services are available in local institutions. As an example, the table below identifies interventions for children's social and emotional health from the Children's Hospital of Pennsylvania (CHOP). It includes a listing of emotional support for younger children intended to provide outcomes of reduced anxiety and depression, and improved coping skills.

Table 1.1: Selected Interventions In Children's Mental Health

| Intervention | Treatment Focus & Aims | Outcomes |
|---|---|---|
| Parent-Child Interaction Therapy (PCIT) www.pcit.org | Age: 2-7 years and their caregivers; recent adaptations for ages 8-12 Treatment Focus: Externalizing behavior problems | Reduced: <br> • Re-reports of physical abuse <br> Improved: <br> • Parenting skills and attitudes <br> • Child Behaviors |
| Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Tfcbt.musc.edu | Age: 3-18 years and their caregivers Treatment Focus: Emotional/behavioral problems resulting from child sexual abuse; adaptations for use with other traumatic experiences | Reduced: <br> • PTSD symptoms <br> • Self-reported fear and anxiety <br> • Symptoms of depression <br> Improved: <br> • General functioning <br> • Positive parenting skills <br> • Parent and child coping skills |
| CBT for Depression: Coping with Depression for Adolescents (CWDA) www.kpchr.org/public/acwd/acwd.html | Age: 12-18 years and their caregivers Treatment Focus: Depression and/or dysthymia | Reduced: <br> • Symptoms of depression <br> • Development of diagnosable depressive disorders |
| CBT for Anxiety: Coping Cat | Age: 6-17 years and their caregivers Treatment Focus: Anxiety | Reduced: <br> • Symptoms of anxiety <br> • Symptoms of associated depression <br> Improved: <br> • Coping skills |
| The Incredible Years (IY) www.incredibleyears.com | Age: Birth-12 years and their caregivers or teachers Treatment Focus: Externalizing behavior problems | Reduced: <br> • Parental depression <br> • Child behavior problems <br> Improved: <br> • Parental positive effect <br> • Effective parenting techniques <br> • Child social and emotional competence |

(Kavanagh et al., 2010)

The Philadelphia School District offers behavioral health services and the partnership of a multi-tiered framework and referral criteria for emotional and social support for students (Philadelphia School District, 2022). This Philadelphia School District approach differs from the Catholic schools in the Archdiocese of Philadelphia, as Catholic schools rely on external service providers for social and emotional support whereas public schools can use federal monies to support mental health services (Frabutt et al., 2021). The Roman Catholic church has education and schooling as the centerpiece of its mission. According to a survey of U.S. private schools in 2011-2012, 6,783 schools are affiliated with the Roman Catholic church. This number includes thousands of parochial schools funded at the local and diocesan levels. Many schools operate as stand-alone or independently supported entities by religious orders, such as the Jesuits, Benedictines, Marists, and Dominicans (Frabutt et al., 2011).

When a parish elementary school is associated with a Catholic parish, the pastor and the principal are the daily administrators of the school Today, Catholic schools are shifting some authority from pastors and principals to other sources Specifically, Catholic schools are typically governed by a pastor, a bishop, or diocesan staff; but because canon law allows ecclesial officials to delegate responsibilities at their discretion, leadership reconfiguration is possible. Today, many schools are shifting power from the pastor to a board of directors (Frabutt et al., 2011). Students are not required to be Catholic upon admission to a Catholic school; however, they are required to participate in Catholic religious classes and events.

Based on my experience as a teacher and school leader I observe that not all Catholic schools provide equivalent services and outcomes for students. The importance

of reviewing student performance and services at each individual Catholic school is evident. Most middle and elementary schools are operated by the local parish (Frabutt et al., 2011). The role of the principal is essential in keeping the students well and safe during the academic year. According to the Journal of Catholic Education, the principals serve as the primary decision-makers in admission and enrollment issues. A key factor in servicing students with emotional issues includes the principals' perception in admitting these students to their school.

Teaching in a Catholic school, I was exposed to a world of students with social and emotional health issues by one of my senior students and the difficulty her family had in transitioning a sibling from home to a family dinner outside of the family home at a local restaurant. This student longed for her brother to participate in family activities and realized how difficult enjoying a movie, dinner, or leaving home can be for someone with emotional health needs. She would speak of this family issue frequently.

Presently, only 10% of the estimated 1.4 million teens with an alcohol or illicit drug problem receive treatment compared to 20% of adults (Galson, 2009). During the past thirty years, the World Health Organization has advocated for the inclusion of enhanced mental health screenings and early treatment programs in schools (LeGales-Camus, 2006).

I understand social and emotional health issues and the importance of emotional support during the formative educational years. I realize how important it is for school leadership to believe in social and emotional support for students and use outside resources when district resources are not enough to provide adequate resources. Catholic

schools have been lacking the support of public funding, which supports the efforts of mental health services in public schools (Frabutt et al., 2011).

While some education majors are required to take special education courses, I began to ponder: why are all teachers not mandated to enroll in a professional development course on learning differences and social behaviors in children, specifically with respect to social and emotional health issues? Is further training needed for principals and teachers regarding the needs of children who require social and emotional support? Are principals required to provide a social and emotional health framework for teachers in order to assist students struggling with emotional needs during the school day? Including students with emotional needs may require inclusion with a provision for special services (Education Resources Information Center, 2016). As a school leader, I am passionate about providing all teachers with emotional health professional development. There are few references in the research literature regarding Catholic school principals' attitudes toward serving students with emotional needs (Education Resources Information Center, 2016). As a principal, I am also concerned, as the decision-maker, in providing a balance against financial constraints and proper faculty teacher professional development training. I want all teachers to be knowledgeable about the behaviors and emotional issues that may manifest themselves among elementary school students, such as: sadness, self-harm, emotional issues, extra energy, excitement, etc.

Schools have become a major de facto mental health care provider for America's children (Scott, 2021). Due to the barriers to traditional sources of mental health care, an estimated 80% of the millions of children and adolescents needing social and emotional

support services receive these services at school (Scott, 2021). Most school-based mental health services are delivered by social workers, speech pathologists, and school psychologists. Identifying a student who has an anxiety disorder, depression, attention deficit hyperactivity disorder, or other emotional health issues may require a multi-tiered approach to learning (Scott, 2021). Comprehensive social and emotional support at the elementary school level must ensure that children are granted the opportunity to gain experience as well as provide support for emotional, behavioral, and mental health needs (Frabutt et al., 2011).

The Catholic education sector educates more than 1.8 million children annually in the United States (Wodon, 2022) As such, Catholic schools nationally are serving a significant number of children's emotional health needs. A confidential online survey was completed by Catholic school principals regarding mental health services and staffing in Catholic schools, demonstrating the barriers and challenges of mental health service provisions (Frabutt et al., 2011). Additionally, prior work has shown that, for students, mental health may cause some level of functional impairment (Burns et al., 1995; Shaffer et al., 1996). Thus, schools are a primary connection point to address the myriad mental health issues facing children. For student needs to be met comprehensively, schools need to develop comprehensive programs that reduce barriers to student learning (Burns et al., 1995).

Nationally, the need for school systems to address the mental health needs of their students has been emphasized in recent policy work. The U.S. Surgeon General endorsed a key component of a school mental health program: the training and education of teachers to understand and manage childhood social and emotional issues, finding that

effective classroom strategies will maintain a conducive environment for learning and treatment (Scott, 2021).

In the elementary school in which I am principal, we serve a low to middle-class student population many of whom have suitable support at home, yet we have young students who have experienced suicidal ideation and a few young scholars that have self-harmed. My role as the principal is essential in supporting the social and emotional well-being of each student. I am committed to improving the lives of children requiring emotional support at our Catholic elementary school.

The Importance of Social and Emotional Health Support to School Leaders

School leaders who are responsible for delivering social and emotional support to children at the elementary school level may benefit from emotional health training in order to understand the level of care needed for children with emotional support needs. If a child is struggling with basic emotional needs at home, if a child is struggling to fit in socially, or if a child is drug-addicted or abused, the school leaders must be invested in the child's future and the holistic value of the child. Relationships and care are essential in meeting the most basic needs of children (Jeffrey et al., 2013). School leaders should require professional development for all faculty and staff to include training in social and emotional health awareness and support.

School Leaders and Social and Emotional Health Awareness

The issue of social and emotional health can present behavioral challenges in the classroom if relationships have not been formed with students that are difficult to manage in the classroom (Jeffrey et al., 2013). Children do not wake up thinking, "how can I make my teacher's life miserable today?" If the teachers are educated and aware of

children with social and emotional support needs, their training will include empathetic cognizance in understanding and acceptance of these social and emotional health needs. A student's feeling of acceptance in the school setting will allow teachers to promote a universal understanding of emotional health, which will overflow into a society that will have a more comprehensive understanding of social and emotional health needs. Leadership support within a school setting has been found to be a key factor in the adoption of innovative programs, and commitment from school administrators strongly influences the implementation of prevention programs (U.S. Public Health Service, 2000).

<div align="center">The Importance of Social and Emotional Support in Schools</div>

Social and emotional prevention and intervention in schools are essential components for a school's programming because mental health issues are on the rise (Safe2say, 2021). Drug abuse, eating disorders, depression, and suicide are increasing. Specifically at the state level, programs like The Pennsylvania Safe2say program are a state-mandated program that has been implemented in Pennsylvania middle and high schools. This program received over 40,000 calls in the first year of implementation (Safe2say, 2021). The Safe2say program is a school safety tool that administrators, teachers, and students can use to save student lives. The program is run by the Attorney General's office, and this program is deemed a youth violence protection program. This program is based on the assumption that we cannot continue to ignore the needs of children with emotional health needs and children who struggle with social and emotional health issues.

The complicating issues that arise with implementing and sustaining social and emotional health programs within a school district setting include stigmas associated with asking for emotional health assistance, parents' sometimes limited recognition of an emotionally struggling child, limited funding for social and emotional support at the local and district level, and limited availability of social and emotional support at schools. More than 70% of teens who require social and emotional support do not receive services (US Public Health Service, 2000). Reported rates of disorders indicate that social and emotional health issues are on the rise (US Public Health Service, 2000). Approximately one in five children and adolescents is experiencing issues severe enough to warrant mental health services (Schoner & Lawler, 2021).

Clarification of emotional support assistance may provide Catholic school principals with a social and emotional health framework to begin recognizing students with social and emotional support needs and providing adequate school support. Research may provide an overview of the loosely coupled Catholic school systems in which social and emotional health resources are locally determined. Catholic school principals serve as the decision-maker in admission and enrollment decisions (Education Resources Information Center, 2016). A key factor in this decision-making can be the principals' perceptions regarding servicing students with emotional health issues (Education Resources Information Center, 2016). This research study includes interviews with principals in two of the five counties in the Archdiocese of Philadelphia, Philadelphia, and Delaware counties.

These issues of the emotional and mental health needs of children in Catholic schools lead to the two questions this research was designed to answer: What is the role

of the Catholic elementary school principal in utilizing district-provided and outside social and emotional health resources for their students? What is the role of the Catholic elementary school principal when two different counties do not offer the same social and emotional health resources for Catholic elementary school students?

CHAPTER 2

LITERATURE REVIEW

The Social and Emotional Health Problem Defined

Mental and emotional health needs that are unmet present a significant problem

for adolescents (Chandra & Minkovitz, 2006). According to the World Health

Organization (WHO, 2021), mental health is a "state of well-being in which the

individual realizes his or her own abilities, can cope with the normal stresses of life, can

work productively and fruitfully, and is able to make a contribution to his or her

community" (Galderisi et al., 2015). The proposed definition is reported herewith:

> Mental health is a dynamic state of internal equilibrium
> which enables individuals to use their abilities in harmony
> with universal values of society. Basic cognitive and
> social skills; ability to recognize, express, and modulate
> one's own emotions, as well as empathize with others;
> flexibility and ability to cope with adverse life events
> and function in social roles; and harmonious relationship
> between body and mind represent important components
> of mental health which contributes, to varying degrees, to
> the state of internal equilibrium. (Galderisi et al., 2015)

Emotional regulation, i.e., the ability to recognize, express, and modulate one's

own emotions, is also regarded as a vital component of mental health (Galderisi et al.,

2015). It is important for our nation to rethink social and emotional health interventions

to address children's emotional issues in our nation's schools. Schools are an essential

part of a universal intervention to promote and prevent mental health breakdowns and

psychosocial problems facing at-risk school-aged students (Adelman & Taylor, 2006).

Twelve to twenty-eight percent of all students under eighteen require mental health

services for behavioral, emotional, or social health issues. In many urban schools, over

fifty percent of students exhibit significant learning and behavioral problems due to mental health issues rooted in ancestral circumstances and poverty (Adelman & Taylor, 2006).

Estimates indicate that twelve to twenty-two percent of all students younger than eighteen require mental health services (Williams et al., 2007). Forty-two percent of urban students are eligible to receive subsidized school lunches. This high percentage accounts for minority students in educational settings (Williams et al., 2007). Traumatic stress suffered from neighborhood violence, poverty, and parental neglect can have detrimental effects on the school-aged student's mental health. When emotional needs are not addressed at an early age, normal mental health development is stunted, and emotional behaviors represent themselves in the juvenile justice system and the child welfare system (Galderisi et al., 2015).

<div align="center">School-Based Social and Emotional Health Services</div>

School-based mental, social, and emotional health needs and services are growing progressively in the United States; however, there are challenges on many levels. It is important for educators to equip themselves with the tools needed to intervene during a social or emotional health crisis. Effective programs also need to be placed in schools for all staff to function effectively (Weist, 2005).

The table below represents the school-related social and emotional support and resources available in the Philadelphia region. The School District of Philadelphia offers district-wide services for pupils. As noted previously, Roman Catholic elementary schools are part of a district, yet many decisions about programming and support are locally determined by the school principal and the pastor.

Table 2.1: School Related Social and Emotional Supports and Resources in The School District Of Philadelphia

| School District of Philadelphia | School-related social and emotional supports and resources available | District Policy |
|---|---|---|
| HOPE call line Delegate call line Available to school families | Emotional support services available during school breaks | District-wide |
| Pre-recorded assistance for faculty and staff | Professional Development | District-wide |
| Sessions available for all school families | Live Training | District-wide |
| Website referral criteria for all public schools | Intensive behavioral health services | District-wide |

(School District of Philadelphia, 2021)

Social And Emotional Issues in Elementary Schools

Many schools in the nation's urban areas (such as Philadelphia, where this study was conducted) are nestled in communities with high rates of poverty and crime. The students and teachers in these areas function within an environment that influences student services and behaviors (Williams et al., 2007). Williams et al. have focused their qualitative and quantitative research on mental and emotional pathways for urban education students. In the Philadelphia public schools, the district is empowering schools to build open pathways to learning. The Philadelphia Office of Student Support Services is committed to a social and emotional environment that supports student success by using a multi-tiered model of mental and emotional health intervention that is strength-based, culturally sensitive, and compassionate (PSD, 2021).

13

The literature has identified many crucial factors related to children's social and emotional health and why a significant percentage of children meet the criteria for social and emotional support. A substantial proportion of social and emotional health services are provided in schools, and teachers are useful in identifying mental health services that are needed for children (Williams et al., 2007). Many suburban schools have disproportionately represented special education classes, which may identify an increased need for social and emotional health services (Williams et al., 2007). To address the social, emotional, and psychosocial concerns in schools, methods must be interconnected among families at each school to promote health and development (Taylor & Adelman, 2000). Many of the barriers to school-based social and emotional health services exist because some families cannot find emotional health support due to the lack of providers in their communities.

Moreover, some family members may have to travel long distances or be placed on waiting lists for care. According to the Centers for Disease Control, the cost of insurance, and the time and effort involved in obtaining care, can make it difficult for parents to get social and emotional health support for their children (CDC, 2022). Agency names and resources are provided to the parents; however, for the reasons listed above and many others, many parents rely on the school to provide all the social and emotional health answers (Taylor & Adelman, 2000).

Social And Emotional Health Issues Requiring Support at The Elementary School Level

The most prevalent issues requiring social and emotional support at the elementary school level are stress, substance use, behavioral issues, depression, emotional issues, attention deficit disorder, depression, violence, abuse, self-mutilation,

and eating disorders (Herpertz-Dahlmannet et al., 2013). These issues are often known to teachers and staff members at the school through conversations with children and through observable behaviors. Since these behaviors interfere with learning and socialization, these issues require a social and emotional health support framework for struggling students (Herpertz-Dahlmann et al., 2013).

<center>Support Services That Are Provided in Catholic Schools</center>

The support services provided to schools assist with the healthy functioning of students (Atkins et al., 2010). The fundamental framework within the school's social and emotional health services needs to include effective support for students' learning and emotional health (Atkins et al., 2010). A schoolwide emotional and social health program that promotes school success by valuing the input of student interaction and facilitating teacher and student coordination is imperative for positive development and growth. As the social and emotional support program builds at the elementary school level, student confidence and responsiveness will promote proper student interaction for emotional and social support services (Atkins et al., 2010).

In the Philadelphia Catholic elementary school system, the Counseling and Referral Services (CORA) , a contracted service provider, provides services designed to empower children by providing emotional and social support that will maximize the potential for each student inside and outside of the classroom setting (School Support Services, 2020). CORA provides a range of services to private, Catholic, charter, and public schools. CORA services engage principals to support the emotional and social needs of elementary school children. Academic support, occupational therapy, speech and language services, and psychological and school counseling are provided to students

<center>15</center>

in need of support (School Support Services, 2020). If a student has experienced trauma or is at risk of substance abuse, CORA counselors can deliver services to students in challenging educational environments (School Support Services, 2020). CORA services receive ACT 89 funding, which enables counseling and academic support to assist the Catholic school system in providing services to assist the whole child.

Through Act 89 funding, CORA provides education, counseling, psychology, and speech services to over 12,000 students in sixty-two nonpublic schools in Philadelphia (School Support Services, 2020). CORA has also partnered with the Mastery Charter Schools in Camden, NJ, and Philadelphia, along with several other Philadelphia-based charter schools, to provide help to students who are struggling with issues that affect academic growth (School Support Services, 2020).

CORA has provided these services for over forty years, and they are well equipped to deliver services to students in challenging educational environments (School Support Services, 2020). Students in grades K to twelve are eligible to participate in these services to meet the needs of the whole child (School Support Services, 2020). The main goal of CORA services is to assist the students with success in the classroom.

<div align="center">The Role of The Counselor and Teacher</div>

The role of the school counselor in elementary schools involves a degree of knowledge and competency that has been developed with student mental health issues (Carlson & Kees, 2015). School counselors' training is focused on student emotional, social, and mental health issues, as well as training in community-based services. Once a student is referred for services, the counselor will provide mental and psychological support for the student. The principal's role is significant in supporting the role of the

counselor and teacher in providing an understanding for mental, social, and emotional health services offered within the school environment. The teacher's role in assisting students with social and emotional health issues is one of supporting the student during the time of emotional health need (Jeffrey et al., 2013). Teachers have a responsibility to report the emotional health issue to the principal at the time of the crisis. Once the teacher is educated on the proper emotional health procedures, the teacher will provide the student with support during the crisis, document the social or emotional issues that are present, and refer the student to the principal. The principal will contact the counselor, provide documented emotional health issues to the counselor, and schedule a time for the counselor to evaluate the student. The counselor will follow up with the principal to determine a social and emotional support pathway to support the student's social or emotional health needs during the time of crisis.

## The Social and Emotional Issues that Schools Are Unable to Support

Children that experience social or emotional challenges may have difficulty receiving support at school for a multitude of reasons. Students may not be able to attend school with peers due to emotional health issues that have not been previously addressed and this may prevent socialization and meaningful engagement in the classroom. If students need help in managing and supporting their social or emotional needs, they may not receive the support they need due to a lack of early intervention, behavioral disturbances, and a high dropout rate from school (Weist et al., 2014). According to Rappaport (2015), if students do not experience a healthy response to an emotional health crisis, they may experience behavioral disturbances in the classroom setting due to not having built a "toolbox" for success". School social and emotional health services often

lack collaboration between school staff and emotional health professionals (Rappaport et al., 2003). A child with oppositional defiance disorder may not have the support required due to the teacher lacking training in providing the support needed to address this issue (Rappaport et al., 2003).

<div align="center">Multi-Tiered Systems of Support</div>

Schools can organize emotional and social health services into a multi-tiered support system (MTSS) that can range from offering services universally to all students to providing a more intensive use for students based on medical, social, or emotional behaviors. A multi-tiered system of support is an approach in which schools rely heavily on public health and prevention science models (Weist et al., 2014). The critical phases of the prevention science intervention research cycle include the following:

1. Articulate and refine a coherent conceptual model that specifies the targeted problem, the protective factors that contribute to the problem, and these factors' timing across development.

2. Develop interventions that target the hypothesized risk and protective factors.

3. Design and conduct trials to evaluate the intervention's impact and determine the causal roles of the factors.

4. Implement large-scale field trials to test the interventions' effectiveness in a variety of populations and settings.

5. Bring the intervention to scale by disseminating and evaluating it when implemented in communities throughout a state, region, or nation.

(Herman et al., 2021)

Social and emotional health services in schools can organize school-based support into a multi-tiered system of support (MTSS) that ranges from offering services universally to all students to provide more intensive services for select students based on medical necessity (McCance-Katz & Lynch, 2019). The multi-tiered system is an umbrella term for an approach designed to respond to all students' needs (McCance-Katz & Lynch, 2019). A multi-tiered approach to a school-based mental health program will provide a comprehensive social and emotional health program for all students while improving outcomes through a layered continuum of evidence-based practices (McCance-Katz & Lynch, 2019). It is essential to create a framework of proven methods to help struggling students with emotional and social health support while functioning to minimize the stigma associated with emotional, social, or mental illness. With proper emotional and social health tools in place, teachers will be able to rely on emotional health school resources to make appropriate referrals for behavioral management, provide adequate social and emotional support, and document behaviors within the framework provided to support children with social and emotional support needs (McCance-Katz & Lynch, 2019).

Early detection of the need for social and emotional support is critical to success in school. Many countries require a screening for the detection of emotional and social health support needs (Erhart et al., 2009). In fifteen European countries, the early detection of hidden emotional, social, and mental health issues is a prerequisite for any preventive action (Erhart et al., 2009). This research is relevant in order to benchmark emotional health services in maintaining quality review and ongoing quality social and emotional health management. A psychometrically sound, effective screening measure

can be useful to score and interpret emotional health problems. The screening test is used for children eight to eighteen years old to support any deficits in their mental health and emotional well-being (Erhart et al., 2009).

The issue with support for school-aged students' emotional health issues is the stigma of social, emotional, or mental health disorders that cause many individuals to avoid seeking help (Takeuchi & Sakagami, 2018). Quality anti-stigma education training for school-aged students, faculty, and administrators will support the current needs of emotional health issues present in school situations today. The stigma of emotional and mental health illness and the struggles associated with elementary school students seeking qualified services are prevalent in school districts nationwide (Williams, 2014). The use of district-provided services may not support the student to obtain school affiliated social and emotional support and counseling. Incorporating emotional health services in struggling urban schools is not an easy task, especially if district officials do not see the need for mental health resources (Williams, 2014).

## The Principal's Role

The principal's role in determining available social and emotional health resources for students is vital considering the related problems facing students in the school system. The school climate is a crucial factor in student success and student emotional health outcomes (Safe2say, 2020). The role of the school principal is central to successful school operations and student learning and development (Frabutt & Speech, 2012). Principals must be change agents for emotional health implementations and support. School principals are instrumental in determining whether to extend emotional and social health services for students (Frabutt & Speech, 2012). The principal's role is

important in determining the school's vision and day-to-day execution of emotional and social health services. It is important to recognize the role of principals when utilizing and researching social and emotional support to be offered in the schools in which they are leaders.

Due to financial constraints in the Catholic school system and limited research in the role of the Catholic school principal, the role of the principal in servicing children with emotional needs becomes challenging. The bishops support the inclusion of children with emotional needs; however, the financial realities present a moral dilemma for the Catholic school principal (Education Resources Information Center, 2016).

The principal's role in utilizing district-provided social and emotional health services may require outside social and emotional support to assist students struggling with emotional issues. The principal must find diverse funding sources to provide a multi-tiered approach to emotional and social health services to support the students. If various funding sources are not available, the use of state and community resources will become a valid option to ensure a more positive outcome for struggling students (Safe2say, 2020).

<center>The Principal Will Determine the Schools' Greatest Needs</center>

The principal will determine the school's greatest needs in regard to supporting the students' mental health and emotional wellness. The principals have autonomy in deciding the greatest needs of the school and the students. In Pennsylvania, non-public school funding is provided by the state and distributed to the Intermediate Units in the five different counties. This funding is provided to the Archdiocese Catholic elementary schools and this study was conducted in Delaware and Philadelphia counties.

<center>21</center>

Philadelphia county funding is provided by the School District of Philadelphia. The faculty and staff training sessions also teach faculty how to support the student's needs throughout the school day. If a student presents to a faculty or staff member with an emotional health issue, the faculty or staff member will be able to refer the student for proper social and emotional health support. With clear guidelines and training, the faculty and staff will be able to support the struggling student with in-school support.

1.      What are the schools' greatest needs in regard to supporting students' emotional and social health?

2.      What are faculty and staff persons' greatest training and professional development needs in regard to supporting students' social and emotional health?

What do principals perceive as the most successful approach or strategy that their schools have used to improve the emotional health of the students (Frabutt & Speech, 2012)? Catholic school principals describe their most successful practices regarding serving children's social and emotional health needs as needing improvement (Frabutt & Speech, 2012). Daily school administration functions validate the need for early social and emotional health intervention regarding the social and emotional support needs of the student. Early intervention will support the teachers in classroom management, emotional, social, and behavioral issues. Given that the U.S. Catholic education sector operates over 7,000 schools and educates 2.1 million students (McDonald & Schultz, 2010), these qualitative data depict an important but heretofore understudied educational dynamic: Catholic schools' capacity to support children's emotional health and well-being (Frabutt & Speech, 2012). There is a sense of justice to include students with emotional health issues

in the Catholic schools, and the practicalities of how to do this with integrity (Education

Resource Information Center, 2016).

Emotional health is important at every stage of life and includes the emotional,

psychological, and social well-being of an individual. It affects how one thinks, feels, and

behaves (U.S. Department of Health and Human Services, 2017). With an elevated level

of stress on teachers related to behavioral issues during the school day, maintaining a

healthy learning environment within the infrastructure of the school day becomes

challenging. A model using existing social and emotional health services and the

inclusion of outside community resources may support an improved school climate with

fewer disruptions.

<center>Administrator Concerns</center>

Despite the need for increased social and emotional resources in the Catholic

elementary school system, district-provided resources limit the student population's

access to social and emotional health resources in schools. The level of emotional health

prevention and intervention in the school system is a primary concern for school

administrators as they strive to maintain success for their students while implementing an

emotional health plan that will support students who are struggling with depression,

anxiety, eating disorders, suicidal ideation, and emotional issues. According to Frabutt

and Speech (2012), the principals of 346 Catholic elementary schools state that there are

challenges in meeting students' emotional health needs, a lack of professional

development resources available, and an absence of effective practices that are currently

available in the elementary schools. Stagman and Cooper (2010) state that children who

<center>23</center>

lack services for social and emotional support struggle in their quest for educational success in areas of behavior, attendance, and academic work.

## Barriers And Challenges of Social and Emotional Health Services

There are barriers and challenges associated with the provision of emotional and social health services in Catholic schools, in comparison to public schools. Funding is an issue that is pertinent to a private school's emotional health success, and continued action is needed to overcome funding barriers with continuous effort and support for the private sector (Frabutt & Speech, 2012). Within the Catholic school system, has this issue become a social justice issue? The stigma associated with emotional health treatment does not encourage students to feel safe seeking this treatment in the school environment. Many students who would benefit from emotional health services may not pursue them or may fail to continue with counseling support once emotional health services begin (Commins & Elias, 1991). To build emotional competency and social health resilience for students, the identification of an emotional health issue and the development of a healthy school social and emotional health program are vital for student success. When are school emotional health resources deemed not enough to support a school community's social and emotional health needs? What outside resources can the principal implement to assist struggling students? When one brings an emotional health program into a Catholic school setting, it can be construed as a change to the organization and may interfere with the archdiocesan organization's routine practices (Commins & Elias, 1991).

Many factors play a role in the emotional health status of school-aged students. Emotional stability and environmental factors play a large part in the identification of

24

emotional health disorders. School administrators' role is vital in addressing the misconceptions of the role descriptions for counselors, mental health professionals, and teachers who lack an understanding of underlying emotional health issues that cause behavioral problems (Collins, 2014). The stigma associated with health interventions promotes a lack of modification and improvement in delivering services that facilitate students' significant social and emotional support. Emotional and social health programs offered in the school setting are vital components to a child's development and psychological well-being. A comprehensive emotional health plan is essential in developing an intervention and training program for all staff associated with the students who are educated daily.

<div align="center">The Principal's Role in Providing a Safe Environment for Children</div>

Providing a safe environment for children improves children's academic performance and increases critical thinking skills for future growth. School-aged students need to feel safe in order to feel connected to the school environment and meeting this psychological need for safety will promote positive, healthy outcomes for students' performance (Thompson et al., 2006). The importance of a robust and engaging social and emotional health program is essential for the social growth of all school-aged students. The school administration is vital in supporting a successful and enriching emotional health program to reach students at all levels of support.

The principal's perspective on the school environment's social and emotional health issues is essential regarding comprehensive services provided to emotionally impaired students. The principal's role is crucial in coordinating the factors necessary to create and improve a mental health program that will sustain and promote a healthy and

caring environment for all students. The principal's mission is to create a comprehensive, healthy, and caring environment for the students (Greenberg & Weissberg, 2003). This task must be supported by a prevention and youth development emotional health program. Improvement of school-based emotional health services is critical to support the emotional and behavioral health of students. The role of the principal is essential in the provision of social and emotional support services.

The school principal is the primary administrator at the school who oversees the school's academic, social, and resource program (Marzano, 1993).

- Mental habits influence what we do
- Poor habits of mind lead to poor learning
- Skilled learners can be ineffective

There is limited social and emotional health training for school personnel and limited mental/emotional health resources are provided by the district. This lack of training on the part of the school staff and the lack of support services can hinder the school students' developmental growth. The principal's role is crucial in recognizing the need for strong social and emotional support for the students and in recognizing the need for faculty training and professional development regarding the condition of students in an emotional crisis.

<center>The Role of Teachers</center>

While the role of the principal is essential to the provision of emotional health services, we must rely on teacher input in this process. What requires further research is how teachers' involvement can be improved to support the social and emotional support of students. School-based emotional health training models and resources may underplay

<center>26</center>

the crucial role teachers play in supporting students experiencing emotional and social issues (Phillippo & Kelly, 2014).

How can one determine if parents are familiar with a school's emotional and social health services? If a parent has a school-aged child with mental health issues, do they feel there is adequate support at the school level? What is the elementary school principal's role in utilizing and implementing district-provided emotional health resources for their students? How will the principal introduce additional emotional health resources for their students when the district-provided resources are not enough to support the emotional health of the student population? What is the role of the elementary school principal when two different counties do not offer the same emotional health resources for Catholic school students?

<center>Emotional Health Resources</center>

District-provided emotional health services play a crucial role in beginning the process of supporting a student with emotional health issues. When district-provided resources are not sufficient to identify and treat the student struggling with emotional health issues, outside help may be needed to transition the student to a more universal and multi-tiered approach to emotional health support (Safe2say, 2021).

In Pennsylvania there are programs to support students that are sponsored and funded by the state:

> In Pennsylvania, the state government and local treatment centers
> provide an array of outside resources that the principal can use to
> support a multi-tiered approach to implementing a universal support
> program for school-aged students. Each government and treatment
> program listed below outlines a practical approach in responding to a
> behavioral or emotional issue that may begin to support the student
> and engage the family in utilizing emotional health resources that will

<center>27</center>

work towards a positive outcome for the student. (Mental Health
Resources for PA, 2021)

The Pennsylvania government and treatment programs are:

1. The Safe2say Pennsylvania mental health program.

2. Treatment/Crisis Centers-Fairmount, Belmont, Renfrew

3. SAP-Student Assistance Program

4. CHOP-Children's Hospital of Philadelphia

5. Northwestern-Behavioral Health

6. PATH-People Acting to Help

(Mental Health Resources for PA, 2021)

The Safe2say program is a youth violence and mental health prevention program
implemented at the school level by the Attorney General of Pennsylvania (Safe2say,
2019). The program teaches adults and youth how to recognize early warning signs of
individuals who may want to harm themselves or others. The reporting of an individual is
confidential, and these reports may help to prevent a tragedy. Treatment crisis centers
offer monthly support groups to assist students and families with mental/emotional
illness. The centers provide a safe space for struggling students to talk with a counselor
and connect with an individual so that children, young adults, and adults can feel
connected to a community resource network (NAMI, 2020). Counselors and therapists
have found that treatment facilities and therapy sessions are necessary to support
students' mental and emotional health (NAMI, 2020). A positive mental health image can
promote a sustainable recovery for the student and their family. Another outside
emotional health resource for a principal to use is the Student Assistance Program that
promotes mental and social health wellness in schools and communities in the state of

Pennsylvania (SAP, 2020). When emotional health struggles and barriers that impede student achievement are removed, academic achievement and prevention services will improve student performance (SAP, 2020).

In addition to state sponsored programs, there are other local resources. For example, principals from all schools (public, religious, and private) at the elementary school level can refer families to the Children's Hospital of Philadelphia. The behavioral science department of the hospital can diagnose and treat the child's problem. Once the mental health issues identify themselves, a treatment plan will address the psychological factors contributing to the child's mental and emotional health status through the Children's Hospital of Pennsylvania (CHOP, 2020). For a principal to offer a more comprehensive emotional health program in the school environment, a principal can also look towards the People Acting to Help Program to guide students and families to a wide array of emotionally based health services (PATH, 2020). Offering and sustaining vital emotional health programs for students in the school setting can lead to a more comprehensive plan that can address stigmas, parent recognition of social and emotional support, teacher training, and limited resources within the school environment.

The importance of continual evaluation and quality management of emotional health resources leads to defining a clear goal for social and emotional health school-related resources as well as the constant addition of related literature that will work to improve the resources that are presently available. The inattention to scientific literature is surprising when we consider the quantity of rigorous educational science on topics such as emotional and mental health (Hoagwood & Rones, 1993).

Significant Impact of Principal Support

The literature provides ample evidence that principals have a significant impact on the support for school-based emotional health services to assist children with emotional and social health issues. This literature review details that emotional health issues should be supported in elementary schools. The literature identifies crucial factors related to children's emotional health and the need for social and emotional support in schools. A multi-tiered system of support is essential to create a framework for proven methods to help students struggling with emotional and behavioral support. The role of the school and educational leaders in preventing mental health difficulties and intervening in the case of emotional illnesses has been highlighted (Whitley, 2010).

The student assistance program (SAP) is a program in which all youth are eligible to participate (SAP, 2021). This student assistance program is a mandated program for the public school system (SAP, 2021). The teacher or other school personnel (principal) initiates the student assistance process (SAP, 2021). The SAP assessor meets with the parents and the student (SAP, 2021). The student helps the student assistance processing team complete the referral form and the agency continues to work with the family to provide the necessary services (SAP, 2021). The principal's role supports the initial emotional health referral for the Catholic elementary school student.

Foster and colleagues' (2005) groundbreaking research provided descriptive insight into the landscape of emotional health services in public schools, but the scan of such efforts in private schools, particularly Catholic schools, has been lacking (Frabutt & Speech, 2012). Private educational institutions, including religious (68%) and nonsectarian (32%) schools, are not supported by public funds (Broughman et al., 2009).

Catholic schools make up about 57% of all religious schools (Frabutt et al., 2011). All children have the right to educational access which guarantees a safe school with qualified teachers (Education Resources Information Center 2022).

The four guiding questions in this research paper are:

1. What are the patterns of staffing and resource provision as enacted in a sample of Catholic schools?

2. What are students' predominant psychosocial or emotional health issues in these schools?

3. What specific services are provided to students?

4. What are the barriers and challenges to emotional health services and staffing in Catholic schools?

(Frabutt et al., 2011)

Principals of 414 Catholic schools from twelve dioceses (districts) across the United States composed of K-8 elementary schools were surveyed (Frabutt et al., 2011). The average enrollment in the sampled elementary schools was 300 students (s.d. = 173). The elementary schools included 22% minority students and close to 3% were classified as limited English proficient or ELL (Frabutt et al., 2011). Six major sections were considered by principals and administrators who completed the survey. The six major sections were: basic school characteristics, emotional health staffing in school, psychosocial or emotional health issues among students, services provided to students, preventive and early intervention programs, and open-ended commentary (Frabutt et al., 2011). The results of this survey are presented in Table 2.2.

A Focus on The Most Commonly Reported Health Problems at The Elementary And

Secondary School Levels Identified The Following Emotional Health

| Table 2.2: Percentage of Schools Identifying the Following Emotional Health Issues among their Top Three Concerns, by School Level and Gender | | | | |
|---|---|---|---|---|
| Elementary % | | | Secondary % | |
| Female | | | | |
| Social, interpersonal, or family problems | 90 | Social, interpersonal, or family problems | 81 |
| Anxiety, stress, social phobia | 57 | Anxiety, stress, school phobia | 58 |
| Adjustment issues | 55 | Adjustment issues | 54 |
| Aggressive/disruptive behavior, bullying | 45 | Depression, grief reactions | 36 |
| Behavior problems associated with neurological disorders | 34 | Aggressive/disruptive behavior, bullying | 20 |
| | | | |
| Depression, grief reactions | 17 | Alcohol/drug problems | 19 |
| Eating disorders | 7 | Behavior problems associated with neurological disorders | 17 |
| Major psychiatric or development disorders | 6 | Eating disorders | 17 |
| Concerns about gender or sexuality | 3 | Concerns about gender or sexuality | 10 |
| Delinquency and gang-related problems | 3 | Experience of physical or sexual abuse | 10 |
| Sexual aggression, including harassment | 3 | Sexual aggression, including harassment | 10 |
| Experience of physical or sexual abuse | 3 | Suicidal or homicidal thoughts or behavior | 8 |
| Suicidal or homicidal thoughts or behavior | 3 | Major psychiatric or developmental disorders | 8 |
| Alcohol/drug problems | 0 | Delinquency and gang-related problems | 7 |
| Males | | | | |
| Social, interpersonal, or family problems | 80 | Social, interpersonal, or family problems | 73 |
| Aggressive/disruptive behavior or bulling | 66 | Adjustment issues | 46 |

| Table 2.2: Percentage of Schools Identifying the Following Emotional Health Issues among their Top Three Concerns, by School Level and Gender | | | |
|---|---|---|---|
| Elementary % | | Secondary % | |
| Behavior problems associated with neurological disorders | 54 | Anxiety, stress, school phobia | 44 |
| Adjustment issues | 43 | Aggressive/disruptive behavior or bulling | 31 |
| Anxiety, stress, school phobia | 40 | Alcohol/drug problems | 31 |
| Depression, grief reactions | 12 | Behavior problems associated with neurological disorders | 29 |
| Major psychiatric or developmental disorders | 10 | Depression, grief reactions | 25 |
| Delinquency and gang-related problems | 4 | Delinquency and gang-related problems | 8 |
| Concerns about gender or sexuality | 4 | Eating disorders | 8 |
| Alcohol/drug problems | 3 | Concerns about gender or sexuality | 8 |
| Suicidal or homicidal thoughts or behaviors | 3 | Sexual aggression, including harassment | 8 |
| Experience of physical or sexual abuse | 3 | Suicidal or homicidal thoughts or behavior | 7 |
| Eating disorders | 3 | Experience of physical or sexual abuse | 7 |
| Sexual aggression, including harassment | 3 | Major psychiatric or developmental disorders | 5 |

(Frabutt et al., 2011)

The barriers to providing emotional health services to students were transportation difficulties, student confidentiality, stigma, inadequate school resources, competing priorities, parental cooperation, and the like (Frabutt et al., 2011). This investigative study was not a comparison of public and private school resources; however, the differences and similarities were striking (Frabutt et al., 2011). In all grade levels, there were stark differences between public school and Catholic school staffing rates: school

nurses (69% vs. 47%), school counselors (77% vs. 45%), school psychologists (68% vs. 29%) and school social workers (44% vs. 16%) (Foster et al., 2005).

Many Catholic schools have experienced issues with long-term viability due to lower student enrollments, higher operating costs, and the challenges of academic rigor to sustain their competitive edge in the marketplace (Education Resources Information Center 2022). To increase their long-term financial viability and academic rigor, many archdioceses have decided to restructure their parish schools into regional school systems to try to make them more attractive to families (Education Resources Information Center 2022).

Principals are critical to collaborative school improvement efforts that aim to support student success in school (Adelman & Taylor, 2011). Principals are an underrepresented voice in social work and educational research on expanded school improvement models (Iachini et al., 2016). One exception is the work of Frabutt and Speech (2012). They explored US Catholic elementary school principals' perspectives on the student's emotional health and wellness needs in their schools (Iachini et al., 2016). Several articles suggest strategies that principals might use to address nonacademic barriers to student learning. Personnel and funding emerged as needs identified by principals that are critical for addressing emotional health in schools (Iachini et al., 2016).

Data collection occurred through both a survey and a phone interview (Iachini et al., 2016). The online survey focused on the principals' perspectives on the greatest unmet needs of students, teachers, and school staff within their districts. Quantitative data focused on the programs and services that principals wished they had in their schools.

Behavioral and emotional health needs were noted as the greatest student need (Iachini et al., 2016).

However, for elementary school principals, social support and mentoring needs were seen as the greatest student need (Iachini et al., 2016). Emotional and mental health issues interfere with the effectiveness of delivering instruction. A mixed-methods study revealed that some other principals discussed health, emotional, and mental health needs in terms of the need for teachers and school staff to learn how to better manage their stress. Principals also mentioned that parents may not have the resources to help their children Emotional and mental health was identified as the greatest need in the training of teachers and school staff (Iachini et al., 2016).

There has been recent attention paid to the mental and emotional health issues experienced by many children and youth internationally (Whitley, 2010). Whitley presents an overview of several policies, programs, and initiatives related to the prevention and intervention for emotional health difficulties in Canadian schools with a focus on the Ontario context. This literature examined the role of educational leaders in meeting the mental health needs of students , and recommendations were made from the results. (Whitley, 2010). Although this study was not empirical, the researcher) directly observed the educational leaders.

Another study examined principals' perspectives on school emotional health needs and professional development concerning school emotional health in Catholic elementary schools in the United States (Frabutt & Speech, 2012). Principals from 346 elementary schools shared their perspectives on three key areas: the challenges in meeting student emotional health needs, the types of professional development they

desire, and the kinds of effective practices that are currently operative in their schools (Frabutt & Speech, 2012).

Emotional health needs among children in the United States have significant consequences for children and their families, as well as the schools that serve them (Blackman et al., 2016). This qualitative study evaluated the second year of an innovative school-based emotional health project that created a multi-system partnership between an urban school district, a public mental health agency, and a local university to better meet the emotional health needs of youth. Through in-depth interviews with seven principals and assistant principals at the project schools, four major themes were identified: (1) connecting the dots, (2) strengths and successes, (3) project significance to school and community, and (4) challenges and future directions  The findings from this study may be useful to other schools and communities that are considering school-based interventions to support at-risk youth (Blackman et al., 2016).

<div align="center">Conclusion</div>

My review of the literature indicates that there is little systemic inquiry that has focused on school-based emotional health services in the Catholic education sector. This is an issue of great concern since the Catholic education sector educates more than two million children annually in the United States (Frabutt et al., 2011). More than four hundred Catholic elementary and secondary schools were surveyed to inform a baseline environmental scan measuring how Catholic schools nationally are serving children's emotional health needs (Frabutt et al., 2011). The article sheds light on patterns of emotional health staffing and resource provision, student psychosocial and emotional health issues, mental health provision, and barriers to and challenges of emotional health

service provision. The findings are contextualized by comparison with estimates of public-school emotional health service provision, consideration of funding issues pertinent to the private school sector, and the continuing need for strategic assessment and action planning to support student mental health.

The present research consisted of principal interviews in two different Archdiocesan counties to determine the outlines of the principal's role in utilizing district-provided resources for Catholic elementary school students. The present research was designed to determine if there is adequate emotional and social health support in two neighboring Catholic elementary school counties. The principal's roles across two counties were studied to determine if the funding for Philadelphia and Delaware county are different. These findings will be presented to the Superintendent of the Archdiocese of Philadelphia and will be shared with the elementary school principals to inform the principals on emotional and social elementary school students' health support. Once the principals are educated regarding the emotional health initiatives, the principals will present these findings to the teachers at the elementary school level.

CHAPTER THREE

RESEARCH DESIGN AND METHODS

Introduction

There are several social and emotional health supports at the elementary school level. These supports include the Safe2say program, CORA, and Catapult multi-tiered social and emotional health supports. (Mental Health Resources for PA, 2021). CORA services provide a range of support services for public, charter, and private schools throughout the region (School Support Services, 2021). The Philadelphia Catholic elementary schools are provided with CORA services through the student assistance program. Through Act 89 funding, CORA provides counseling to over 12,00 students in 62 nonpublic schools in Philadelphia (School Support Services, 2021). One of the services that Catapult Learning Services provides is Intervention teachers to the nonpublic schools in Philadelphia (Catapult Learning in Philadelphia 2022).

This study looked at the role of the elementary school principal and the leadership actions of the school administration in providing additional social and emotional health support when local resources were not able to support the social and emotional health needs of the students. I interviewed principals of Catholic elementary schools in two different counties to understand their roles in utilizing district-provided resources for children with social and emotional health support needs. Eighteen principals of Catholic elementary schools were contacted for possible inclusion in the study.. Three principals declined to

participate in the study and three principals did not call back regarding their participation in this research study. The twelve principals who agreed to participate in this research study asked to remain anonymous. The principals selected were willing to speak up regarding their role in providing social and emotional health support services for their elementary school students.

The interview setting chosen had little distraction or noise. As the researcher, I explained the type of interview I was going to conduct and how their responses to the interview questions were going to be analyzed. The questions asked were value-free and open-ended so that the respondents could choose their own terms when answering questions. This study addressed the following research questions:

1.  What is the role of the elementary school principal in utilizing district-provided and outside social and emotional health resources for their students?

2.  What is the role of the elementary school principal in two different counties that do not offer the same social and emotional health resources for Catholic elementary school students?

The research and design method section of this paper included an overview of the research design, principal interviews, analysis, a review of the researcher's role in this study, and the limitations of this study. The research method was a qualitative study that collected and analyzed data used in disseminating additional social and emotional health supports for archdiocesan elementary school principals. The research questions and interview questions were designed with a narrative study approach (Catalano & Creswell, 2013).

Qualitative Study

This qualitative study enabled me to collect data and understand opinions and experiences that supported or rejected the need for further social/emotional health programs at the elementary school level. A qualitative study provided insight into the kinds of stigma around accessing mental health resources that most often prevent students and families from pursuing those resources. It offered the ability to integrate new research and programs that may be valuable to improving the mental health needs of students. As the researcher, I was the instrument in the qualitative research study that collected data by interviewing principals and discussing the role of the principal regarding emotional health school intervention (Merten, 2020.) The qualitative nature of this study allowed the principals to provide detailed information about the social and emotional health support offered at their elementary schools.

The principal interviewed provided me with experiences of the principals of elementary schools to determine if the student social and emotional health resources were appropriate for student care or if the students needed a more comprehensive in-school social and emotional health program. If the research determines that the in-school social and emotional health resources are not adequate to meet the school population's emotional health needs, outside social and emotional health resources may need to be researched and used.

As a principal of a Catholic elementary school, I was interested in researching the role of elementary school principals and the level of social and emotional health supports offered to students at their elementary schools. The pragmatic beliefs associated with the methodology included specific questions, the purpose of the research, and the principal's

unique interpretation of reality (Mertens, 2020). The study used interviews to collect

qualitative data. This approach allowed me to gather data through a range of questions that

was pragmatic in approach (Mertens, 2020). The first stage of the study included sampling

and research methods that improved the quality of my findings. The sampling and research

methods allowed me to compare two different counties' Catholic elementary schools'

oversight of a social and emotional health support system that can vary or change depending

on the role of the principal.

Before collecting data, I gained permission from the principals of two different

counties in the Archdiocese to determine the specific procedures. The Catholic elementary

schools are each their own entities, under the auspices of the archdiocese. Each elementary

school that is connected to a Catholic parish is subsidized by the local parish and tuition-

driven in finances. I used discretion, respect, and appreciation for the principals for sharing

their experiences with me.

The interview protocols included verbatim responses that assisted me in coding

open-ended questions. These verbatim responses permitted a more comprehensive response

regarding the principal's role in providing outside resources when the district-provided

social and emotional health resources in each county studied were not enough. The

interviews included questions about the barriers and challenges of available emotional health

resources to gain first-hand knowledge directly from archdiocesan elementary school

principals' experiences. This method permitted me to gather information while generalizing

the responses to provide a comprehensive understanding of the support system for Catholic

elementary schools. The interviews consisted of determining what services they research and

implement to provide emotional health services to elementary school students who required

additional social and emotional health support during the school day. All interviews were semi-structured and member-checked to ensure accuracy. Interviews took thirty minutes to one hour each. The interviews were recorded, transcribed, and coded. While the interviews relied on a case study or narrative approach, the observations more closely resembled grounded theory research. Additional data were collected from the schools' web presences and the data reported to the US Department of Education. The principals were provided with data from the Safe2say reporting services that support the number of tips and events reported in the year 2020 (Safe2say, 2021).

The study consisted of principal interviews in two selected counties to compare the available social and emotional health resources that support children with emotional health needs. The neuro-typical students in both counties may also be struggling with social and emotional health issues and the principal interviews conducted provided a framework for administration and teachers to assist them with social and emotional health training and professional development. The specific domain and interview questions were designed with a narrative approach. According to Creswell (2013), this type of research will focus on specific life events to re-tell the participants' experiences in a way that highlights important themes.

<center>Participants In the Round Of Interviews</center>

<center>Participant Sample</center>

In all, as shown in Table 3.1, there are 102 elementary schools in the Archdiocese of Philadelphia. I used a two-tier convenience sample with two counties selected: Delaware county and Philadelphia North County. The second tier was when Catholic elementary schools within those two counties are selected. The two counties

<center>42</center>

shared similar demographic race/ethnicity and socio-economic status distributions.

Every attempt was made to match the schools selected on these characteristics during

the interview process. Further criteria in the selection of the principals were gender,

race/ethnicity, and experience. According to data collected by the Archdiocese of

Philadelphia in 2011, 50 percent of the city's Catholic school students were minorities,

Black and Hispanic, and about 30 percent are non-Catholic (Understanding Catholic

schools, 2021).

Table 3.1: Number of Elementary schools In the Archdiocese of Philadelphia by County

| County | | Number of Schools |
|---|---|---|
| Bucks | | 16 |
| Chester | | 12 |
| Delaware | | 21 |
| Montgomery | | 22 |
| Philadelphia | North | 20 |
| | South | 11 |

The interview  consisted of the following questions:

1.      What specific emotional support services are available to your students who are

struggling with social and emotional health issues?

2.      What is your role as principal in determining the social and emotional health

support services needed for your students?

3.      How do you introduce social and emotional health services to your students?

4.      In your role as principal, do you provide professional development for teachers

regarding social and emotional health support services for your students?

5. Do you use district provided services for social and emotional health support for your students?

6. When district provided services are not enough social and emotional health support for your students, what other resources do you provide to your students?

7. As the principal, do you feel your students receive adequate social and emotional health support when struggling with a mental health crisis?

8. Do you use state-based social and emotional health support services for your students?

## The Benefit of Study To Participants

There will be several benefits to the principals who participated in this study. The participants were provided with an opportunity to reflect on the social and emotional health support practices in their schools. Secondly, as part of the research, the principals were able to learn about outside social and emotional health support resources and gain insight into other principals' experiences pertaining to social and emotional health student interventions.

## The Burden of Study On Participants

There were very few burdens from this study because of the small nature of the study and principals interviewed related to two Archdiocesan counties in Pennsylvania. The interviews were conducted with Catholic school principals in Philadelphia and Delaware counties, and I identified a convenient time for each principal to participate in the interview process. Six principals were interviewed from both of the counties.

## Research Tools

The study used the interview process to collect qualitative data on principals' actions related to student social and emotional health support. The link was emailed to the principals

in both counties, confirming a participative response. Once all responses had been received, an interview time was selected. The interview question results were collected and analyzed. I reviewed the interview questions to best reflect the qualitative data collected. The method of research identified and analyzed different patterns in the interview data collected. I became familiar with the data by reading the interview responses identifying the themes, defining the themes, and reviewing the interview transcripts. While reading and re-reading the principal interview responses, I was able to determine repetitive language which helped me identify the themes. The principal answers were supporting details which enabled me to identify patterns in the data to develop themes.

<div align="center">Role Of The Researcher</div>

At the time of the study, I was a principal of a Catholic elementary school in Philadelphia. I have worked in leadership positions in several Catholic schools. I also have had the opportunity to work in a public school in the inner city of Philadelphia. Through my experiences, I have been able to highlight the need for additional social and emotional health support services for elementary school students. Improvement in social and emotional health services is possible at the elementary school level and the Archdiocese of Philadelphia is committed to improving these services for Catholic school students.

CHAPTER 4

RESULTS

Introduction

The qualitative study was designed to identify principals' perceptions of the social and emotional health offerings, and the interplay with leadership actions. In particular, this study was designed to answer the following questions:

1.      What is the role of the elementary school principal in utilizing district-provided and outside social and emotional health resources for their students?

2.      What is the role of the elementary school principal in two different counties that do not offer the same social and emotional health resources for Catholic elementary school students?

The process by which this qualitative research study was performed involved choosing an interview setting that had little distraction or noise. Deviation of the original plan to interview each principal at the Catholic elementary school in which they oversee was challenging due to the global pandemic and social distancing guidelines. I had to deviate from the original research process by conducting each interview through a zoom virtual platform in order to accommodate the challenges the global pandemic presented.

. The research questions and interview questions were designed with a narrative study approach (Catalano & Creswell, 2013). Six principals from Philadelphia County and six principals from Delaware county were interviewed regarding their role as a principal regarding emotional health school intervention (Merten, 2020). The twelve principals provided detailed information about the social and emotional health support that is offered at their elementary school.

Findings

This study collected data to answer two main research questions. The next few sections report the results of this study relative to those questions. Data from the interview questions is included to provide a comprehensive view of the study's findings. From an analysis of the interview data, the most relevant findings were the following:

Theme 1: All principals in Delaware County described social and emotional supports offered through the Delaware County Intermediate Unit. No other social and emotional support was available for the Delaware County principals.

Theme 2: Principals, while lacking emotional health support within the school Setting, frequently seek outside resources in order to support the emotional needs of the Catholic elementary school student.

Theme 3: Catholic elementary principals are focused on emotional health improvement of the current programs, and they are working towards development of additional emotional health resources to support their students.

Although the principals asked to remain anonymous, they were willing to provide their ages. Through surveying the age of each county principal, valuable detail was revealed during the analysis of the feedback. Even though the principals in each county share many of the same experiences in the Catholic school setting, the subsequent opinions regarding social and emotional support resources available varied. Discretion, respect, and appreciation for the principals sharing their ages with me improved the quality of my findings.

Requesting the ages of the principals interviewed provided an opportunity to contrast experiences in a historical context, determining age and life experiences. The

value of age determination invoked the principal's own expertise, during the interview, explaining their life story in dealing with social and emotional student health issues as a principal. The demonstration of care from the principals expressed hope for a younger generation and invoked conversational strategies when dealing with emotional health student issues.

The ages of the principals identified in Philadelphia County are forty-five, fifty, fifty-two, sixty-six, sixty-nine, and seventy. The ages of the principals identified in Delaware county are forty-one, fifty-four, sixty-two, sixty-three, sixty-five, and sixty-eight. The principals in the Diocese did not want to be identified by gender, years of service to the Diocese, or education level. Anonymity was crucial for this study as the principals agreed to participate in this study if their identities remained anonymous. The three principals who declined to participate in this study have since left their positions within the Archdiocese.

## Research Question One Findings

The first question of this study is: What is the role of the elementary Catholic school principal in utilizing and implementing district-provided social and emotional health resources for their students? In Philadelphia and Delaware counties, the principals' responses focused on the importance of their role as principal in establishing, supporting, and fostering social and emotional relationships and services for elementary school students in their schools. The principals interviewed felt that their role as the school leader fostered relationships with the teachers, counselors, and students. Their role is also important in maintaining relationships with the social and emotional support teams in order to promote and improve the emotional health of the students. Each

principal interviewed felt that they played a major role in the strategic direction of the emotional support programs that are offered at each Catholic elementary school where they lead. Each principal interviewed had a shared vision regarding the emotional culture of the school and the improvement of emotional support that is offered during the academic day.

The principals in Delaware and Philadelphia counties felt that they were satisfied with the social and emotional support offered at their schools. All of the principals in both counties feel it is important to explore additional social and emotional support for their students. All of the principals interviewed felt that the emotional needs of the students were growing due to the pandemic and anxiety levels were increasing among the students. Much of the social and emotional support that is offered to students is a result of the services that are provided to each Catholic elementary school. The principals in both counties will search for additional social and emotional support since anxiety levels among the students have increased. The pandemic has created significant anxiety among the elementary school students as they worried about illness and death of family members. The Archdiocese of Philadelphia kept the elementary schools open five days a week for in-person learning during the pandemic. Several of the elementary school families opted to have their children learn remotely due to the fear of contracting the COVID virus. The students at the Catholic schools are still struggling with daily normalcy and continue to have anxiety related to the social isolation from the global pandemic. Several of the principals would like to offer more professional development to the faculty since the teachers are a useful tool in identifying students' emotional needs. A substantial proportion of social and emotional health services are provided in schools,

and teachers are useful in identifying mental health services that are needed for children

(Williams et al., 2007).

Delaware County Principals

In this section I will provide data from the interviews to answer the first research

question: What specific emotional support services are available to your students who

are struggling with social and emotional health issues?

> Principal number one said: "I go to the personnel at the Delaware County Intermediate Unit to ask them if they can help with emotional support for the students". " I talk to the teachers regarding the social and emotional supports that are available to the students." Principal number two also used the DCIU for services provided by Title One funding for the district. In contrast this principal felt the need to provide additional support for each teacher by purchasing an emotional support book for each teacher from the author Ross/Green so the teachers can use this book as a workbook to help support the students.

The next two principals interviewed felt strongly about being the conductor

between the DCIU, the teacher, and the student. Some of their remarks were very

positive regarding their personal approach to getting to know each student, for example:

> "Providing emotional and social support for my Upper School students is one of my favorite things to do"! "I love interacting with the students and speaking to them about their problems and telling them what supports are available at our school". " I let the students know that I am the "conductor" between the IU, the teacher, and the student". "I get to know the students with a "hands-on" approach with a "hands-on" approach". "I always make myself available to talk to the students who require emotional support".

Principal number five was able to direct the district funds that were provided to

the school to where the most emotional and social support is needed. This quote best

illustrates the direction of provided district funds. "Funding is an issue, so I use

Teaching Assistants to monitor the classroom so our teachers can provide emotional

support to their students". Principal number six said: "I have weekly meetings with the

teachers so they can tell me if any students are struggling with emotional health". " I always meet with the school psychologist, the counselor, and the students in order to "keep an eye" on the students".

All of the Delaware County principals felt they function as the "conductor" in introducing social and emotional support for students. The principals also look for new book series for their students that include social and emotional health learning. All of the principals felt the teachers had autonomy to speak to the students about any emotional issues they may be experiencing in order to offer them support.

There was only one principal that wrote letters to students at the beginning of the year, asking the students to tell her about themselves, what they enjoy, and if there is anything they need to talk about. Once she receives the letters, she reads them, and writes back to each student. She does not make the students participate in letter writing; however, she offers this service, as needed.

All of the principals in Delaware County meet weekly with their teachers to check if any student needs emotional support services. All of the principals meet with the school counselor about each student that has been referred for services.

### Philadelphia County Principals

The Philadelphia principals best illustrate the basis of my findings by recommending the students for counseling; as principal number one states during the interview: "My teachers will recommend students for counseling". "I will follow-up with the students, without parental permission". "I do this, at first to determine if support is needed". "If I determine support is needed, I will speak to the counselor and send home a permission slip in order for the student to be seen".

Principal number two felt strongly in functioning as the liaison between the student's family and the counselor. Her role as a principal was significant in identifying the student's emotional concerns and she, as the principal, can provide emotional support services to the student.

Principals three and four speak to the teachers about what CORA services can offer to their students. They have an "open-door" policy and research additional emotional support programs to introduce to the schools already existing emotional support programs. Principals three and four create good communication between the parents and themselves.

They also keep open communication with the outside counselor in order to follow the same guidelines the outside counselor follows with the student. These principals were very concerned with "not triggering" any memories for the student during the principal's role in providing in-school emotional support services.

In support of my findings principal number four states:

> "Sometimes I require a letter from the counselor stating the child can return to our school". In contrast to the Philadelphia principals' responses, principal number five stated: "This is my first year as principal, and I haven't done a whole lot with social and emotional support". "Whatever emotional supports are already in place, these are the ones I use".

Principal number six best illustrates the principal's support role by stating that her job is to bring emotional support awareness to her students. She felt strongly in referring a student elsewhere (possibly another elementary school) if she was not able to provide the emotional support needed to help the student.

All of the Philadelphia principals would like to use a program called, "Family Connections". Family Connections is a general term the Philadelphia school principals

use to provide additional services to underserved children in the Philadelphia area. These principals create a family connection service within their school to assist families who need additional support. Where the Philadelphia principals were lacking in social and emotional support services, they have created their own method of student, teacher, and parent connections in order to serve the students in need. The mission of the Family Connections Program is to create the highest quality family learning community so underserved children and parents *together* become the drivers of their own success (Family connections, 2022).

The second interview question focuses on the social and emotional support services that are available in their school to students who are struggling with social and emotional health issues.

The principals in Delaware county use social and emotional support services from the Delaware County Intermediate Unit. Several of the principals interviewed in Delaware county were offered a three-year program that offers social and emotional support to students due to the global pandemic. The three-year program offers additional support in game playing and social interaction with the students, teacher training, and student social groups. One principal identified a social worker from the Delaware County Intermediate Unit that prepares social and emotional lessons for the students in her school.

The principals in Philadelphia County use CORA services, which provide a counselor two days per week in each school, and Catapult services, which provides services based upon the number of Title One students per school who need services. Through Act 89 funding, CORA provides education, counseling, psychology, and

speech services to over 12,000 students in sixty-two nonpublic schools in Philadelphia (School Support Services, 2020). A family connections program is available to the schools who have been identified as low-income and needing more social and emotional support for students. The family connections program is offered through ACT 89 and the family connections program provides a financial opportunity for schools to offer family support five days a week per school for students.

One principal identified CORA services as using "dancing" groups as a way to engage the students who are struggling socially and emotionally. The one Philadelphia principal who used Elwyn services felt there are many more services that are offered today to help students who are struggling socially and emotionally. Elwyn services no longer provides emotional and social support to Catholic elementary schools.

## Principal Experiences Differ by County

This section focuses on the principal's role in determining what social and emotional health support services are needed for the students. How does the principal introduce social and emotional health services to their students?

Delaware County principals one and two provide in-school services from the teachers, utilizing breathing exercises to help "bring the students down emotionally". They also provide a book for their teachers called, "Lost in School" to teach the faculty members how to emotionally support their students. The principals use additional emotional support services that they provide in support of the district provided services the school has to offer to students.

In support of the strong principal's role that has been identified in my findings I continued to hear stories from the principals about unique ways they offer emotional and

support services to their students. In principal interview number three, this principal had a unique way of getting to know her students through these emotional supports: "This is one of my favorite things to do at school with the students"! "I have the students write a letter to me, and I write back to them". "This letter helps me to introduce the emotional support system we have here at school".

Principals four and five include mindfulness in their daily schedule and they build relationships with their students. The principals talk with the students at the beginning of the school year and have follow-up emotional lessons scheduled in the classrooms through group lessons with the students.

All of the Delaware county principals interviewed felt the schools in which they lead are all "faith-based schools". The principals feel that faith helps the students who may be struggling with emotional health issues. All of the principals stated that social media has greatly impacted the social growth of their students in an unhealthy way.

The Delaware County Intermediate Unit has offered a second step program to the principals of the Delaware county schools. The principals felt that this program has been an immense help to them. The Archdiocese of Philadelphia provides guidance to a safe environment lesson that is promoted two times a week for 20 minutes which allows the students to talk about their emotions. The principals also felt that prayer and the faith-based approach to teaching helps the students with emotional wellness.

In Philadelphia County principals one and three provide additional emotional support services through SHALOM services. SHALOM services will meet with the students in-person or virtually. The principals felt that SHALOM services provide an extra layer to "anti-bullying". Shalom offers grade schools programs that teach and

practice the skills they need to resist drugs, alcohol, and prevent bullying (Shalom, 2022). Shalom goals are to instill in the students the desire to take care of themselves in a positive, healthy way to avoid situations that may cause harm to themselves or others (Shalom, 2022).

Principal three also uses social and emotional support videos from the internet to support their emotional growth. In principal interview two, the principal will speak personally with the older children to ask them if they need to speak to someone regarding emotional support. If the student states they do not want to speak to a counselor, the principal will guide and lead them to speak with the counselor at their school.

In disparity to the previous principal's responses, principal number four stated the following:

"We have a protocol for COVID, the protocol for COVID helped introduce the safety measures we have here". "We have parents who help and support our services". Principal number five offered emotional support services on an individual basis, and they evaluate whether the student needs to speak to one of the counselors. Principal number six makes the parents and the students aware that there are services available to the students and if they need help, she is available to listen to their needs. Principal six states: "For the younger children, I let the families know that services are available to them".

All of the Philadelphia County principals felt that the principal needs to be seen in the school. Two principals in Philadelphia County offered new student groups to foster social friendships among new students who were admitted to the school. Online situational videos related to students' emotional needs were presented to students to support the in-school emotional support programs. The recurring themes and common factors identified in the chart below identify similar trends and patterns among the

principals in both counties interviewed. The categories and codes recognized common and uncommon factors among the principals interviewed.

<div align="center">Interview Question Number Two</div>

Does the principal provide professional development for teachers regarding social and emotional health support services for their students?

In Delaware County principal number one offers professional development to the teachers if she feels they need it. In support of this remark, a benchmark unit is provided to the teachers which is a voluntary program, if they choose to participate in it. This is in contrast to the five other Delaware County principals who offer professional development to their teachers either through in-house training, a formal "growth mindset" program, trauma-informed training, and training through the Delaware County Intermediate Unit consisting of the 2nd step program. Principal interview six was interesting in the fact that she has teacher training monthly and offers small group meetings which discuss social student health.

The principals' professional development offered to teachers is provided once a year. Two of the Delaware County principals have introduced trauma-informed training for the faculty. Several of the principals interviewed discussed social health in their training, which is evident in their interview responses.

Philadelphia principal interview one stated the following information: "We have Professional Development on Fridays, specifically for learning disabilities". "CORA services provide speakers for our teachers". In contrast to principal number one, the second principal interviewed does not offer professional development to the teachers at all. She would rather see teachers take a course in the subject they are interested in,

rather than hosting group professional development sessions. She also stated: "The teachers do not ask about taking a class". "I do offer financial support to teachers if they are willing to take a class in social and emotional student development". Principal interview three feels the issues of social support are very important in student development and had a speaker come to the school to play social and emotional games with the students.

In contrast to the previous principals interviewed, principal four feels the teachers have so many mandated trainings, "Protecting God's children, clearances, etc." that additional social and emotional support training is not necessary. This principal also stated: "At every faculty meeting we talk about COVID and the emotional impact of COVID on our students". "Our teachers are sensitive to students' needs, and teachers do extra things for the students to keep the classroom upbeat"! Principal five did not offer professional development last year and at faculty meetings, Catapult and CORA services will explain what type of services they offer to students. Principal six offers professional development to the teachers and she makes sure the teachers know what services are available to the students.

The Philadelphia principals communicate with the teachers in their schools to make sure they know what services are available for emotional student support. While not all Philadelphia principals offer professional development, the principals make sure specific in-house opportunities are available to the teachers.

The third section focuses on what district provided services are available for social and emotional health support for their students?

Interview Question Number Three

What district-provided services are available for social and emotional health support for their students?

In the Archdiocese of Philadelphia, it is important for educators to equip themselves with tools that are needed to assist students with social and emotional growth. According to Weist (2005) "effective programs also need to be placed in schools for all staff to function effectively".

The Delaware County principals were unanimous in their responses stating that no district services are offered at their Catholic elementary schools. The principals interviewed stated they have guidance counselors, emotional services, speech, language, and occupational therapy services offered to their students. Principal number four stated the following information: "The Archdiocese of Philadelphia does not provide district services for emotional health". "We receive our student emotional support services through the Delaware County Intermediate Unit".

Principals number five and six stated there are no district provided emotional and social services beyond the Delaware County Intermediate Unit. They both use the township crisis unit for student evaluations, when necessary. They would like to incorporate a family connections program for social and emotional support. The principals realize that to begin a family connections program they will be responsible for connecting students and families to a support program based in the school setting.

The common theme among the Delaware County principals is that the Archdiocese of Philadelphia does not offer district emotional and social health support services. If extra government funding were available, the principals would research

additional options in order to expand the social and emotional health service programs at their schools.

Philadelphia interview number one uses CORA services as their district provided services. They also have two students who have therapeutic staff support assistants (TSS) in the classroom with the two students. Principal number two is not aware of any district provided services and principal interview number three was trying to get the Family Connections program offered to the students.

Principals four and five use Catapult services for psychological services needed and they also use Catapult for summer social activities for their students. They both indicated that students could come in to talk to them, for emotional support, if they have not been assigned a counselor. Philadelphia principals also have the opportunity to have Philadelphia police officers come into the classroom to talk to the students about social media, cyberbullying, and other emotional support issues.

The Philadelphia principals seek out additional services to support students' social and emotional health. One principal uses the Philadelphia police department to speak to students in the classrooms. Unfortunately, due to the global pandemic, services have been deficient due to lack of personnel in the police departments. The Philadelphia principals were also active in providing students with time to speak to them about any concerns they may have. The principals interviewed have an open-door policy and they invited students into their office to speak to them about emotional support. The principals have limited district services provided to them. All of the principals interviewed seek outside services, books, and resources to support the elementary school teachers in providing the best emotional and social support for their students.

Interview Question Number Four

What happens when the principal determines that the district provided services are not

enough social and emotional support, what other resources are provided to the students?

The initial principal interviews noted the Delaware County principals were

utilizing the Delaware County Intermediate Unit for services. Frog Street and

Fundations are social and emotional support books and materials to support social and

emotional learning at school. Principal two was able to purchase a self-guided teaching

book for teachers to use to learn about social and emotional student support.

 "I also have internal faculty meetings and I have meetings with the parents". She also

had monthly faculty meetings to discuss student social and emotional health issues.

When principal interview three occurred, this principal used Children's Youth

Services for emotional support as well as the Delaware County Intermediate Unit for

parent professional development". "I had the Harlem Globetrotters give a talk to our

students about anti-bullying". Principal four stated that she is working with the Business

Manager to see if a full-time counselor is possible for the upcoming school year. She

also uses the Delaware County Intermediate Unit in: "planning for the future".

She also made it clear that the needs of her students are changing every day and there is

a need for emotional support awareness and teacher support.

Principal five realized that she is limited to the social and emotional professionals

that are assigned to her school. She invokes the principal and vice-principal to support

the students emotionally. The parish nuns also support the children during the school

day. Principal six stated the use of the Horsham Day program as well as Springfield

Psychological services as the two programs that she used for school students.

The Delaware County principals use programs in their area to support the student's social and emotional health. Any "title" monies that are granted to the schools, the principals will take advantage of additional emotional health services that their county will offer to them. Limited services are available so the Delaware County principals will purchase books that will support teachers and students in the classroom.

In Philadelphia County, the first three principals interviewed stated that there is extra work that the teachers do to support the students. The first principal interviewed has teaching assistants cover classes as needed when student emotional support is needed. When no other resources are provided to the students, the parish priest and nuns will help support the students. Principal three stated: "Clergy presence is always good".

Principal four has two seminarians come in each Thursday to play soccer with the students. These two seminarians will sit in the lunchroom with the students and talk to them. The parish priest visits the school each Thursday and spends time with the children. The schools also offer the Sacrament of Penance which helps to unburden the students of any worries they may have. Principal five felt there has not been a need for additional student services and the school counselor is available to meet with the students. If needed, CORA services offer extra support for the students. Principal six tried to reach out to the Philadelphia School District. She stated: "I do send children for IEP's (Individualized Educational plans)". "We, as a catholic school, do not have to honor IEP's."

The Philadelphia principals rely heavily on the religious support of the parishes in which they are affiliated with in Philadelphia. Clergy is a welcomed presence in the

school and the principals appreciate the additional emotional support the religious sisters and priests provide to them.

<center>The Use of State-based Support Services</center>

The final section focused on a principal's perception of students receiving adequate social and emotional health support when struggling with a mental health crisis. Does the principal use state-based social and emotional health support services for their students?

It was noticeably clear in the principal interviews from both counties that the only state-based social and emotional health support services that the Catholic elementary schools in which I interviewed the principals received is the Safe2saystate-mandatedd program. The Safe2say program is taught to students in grade levels fifth to eighth grades. The Safe2say program is a youth violence and mental health prevention program implemented at the school level by the Attorney General of Pennsylvania (Safe2say, 2019). The program teaches adults and youth how to recognize early warning signs of individuals who may want to harm themselves or others. The reporting of an individual is confidential, and these reports may help to prevent a tragedy.

The sample sizes are small enough to limit the likelihood that any of the differences are statistically significant. Second, because the sample for the study was identified through convenience sampling in each of the two counties, testing for statistically significant differences is not within a larger group of principals. The data are valuable as they help sustain conclusions that are reached through the qualitative coding of the interview process and highlights the need for future research. First the data from

<center>63</center>

the Philadelphia district is provided and then the data from Delaware county is provided from the principals of each county.

The common factors between Philadelphia and Delaware counties are identified as additional emotional and social support is needed for Catholic elementary school students. The principals felt their role is crucial in identifying students who need additional social and emotional support. The principals will continue to identify additional social and emotional health for their students.

<center>Principal's Role</center>

The principal's role in establishing emotional and social support services for the students in the school is to identify their role and the influence they have.  School leaders who are responsible for delivering social and emotional support to children at the elementary school level may benefit from emotional health training in order to understand the level of care needed for children with emotional support needs. If a child is struggling with basic emotional needs at home, if a child is struggling to fit in socially, or if a child is drug-addicted or abused, the school leaders must be invested in the child's future and the holistic value of the child. Relationships and care are essential in meeting the most basic needs of children (Jeffrey et al., 2013). School leaders should require professional development for all faculty and staff to include training in social and emotional health awareness and support.

The principal's role in determining available social and emotional health resources for students is vital considering the related problems facing students in the school system. The school climate is a crucial factor in student success and student emotional health outcomes (Safe2say, 2020). The role of the school principal is central to

<center>64</center>

successful school operations and student learning and development (Frabutt & Speech, 2012). Principals must be change agents for emotional health implementations and support. School principals are instrumental in determining whether to extend emotional and social health services for students (Frabutt & Speech, 2012). The principal's role is important in determining the school's vision and day-to-day execution of emotional and social health services. It is important to recognize the role of the principal when utilizing and researching social and emotional support to be offered in the school in which they are a leader.

<div align="center">The Principal Will Determine the Schools' Greatest Needs</div>

The principal will determine the school's greatest needs in regard to supporting the students' mental health and emotional wellness. The faculty and staff training sessions will also teach faculty how to support the students' needs throughout the school day. A substantial proportion of social and emotional health services are provided in schools, and teachers are useful in identifying mental health services that are needed for children (Williams et al., 2007). If a student presents to a faculty or staff member with an emotional health issue, the faculty or staff member will be able to refer the student for proper social and emotional health support. With clear guidelines and training, the faculty and staff will be able to support the struggling student with in-school support. When district-provided resources are not sufficient to identify and treat the student struggling with emotional health issues, outside help may be needed to transition the student to a more universal and multi-tiered approach to emotional health support (Safe2say, 2021).

Barriers And Challenges of Social and Emotional Health Services

There are barriers and challenges associated with the provision of emotional and social health services in Catholic school in comparison with public school social and emotional health services. Funding is an issue that is pertinent to the private school's emotional health success, and continued action is needed to overcome funding barriers with continuous effort and support for the private sector (Frabutt & Speech, 2012).

Summary Of Themes

There are three themes that emerge from principals' descriptions of social and emotional student support services in the principal interviews.

The first theme is that all of the principals from Delaware County use the Delaware County Intermediate Unit for emotional and social support services for their students. The level of support is significantly higher than the level of support offered in Philadelphia County. At a deeper level, the Delaware County principals have been offered a Step Two program that enhances the social and emotional support services offered in their county. The Philadelphia principals use CORA and Catapult emotional health support services for their students. The Philadelphia principals have not been offered an additional program, such as the two-step program, which is only offered to Delaware County principals. This program is not an additional financial burden to the Delaware county Catholic schools. The principals can take certain actions regarding the program offered by the DCIU, and these actions are supported by the Archdiocese of Philadelphia.

The second theme is that the Catholic school principals, while lacking financial resources to support additional social and emotional health support services, do look for

66

additional emotional and social health support services for their students. The principals also look for additional ways to support their teachers with workshops, books and workbooks, and school in-house support in which the teachers are able to grow and learn in order to support their students. This theme is evident in both Delaware and Philadelphia counties.

The third theme is that both Delaware and Philadelphia County principals feel that their role as a principal is very important in supporting all students who need social and emotional health support. All principals interviewed expressed a deep desire to support students socially and emotionally and felt that Catholic schools provide a deeper level of support to all students, compared to other elementary schools. For both counties, these foci were grounded in best practices and their core beliefs in Catholic education. As a result, it was less that they saw the best practices as innovative and instead about providing the best social and emotional support for students.

The social and emotional services identified in the chart below distinguish the services offered along with the principal's perception of identified themes and services offered. The use of specific organizations specifies the perception and role of the principals in identifying the importance of social and emotional health services offered to students.

The information identified in this chart categorizes the use of social and emotional health services within each district school. The categories determine the district provided services well as the outside use of social and emotional health support services within the school setting. The data collected identified the support services principals presently use, additional social and emotional support services to be identified, and the importance of

the principal's role in providing additional resources for students who need social and

emotional health support.

Table 4.1: District-Provided Services/Other Resources Used

| District | District-provided services | Other resources used |
|---|---|---|
| Philadelphia County | | |
| School A | CORA/Catapult | None |
| School B | CORA/Catapult | Teaching Assistants to support children in the classroom as needed |
| School C | CORA/Catapult | None |
| School D | CORA/Catapult | Two Seminarians/Priest/Sacrament of Reconciliation |
| School E | Elwyn Services | Additional psychological screenings |
| School F | CORA/Catapult | Sisters and Clergy support the children. |
| Delaware County | District-provided services | Other resources used |
| School 1 | DCIU | Social and Emotional books for children |
| School 2 | DCIU | Ross: self-guided books for the teachers |
| School 3 | DCIU/Children's youth services | Sisters and Clergy support the children. |
| School 4 | DCIU | Horsham Day Program Springfield Psychological Services |
| School 5 | DCIU/Children's Youth Services | Harlem Globetrotters/Anti-bullying measures |
| School 6 | DCIU-Planning for the future | Working with the Business Manager to ensure more social and emotional support services for children. |
| Overall services | County/District Services used | The principal's role supports additional emotional and social health support services for children. |

Conclusion

The interviews included twelve principals from Delaware and Philadelphia counties. From these interviews, there are four trends that emerge. First, there are significant similarities between the principals' role in providing emotional and social health support services for students. Each principal feels their role is very important in utilizing the services they have been provided, as well as researching innovative ways to support students when resources are limited. All principals felt very strongly that the teachers should be provided with an emotional support curriculum whether it would be through books purchased for the teachers, additional video support, or a professional development session provided to improve and raise awareness of social and emotional supports offered to students.

Second, the Delaware county principals use the supports that are offered within their district. The Delaware County Intermediate Unit provides social and emotional support to students, as well as providing professional development sessions for teachers. Philadelphia County uses services from CORA and Catapult, as well as searching for a way to engage with the Family Connections program in order to provide more support to students. Additional family support services within the school districts provide a supportive measure to enhance district-based social and emotional health services for students.

Third, a few state-based services are offered to each county. Both Philadelphia and Delaware counties use the state mandated Safe2say program which provides a "safe" space for Upper School students to submit anonymous tips regarding safety concerns, violence, and student warning signs. Continued principal research and collaboration within the districts will allow supportive measures for state-based social and emotional support services.

Fourth, all Delaware county principals function as the conductor for the Delaware County Intermediate Unit and the student. All Philadelphia County principals function as the conductor for CORA, Catapult, and the student. The principals take an active role in being available for the students, teachers, and counselors in order for any social or emotional support to be identified. Once an emotionally struggling student has been identified, the principal will work with the agencies involved in order to best support the student.

Determination was made among the principals that a strong relationship between the principal, the student, and counseling services was important in identifying trends for future social and emotional student support. Agency support within the school setting identifies the importance of emotional and social issues a Catholic elementary school student may face. A cooperative approach between the principal and the identified agency will support the necessary emotional health assistance to be provided. The Catholic school principals interviewed in Philadelphia and Delaware counties would like to acquire more social and emotional health services for their students.

CHAPTER 5

DISCUSSION

This dissertation addresses the principal's role in providing social

and emotional health support to Catholic elementary students in need of support. Prior

research has indicated that Catholic schools' social and emotional health support differs

from public schools in that emotional health support is readily available to public school

students through identified means of support (Atkins et al., 2010). As the social and

emotional support program builds at the elementary school level, student confidence and

responsiveness will promote proper student interaction for emotional and social support

services (Atkins et al, 2010). The research was conducted in one diocesan school system

that expands across several counties. The study included principals from Philadelphia

and Delaware counties and the study shows that there are different experiences for

leaders and students in the two identified counties.

My study identified three themes based on my findings:

> Theme 1: Principals in Delaware County described similar social and emotional
>
> supports offered through the Delaware County Intermediate Unit.
>
> Theme 2: Principals in both counties, while lacking emotional health support
>
> within the school setting, frequently seek outside resources in order to support the
>
> emotional needs of Catholic elementary school student.
>
> Theme 3: Catholic elementary school principals are focused on emotional and
>
> social health improvement of the current programs, and they are working to
>
> develop additional emotional and social health resources to support students. The
>
> classroom teacher's role is identified as very important.

Delaware County Principals

The interviews highlighted that there were strong similarities in the principal's perceptions of emotional and social health support. Strong similarities were present in the principal responses in both Delaware and Philadelphia counties. The perception of the importance of emotional and social health support is expressed in each principal's interview. The similarities depicted genuine care and concern for the elementary school students' emotional and social health. The Delaware County principals were offered a three-year social and emotional support program by the Delaware County Intermediate Unit. The Philadelphia principals were not offered this opportunity by the Intermediate Unit.

Philadelphia County Principals

The responses from the Philadelphia County principals reflected on CORA and Catapult Services, as well as fostering opportunities for guided and independent social and emotional programs. In the Philadelphia Catholic elementary school system, CORA services, a contracted service provider, provides services designed to empower children by providing emotional and social support that will maximize the potential for each student inside and outside of the classroom setting (School Support Services, 2020). CORA provides a range of services to private, Catholic, charter, and public schools.

Findings

To see additional social and emotional health support services improve within the

Catholic elementary school setting, the principal's role is vital in providing social and

emotional health resources to struggling students. Additional emotional health resources,

supported by the principal's role, will support teachers, students, and district leaders in

the emotional health training programs to change the way emotional health support is

delivered to students. There has been recent attention paid to the mental and emotional

health issues experienced by many children and youth internationally (Whitley, 2010).

The role of the school and educational leaders in preventing mental health difficulties

and intervening in the case of emotional illnesses has been highlighted (Whitley, 2010).

Finding 1:: The regular monitoring of the social and emotional support offered in

Delaware. Counties are supports offered through the Intermediate Unit. The data

suggests that the principals should consider monitoring of the services offered, which

will promote additional research regarding additional social and emotional support

services. The continued monitoring in both Delaware and Philadelphia counties will

continue to build social and emotional competency, as well as the effectiveness of the

strategies being used. In addition, since Intermediate Unit services are funded by state

and federal funds the Archdiocese should work to secure additional services from the

Philadelphia Intermediate Unit.

Finding 2: Based on this finding, the school system may wish to begin a quarterly

meeting of outlying counties and Philadelphia County principals to compare social and

emotional services being offered to elementary school students in order to promote

quality improvement measures when needed in their respective counties. The resources

that are provided to the Catholic elementary schools will support the principal's efforts in seeking outside social and emotional resources for their students.

Finding 3: The findings may indicate the importance of the principal's role in utilizing district provided and outside social and emotional health support services for students at monthly principal meetings with the Secretary of Education. Based upon this finding introducing monthly principal meetings will provide an opportunity for administrators in the Archdiocese of Philadelphia to be informed of the resources that were presently offered at the elementary school level as well as the need for additional social and emotional support services.

Finding 4: : The data suggest that the Archdiocese should continue to promote the role of the teachers, counselors, and staff in supporting students' emotional and social health support within the school setting. According to Jeffrey et al. (2013) teachers have an important role in assisting students with social and emotional health support services.

<div align="center">Future Research</div>

This study highlights the need for future research in three areas. There may be a difference between principal's perceptions of their role in providing social and emotional health support services to Catholic elementary school students. Future research with a larger sample size will look at the first question of this study – What is the principal's role in providing social and emotional health support to students at Catholic elementary schools in more than two counties? This research will assist principals in determining if there are significant differences in emotional health support in Catholic elementary schools in select counties.

Second, this study was designed to identify the extent to which principals use district and outside social and emotional health support services for their students. Future research will support the need for a collaborative approach to additional social and emotional supports for Catholic elementary school students. The principals in both counties will engage in a unified forum to discuss the social and emotional support presently offered to students, as well as what support can be offered in the future. Continual focus on the importance of the role of the classroom teacher will continue to be identified as crucial in determining the social and emotional growth of the Catholic elementary school students.

Third, this study focused on the Archdiocese of Philadelphia and two counties within the Diocese. Future research, based upon my data, suggests looking at any differences in principal perceptions in effective leaders' perceptions in several Archdiocese of Philadelphia schools in Philadelphia, as well as additional data from Archdiocesan County schools within the Archdiocese of Philadelphia school district. Including additional principal perceptions within the Diocese may provide a greater opportunity to include additional social and emotional resources for students.

Closing Remarks

This dissertation attempts to explain the social and emotional health support services that are offered to Catholic elementary school students in two Archdiocesan counties. This research is preliminary and presents an incomplete picture of the school, county, and district services offered to elementary school students within the Archdiocese of Philadelphia. The small sample prevents making explicit recommendations. This research also offers information on the importance of the

principal's perception and role in providing emotional and social health support services to students. This research also offers information on the importance of the teacher's role in determining what student support services should be offered to students during a time of an emotional crisis.

The principals in both counties described their role as vital in researching district and outside emotional health resources in order to support social and emotionally struggling students. In describing their role, they all felt meaningful collaboration with the teachers, counselors, and students was crucial to ensure a healthy social school environment. I cannot thank these principals enough for sharing their experiences with me.

My study identified the role of the principal in providing emotional and social health supports to Catholic elementary school students. The data constraints were limited due to the principal's caution in answering what additional emotional and social health supports are offered to their students. Based on this study the principals were very clear about their role as a principal, and the need to research additional emotional and social health supports. However, the small sample size and potential bias in promoting Catholic school superiority may challenge the data collection. This qualitative study was based on an important topic and central issue that was expected to add quality research and useful knowledge to the literature. The ability to continue the research and expand on already found knowledge will suggest raising awareness to the principal's role in providing social and emotional support for Catholic elementary school students.

This research study addresses a target population who follow a specific set of guidelines from the Archdiocese of Philadelphia. This research study supported the

research question regarding the principal's role in providing social and emotional health support services for their students as every principal interviewed stated the importance of their role, as a principal, and the need to provide outside emotional and social health resources for their students. This study avoided bias during interview selection and ensured a balanced sample in each Philadelphia and Delaware county.

The strengths of this study were deriving important facts regarding the principal's role in providing emotional and social health support services as well as an in-depth view of two different counties within the Archdiocese. The interviews and open-ended questions were queried as a humanistic approach within a natural setting. Being able to interview principals within their school setting preserved the relationship between the researcher and the interviewee. I was able to ensure the anecdote of the principal's role in providing social and emotional support services within their school and summarize the differing counties' social and emotional resources that are offered to their students.

The generalizations in concluding that all Catholic elementary schools offer the same social and emotional health support services can be denied due to the differing options offered in Delaware and Philadelphia counties. The common properties support the essential role of the principal in providing social and emotional support services, and the information obtained was relevant in supporting the two research questions:

What is the role of the Catholic elementary school principal in utilizing district-provided and outside social and emotional resources for their students?

What is the role of the Catholic elementary school principal when two different counties do not offer the same social and emotional resources for Catholic school students?

The identification of strong social and emotional support within the Catholic schools in Delaware and Philadelphia counties specifically identified the importance of the principal's role in providing social and emotional health support services for their students. Principals in both Delaware and Philadelphia counties felt strongly that additional social and emotional health support services need to be identified with the Catholic school setting. This study offers genuine encouragement in providing a positive foundation for both Philadelphia and Delaware counties.

The principals in both counties researched other ways to support the social and emotional growth of their students struggling with emotional health issues. All principals felt that the Catholic schools offer a more supportive environment for all students due to the small nature of the school setting and the amount of time teachers and administration spend with students. Although public perception may be that public schools offer more emotional student support, all principals felt their role in researching and providing emotional health support for students is vital and crucial to student success. The multi-tiered systems of social and emotional support provide a more intensive model for social and emotional health prevention (Weist et al., 2014). The principals in both counties felt early detection of the need for social and emotional support was critical to success for the student. According to Erhart et al. (2009), many countries require a screening for the detection of emotional and social health supports for students. Knowing that the Catholic schools in the two counties interviewed have principals who not only use the district provided resources but also feel value in their role as principals to find additional social and emotional resources is remarkable. When two different counties do not offer the same social and emotional health support

resources, Catholic school principals are dedicated to finding and funding additional resources to support students' needs. While the Archdiocese of Philadelphia offers principal training and professional development, additional social and emotional support training will provide a collaborative approach to additional emotional support services.

If we cannot supply our Catholic schools with appropriate government-funded social and emotional health support resources, the role of the principal becomes more crucial in determining what outside social and emotional resources are needed to support all students. The respondents' attitudes and my notable findings represent identified issues and varying levels of emotional and social support for students. Geographical areas challenge a degree of consistency, which emphasizes the importance of the principal's role in providing additional health support services. Access to wider Archdiocesan and district health supports will improve the emotional and social health of Catholic elementary school students.

REFERENCES

Adelman, H. S., & Taylor, L. (2006). Mental Health in Schools and Public
      Health. *PublicHealth Reports, 121*(3), 294-298.
      doi:10.1177/003335490612100312.

Archdiocese of Philadelphia Schools. | Archdiocese of Philadelphia
      Schools. (n.d.).https://aopcatholicschools.org/catholic-schools-
      onward-cso-2/.

Arora, P.G., Collins, T.A., Dart, E.H., *et al.* Multi-tiered Systems of
      Support for School-Based Mental Health: A Systematic Review of
      Depression Interventions. *School Mental Health* 11, 240–264
      (2019). https://doi.org/10.1007/s12310-019-09314-4.

Atkins, M. S., Hoagwood, K. E., Kutash, K., & Seidman, E. (2010). Toward
      the integrationof education and mental health in schools.
      *Administration and Policy in Mental Health and Mental Health*
      *Services Research, 37*(1-2), 40-47. doi:10.1007/s10488- 010-0299-7.

Blackman, K. F., Powers, J. D., Edwards, J. D., Wegmann, K. M., Lechner, E., & Swick,
      D. C. (2016). Principal Perspective on School-Based Support
      Interview. PsycTESTSDataset.  https://doi.org/10.1037/t57273-000.

Carlson, L. A., & Kees, N. L. (2015). Mental health services in public
      Schools: A preliminary study of school Counselor Perceptions.
      *Professional School Counseling,16*(4_suppl).
      doi:10.1177/2156759x1501604s01.

Catapult Learning in Philadelphia. Catapult Learning. (2022, April 4). Retrieved
      November 4, 2022, from https://catapultlearning.com/philly/#teachers

Catholic schools are making the most of the moment. Catapult Learning. (2021, May 14).
      Retrieved September 24, 2021, from
      https://catapultlearning.com/2021/05/14/catholic-schools-are-
      making-the-most-of- the-moment/.

Chandra, Anita, and Cynthia S. Minkovitz. "Factors That Influence Mental
      Health StigmaAmong 8th Grade Adolescents." *Journal of Youth and*
      *Adolescence*, vol. 36, no. 6, 2006, pp. 763–774., doi:10.1007/s10964-
      006-9091-0.

Collins, T. P. (2014). Addressing Mental Health Needs in Our Schools: Supporting theRole of School Counselors. The Professional Counselor, 4(5), 413–416. https://doi.org/10.15241/tpc.4.5.413

Commins, W., & Elias, M. (n.d.). Institutionalization of mental health programs inorganizational contexts: The case of elementary schools.

Catalano, T., & Creswell, J. W. (2013). Understanding the Language of the OccupyMovement. Qualitative Inquiry, 19(9), 664–673. https://doi.org/10.1177/1077800413500931

Department of Behavioral Studies. (n.d.). *Student assistance Program (SAP) SERVICES*.DBHIDS. https://dbhids.org/sap.

Education Resources Information Center. ERIC. (n.d.). Retrieved November 5, 2022, from https://eric.ed.gov/

Erhart, M., Ottova, V., Gaspar, T. *et al.* Measuring school-aged children's mental healthand well-being in 15 European countries using the KIDSCREEN-10 Index. *Int J Public Health* **54,** 160–166 (2009). https://doi.org/10.1007/s00038-009-5407-7

Family Connections | Thriving kids through thriving families. (2022, February 7). Retrieved April 18, 2022, from https://familyconnections.org/

Frabutt, J. M. (2013). *Beyond academics. Supporting the mental, emotional, and behavioral health of students in Catholic schools*. Charlotte, NC: Information AgePublishing.

Frabutt, J. M., & Speach, G. (2012). Principals' perspectives on School mental health andwellness in U.S. Catholic elementary schools. *School Mental Health, 4*(3), 155-169.doi:10.1007/s12310-012-9081-1

Frabutt, James M, et al. "Supporting Mental Health and Wellness among Private SchoolStudents: A Survey of Catholic Elementary and Secondary Schools." *Advances inSchool Mental Health Promotion*, vol. 4, no. 3, 2011, pp. 29–41., doi:10.1080/1754730x.2011.9715634.

Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015, June). Toward anew definition of mental health. World psychiatry : official journal of the World Psychiatric Association (WPA).

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4471980.

Galson, Steven K. "Mental Health Matters." *Public Health Reports (Washington, D.C. :1974)*, Association of Schools of Public Health, 2009, www.ncbi.nlm.nih.gov/pmc/articles/PMC2646471/.

Get Help Now. (n.d.). Retrieved November 27, 2020, from https://namiphilly.org/get-help-now.html Home. (n.d.). Retrieved November 27, 2020, from https://www.safe2saypa.org/

Haynes, N. M., Emmons, C., & Ben-Avie, M. (1997). School climate as a factor in Studentadjustment and achievement. *Journal of Educational and Psychological Consultation, 8*(3), 321-329. doi:10.1207/s1532768xjepc0803_4

"Health Objectives for the Nation Healthy People 2000: National Health Promotion and Disease Prevention Objectives for the Year 2000." *Centers for Disease Control andPrevention*, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/preview/mmwrhtml/00001788.htm.

Herman, K., Reinke, W., Parkin, J., Traylor, K., & Agarwal, G. (2009, March 19). Childhood depression: Rethinking the role of the school. Retrieved January 29, 2021,from https://onlinelibrary.wiley.com/doi/abs/10.1002/pits.20388

Herman, Keith C, et al. "The Role of Assessment in a Prevention Science Framework."*School Psychology Review*, U.S. National Library of Medicine, 2012, www.ncbi.nlm.nih.gov/pmc/articles/PMC4189183/.

Herpertz-Dahlmann, B., Bühren, K., & Remschmidt, H. (2013). Growing Up Is Hard. *Deutsches Aerzteblatt Online*. https://doi.org/10.3238/arztebl.2013.0432

Hoagwood, K., & Rones, M. (1993). Introduction: Methodological issues in school-basedmental health services research. *School Psychology Quarterly, 8*(4), 239-240. doi:10.1037/h0088320

"Https://Www-Ncbi-Nim-Nih-Gov." *Https://Www-Ncbi-Nlm-Nih-Gov*, 2015, www-ncbi-nlm-nih-gov.libproxy.temple.edu/pmc/articles/PMC4471980/.

Jeffrey, A. J., Auger, R. W., & Pepperell, J. L. (2013). "If We're Ever in

Trouble They'reAlways There." *The Elementary School Journal*, *114*(1), 100–117. https://doi.org/10.1086/671062

Julia C. M. Greenham, Gregory E. Harris, Kayla B. Hollett & Nicholas Harris (2019) Predictors of turnover intention in school guidance counselors, British Journal ofGuidance & Counselling, 47:6, 727-743, DOI: 10.1080/03069885.2019.1644613

Kavanagh, J., Brooks, E., Dougherty, S., Gerdes, M., Guevara, J., & Rubin, D. (2010). Meeting the Mental Health Needs of Children. Retrieved September 24, 2021, from https://policylab.chop.edu/sites/default/files/pdf/publications/ PolicyLab_EtoA_Mental Health_Fall_2010.pdf.

Le Galès-Camus, Catherine. "Promoting Mental Health." *Www.who/Int*, 2004, www.who.int/mental_health/evidence/en/promoting_mhh.  pdf.

McCance-Katz, M.D., Ph.D., E., & Lynch, C. (2019, July 1). Guidance to states and school systems on addressing mental health and substance use issues in schools.Retrieved 2019, from https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf

Mental Health Resources for Pennsylvanians. PA.Gov. (2021, March 17).https://www.pa.gov/guides/mental-health/.

N. (Ed.). (2020). School-Based Mental Health Services. Retrieved November 27, 2020, from https://www.nasponline.org/resources-and-publications/resources-and- podcasts/mental-health/school-psychology-and-mental-health/school-based-mental- health-services

National Association of School Psychologists. "Continuum of School MHS." *Https://Www.thenationalcouncil.org/BH365/2020/08/19/the-Power-of-School-Behavioral-Health-Partnerships/Continuum-of-School-Mhs/*, 2006, www.thenationalcouncil.org/BH365/2020/08/19/the-power-of-school-behavioral- health-partnerships/continuum-of-school-mhs/.

"Office of School Climate and Culture." *The School District of Philadelphia*, www.philasd.org/schoolclimate/mental-health-trauma/.

O.Nyumba, T., Wilson, K., Derrick, C. J., & Mukherjee, N. (2018, January 11). *The use offocus group discussion methodology: Insights from two decades of application in conservation*. besjournals.

https://besjournals.onlinelibrary.wiley.com/doi/full/10.1111/2041-210X.12860.

Patient Care. (n.d.). Retrieved November 27, 2020, from
https://www.psychiatry.northwestern.edu/patient-care/index.html

Phillippo, K. L., & Kelly, M. S. (2013). On the Fault Line: A Qualitative
Exploration ofHigh School Teachers' Involvement with Student
Mental Health Issues. School Mental Health, 6(3), 184-200.
doi:10.1007/s12310-013-9113-5

Porche, M. V., Fortuna, L. R., & Alegria, M. (2008). Childhood trauma and
psychiatricdisorders as predictors of school dropout. *PsycEXTRA Dataset*.
doi:10.1037/e506532008-001

Problems at School: Association for Children's mental health. (2019, March
10). RetrievedMarch 14, 2021, from  http://www.acmh-mi.org/get-
help/navigating/problems-at- school/

PSA Contest for Youth Suicide Prevention. (n.d.). Retrieved November
27, 2020, fromhttp://pnsas.org/

Marzano, R. J. (1993). How classroom teachers approach the teaching of
thinking. Theory into Practice, 32(3), 154–160.
https://doi.org/10.1080/00405849309543591

Safe2say. Safe2Say Something. (n.d.). https://www.safe2saypa.org/.

Salle, T. L., George, H. P., McCoach, D. B., Polk, T., & Evanovich, L. L. (2018). An
examination of school climate, victimization, and mental health problems among
middle school students self-identifying with emotional and behavioral disorders.
*Behavioral Disorders, 43*(3), 383-392. doi:10.1177/0198742918768045

School support services. (n.d.). Retrieved March 13, 2021, from
https://www.coraservices.org/services/school-support-services/

Services Overview. (n.d.). Retrieved November 27, 2020, from
http://www.pathcenter.org/services.htm

Schoner, K., & Lawler, M. (n.d.). The Effects of a Mindfulness-Based Education

Programon Pre- and Early Adolescents' Well-Being and Social and Emotional Competence. Retrieved September 24, 2021, from https://link.springer.com/content/pdf/10.1007/s12671-010-0011-8.pdf.

Shalon, Inc. (n.d.). Retrieved November 5, 2022, from http://www.shalominc.org/programs.html

The Children's Hospital of Philadelphia. (2014, May 05). Child and Adolescent Psychiatryand Behavioral Sciences. Retrieved November 27, 2020, from https://www.chop.edu/centers- programs/child-and-adolescent-psychiatry-and-behavioral-sciences

Takeuchi, J., & Sakagami, Y. (2018). Stigma among international students is associated with knowledge of the mental illness. *Nagoya journal of medical science*, *80*(3), 367–378. https://doi.org/10.18999/nagjms.80.3.367

Thompson, D. R., Iachan, R., Overpeck, M., Ross, J. G., & Gross, L. A. (2006). School Connectedness in the Health Behavior in School-Aged Children Study: The Role of Student, School, and School Neighborhood Characteristics. *Journal of School Health, 76*(7), 379-386. doi:10.1111/j.1746-1561.2006.00129.x

Weist M.D., Lever N.A., Bradshaw C.P., Owens J. (2014) Further Advancing the Field of School Mental Health. In: Weist M., Lever N., Bradshaw C., Owens J. (eds) Handbook of School Mental Health. Issues in Clinical Child Psychology. Springer, Boston, MA. https://doi.org/10.1007/978-1-4614-7624-5_1

Whitley, J. (2010). The Role of Educational Leaders in Supporting the Mental Health of All Students. Exceptionality Education International, 20(2). https://doi.org/10.5206/eei.v20i2.7663

Wodon, Q. (2022). Decline in student enrollment, parental willingness to consider Catholic schools, and sources of comparative advantage in the United States. *Journal of Global Catholicism*, *6*(2), 94–115. https://doi.org/10.32436/2475-6423.1107

APPENDICES

APPENDIX A: RESEARCH STUDY QUESTIONS AND LIMITATIONS

| Background | What specific emotional support services are available to your students who are struggling with social and emotional health issues? |
|---|---|
| Principal's role | What is your role as principal in determining the social and emotional health support services needed for your students? How do you introduce social and emotional health services to your students? In your role as a principal, do you provide professional development for teachers regarding social and emotional support services for your students? |
| Outside resources | Do you use district provided services for social and emotional health support for your students? When district provided services are not enough social and emotional health support for your students, what other resources do you provide to your students? Do you use state based social and emotional health support services for your students? |
| Principal's perception | As the principal, do you feel your students receive adequate social and emotional health support when struggling with a mental health crisis? |
| Limitations | <ul><li>Freedom to express perceived views</li><li>Teacher professional development</li><li>Outside resource use</li></ul> |

APPENDIX B: MAPPING QUESTIONS TO METHODS AND INSTRUMENTATION

| Research Question | Data Collection | Why the best method given questions and context/situation |
|---|---|---|
| What is the role of the Catholic elementary school principal in utilizing district-provided and outside social and emotional resources for their students? | Interviews Delaware county principals | Qualitative data collected through the open-ended questions will provide insight into this question. Descriptive statistics collected as part of the interview process will highlight any potential differences for future research with a larger sample of principals. |
| What is the role of the Catholic elementary school principal when two different counties do not offer the same social and emotional health resources for Catholic school students? | Interviews Philadelphia county principals | Qualitative data collected through the open-ended questions will provide insight between the two different counties and the actions of the school leaders to provide social and emotional health resources to Catholic elementary school students. |

APPENDIX C: CODING SCHEME

Principal's Role
- Resources
- Services needed
- Professional Development
- Schedule
- Principal's vision and goals

Change Process / Supporting Principal's Role
- Local Support
- Data
- Support vs Autonomy

Factors limiting the Principal's Role
- Lack of autonomy
- Diocesan policy
- Structures
- Time
- Training

Principal's perception
- Awareness
- Availability of resources
- Need

Roles
- Principal
- Archdiocese
- External Network
- Teachers
- Students

APPENDIX D: RESEARCH SUBJECT CONSENT FORM

## RESEARCH SUBJECT CONSENT FORM

**Title::** Principal perception of social and emotional resources in two Catholic elementary school counties in the Archdiocese of Philadelphia.

**Investigators:**
Principal Investigator: Dr. Christopher McGinley, College of
Education  and Human Development
Student Investigator: Patricia McDonald Sheetz, College of Education and Human Development

**Daytime Phone Number:** 610-609-6196

RESEARCH CONSENT SUMMARY

You are being asked for your consent to take part in a research study. This document provides a concise summary of this research. It describes the key information that we believe most people need to decide whether to take part in this research. Later sections of this document will provide all relevant details.

**What should I know about this research?**

- Someone will explain this research to you.
- Taking part in this research is voluntary. Whether you take part is up to you.
- If you do not take part, it will not be held against you.
- You can take part now and later drop out, and it will not be held against you
- If you do not understand, ask questions.
- Ask all the questions you want before you decide.

**How long will I be in this research?**

We expect that you will be in this research for about 60 to 120 minutes. For those who volunteer to participate in the interview process, you will be asked to meet for a 60-to-120-minute interview with the researcher. Collection of the survey data and interview data will take place from January to February 2022.

**Why is this research being done?**

The research is being done to focus on the role of the elementary school principal in utilizing and implementing district-provided social and emotional resources for elementary school students. The study design will also focus on two different counties, Philadelphia, and Delaware County to determine if the social and emotional support offered to Catholic elementary school students is the same in both counties.

The study will also focus on what other social and emotional supports are available for principals to use when the district-provided resources are not enough support. Will the principals be able to use state or county resources to assist the students with social and emotional support?

**What happens to me if I agree to take part in this research?**

The principals will be asked to participate in the interview process between January and February of 2022. The 60-to-120-minute interview will be the extent of involvement for the majority of participants. Participants will be anonymous. Participants will provide their contact information to voluntarily participate in a one-on-one interview between January and February 2022.

The interviews will be held in person and on the school campus of the participating principal. The interview time is expected to last from 60 to 120 minutes. The interview will be done in a conversational style with the researcher asking questions about their background, perceptions, and experiences with social and emotional support for their students. The interview responses will be used as data for this study.

**Could being in this research hurt me?**

There are no expected risks or discomfort for participating in this research. Although, it may cause principals to reflect on their social and emotional support experiences at their schools.

**Will being in this research benefit me?**

This study provides important insights into the services available to principals, enabling the principal to use district and outside social and emotional health support services for their students. ⅃

There will be several benefits to the principals who participate in this study. The participants will be provided with an opportunity to reflect on the social and emotional health support practices in their schools. Secondly, as part of the research, the principals will be able to learn about outside social and emotional health support resources and learn about other principals' experiences with emotional health interventions.

## DETAILED RESEARCH CONSENT

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

**What should I know about this research?**

- Someone will explain this research to you.
- This form sums up that explanation.
- Taking part in this research is voluntary. Whether you take part is up to you.
- You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.

- You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
- If you do not understand, ask questions.
- Ask all the questions you want before you decide.

**Why is this research being done?**

The purpose of this research is to examine how social and emotional support services are used in the Catholic elementary schools in Delaware and Philadelphia counties. It will also focus on the practices of support services as well as the role of the principals in providing social and emotional support to students.

About 10 Catholic elementary school principals will take part in this research.

**How long will I be in this research?**

For those principals who volunteer to participate in the interview process, you will be asked to meet for a 60-to-120-minute interview with the researcher. Collection of the survey data and interview data will take place from January to February 2022.

**What happens to me if I agree to take part in this research?**

Participants will be anonymous. Participants will be given the opportunity to provide their contact information to voluntarily participate in a one-on-one interview between March and May. The interviews will be held in person and on the principal's school campus. The interview time is expected to last from 60 to 120 minutes. The interview will be done in a conversational style with the researcher asking questions about participants' role in providing social and emotional support services to their students. With the participant's consent, these interviews will be recorded. Participants will be asked questions about their background, perceptions, and experiences as a principal. The interview responses will be used as data for this study.

**What are my responsibilities if I take part in this research?**

If you take part in this research, you will be responsible to meet and interview with the researcher.

**Could being in this research hurt me?**

There are no expected risks or discomfort for participating in this research.

In addition to these risks, taking part in this research may harm you in unknown ways.

**Will being in this research benefit me?**

This study provides important insights into the services available to principals, enabling the principal to use district and outside social and emotional health support services for their students.

There will be several benefits to the principals who participate in this study. The participants will be provided with an opportunity to reflect on the social and emotional health support practices in their schools. Secondly, as part of the research, the principals will be able to learn about outside social and emotional health support resources and learn about other principals' experiences with emotional health interventions.

**What happens to the information collected for this research?**

Your private information will be shared with individuals and organizations (if applicable) that conduct or watch over this research, including The Temple University Institutional Review Board (IRB) that reviewed this research

We may publish the results of this research. However, we will keep your name and other identifying information confidential.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

Data or specimens collected in this research might be de-identified and used for future research or distributed to another investigator for future research without your consent.

**Who can answer my questions about this research?**

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board ("IRB"). An IRB is a group of people who perform independent reviews of research studies. You may talk to them at (215) 707-3390 or irb@temple.edu if:

- You have questions, concerns, or complaints that are not being answered by the research team.
- You are not getting answers from the research team.
- You cannot reach the research team.
- You want to talk to someone else about the research.
- You have questions about your rights as a research subject.

**Can I be removed from this research without my approval?**

The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:

- It is in your best interest
- You are unable to keep your scheduled appointments

We will tell you about any new information that may affect your health, welfare, or choice to stay in this research.

**What happens if I agree to be in this research, but I change my mind later?**

If you decide to leave this research, contact the research team so that the investigator can remove your data from consideration in the study. Additionally, your decision to participate or to withdraw will be confidential and will not be shared with other participants.