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## Achieving Positive Mental Health and Academic Achievement for Students with Behavioral and Emotional Issues in Elementary School

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**Achieving Positive Mental Health and Academic Achievement for  
Students with Behavioral and Emotional Issues in Elementary School**

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LS 400 Senior Capstone

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## **Abstract**

*Elementary students, their peers, and teachers today are being affected by emotional and behavioral issues that some students struggle with at school. In order to understand why it is affecting their academic achievement and mental health, this report answers the following research questions to investigate how these problems affect schools, classrooms, and teachers, as well as what appears to be contributing factors to this problem, and what are some of the solutions. In review of the literature on preventions and interventions placed at elementary schools the research shows that frameworks such as The Multi-tiered System of Supports, and the incorporation of Mindfulness for both students and teachers are great and beneficial for schools to adopt into the curriculum. This report investigates approaches for addressing the mental health of elementary school students. In researching the overall role that schools may play in the lives of children with emotional and behavioral issues. Based on the findings, the recommendation of having a school psychologist with the appropriate amount of students to support, prevention/interventions in schools, and a positive mindset are ways that could help students with behavioral and emotional problems develop positive mental health and academic achievement.*

## **Introduction**

There is a large number of children in the United States who attend public elementary schools who suffer from issues that hinder their learning abilities, which then affects their mental health and academic achievements. Over 20% of children and adolescents in the United States experience some sort of mental health condition (Rennie Center for Education Research and Policy, 2019, p 1). However, these students are not being provided the proper support that they need in schools, as has been documented that 70% of students who require mental health services do not have access to them (Rennie Center for Education Research and Policy, 2019, p 1). It is more common among lower economic populations to have a higher percentage of students who cannot access support because of budget. This could also be because parents might not have much of an idea as to where to look or who to ask for support. It is important to address this topic because behavioral problems in the early childhood years could lead to more severe behavioral problems during the elementary-aged period and adulthood (Muratori, Lochman, Bertacchi, Giuli, Guarguagli, Pisano, Gallani, Mammarella, 2019, p 130). Schools are the most common setting for providing all mental health services for children. The problem that my research question is based on has to do with the behavioral and emotional problems that elementary aged children face.

In pursuing my bachelors degree with a minor in human development, a major focus of my work has been on mental health and how that affects academic achievement. My LS 300 paper was on how parents' substance abuse affects their child's mental health and academic achievement in school. Students experience social/emotional issues that influenced themselves, their peers, and their teachers. I wanted to follow a similar theme on my capstone project. I have

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experienced first hand, as well as other peers, several instances where a student has behavioral and emotional issues that have greatly impacted the students and teachers negatively. The students were unable to learn, and they feared for their safety. The teacher was overwhelmed to the point where she was close to quitting teaching because of her high levels of stress and because she was not getting the proper support that she desperately needed. There was also another male teacher that did not know what to do when he was experiencing difficulty with a student other than to speak out his frustration with the other teacher who went through a similar situation.

Students that are in elementary school deal with many emotions that they might not understand or know how to handle. Negative behavioral and emotional issues are known to affect students' academic achievement and mental health. Early school failure has been proven to be the indicator of future negative long term and short term outcomes. Early school failure may predict a blend of mental health problems, problems with their behavior, problems with their peers, exclusionary discipline such as suspension and expulsion, substance abuse, arrest, and school dropout (McDaniel, Lochman, Tomek, Powell, Irwin, Kerr, 2018, p 370). These issues can also affect the classmates around them. It's been established that students who are exposed to classmates with emotional or behavioral disorders (EBD) experience negative achievement effects as well (Gottfried & Harven, 2015, p 46). These problems also affect the teacher. For example, if a student is being disruptive in the class because of their behavioral issues, the teacher might have to stop instructional time in order to address that student, which impacts the entire class. Moreover, providing resources to the students that need additional help with their emotional and behavioral problems adds to the difficulty of teaching. In addition to managing

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students' cognitive development, teachers are also asked to contend with the behavioral and emotional needs of students. For example, some teachers feel that they are underprepared to manage student classroom behavior positively (Downs, Caldarella, Larsen, Charlton, Wills, Kamps, Wehby, 2019, p 135). It's important that they have resourceful and positive potential solutions at schools.

Students spend a majority of the day at schools in classrooms, so schools are a great place to provide help. Schools have increasingly been becoming the beginning setting for prevention, identification, and treatment for emotionally disturbed behavior. However, finding the resources to afford adding these additional services is very expensive for many educational systems (Moulton, Von der Embse, Kilgus, & Drymond, 2019, p 695). The lack of resources in schools makes it difficult to provide support for students, teachers, and parents.

This topic is important and more studies need to be done in order to better understand the issues, as well as provide more evidence to the prevention and intervention programs that are in place today. This capstone project investigates how the behavioral/emotional problems that elementary students face affect their academic achievement and mental health. In review of the literature, this paper will explore how these problems affect schools, classrooms, and teachers. The research questions for this project are: What appears to be the contributing factors to this problem and what are some of the solutions? Moreover, this report investigates solutions and the current research done on the success of these solutions, making recommendations for schools, students, and parents.

## **Literature Review**

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In this Literature Review, I will cover some of the prevention and intervention evidence based programs that use strategies such as the Social Emotional Learning (SEL), Multi-Tiered Systems of Support (MTSS), Mindfulness, Positive Behavior Interventions and Supports (PBIS), and more. I will also discuss how these implementations are being received in the schools and classrooms, as well as discussing possible problems with these interventions. At a minimum, teachers should be trained in specific intervention, prevention, and classroom management strategies for the benefit of the students.

I have discovered through my research that providing prevention and intervention strategies for behavior and classroom management have proven to be helpful. It is helpful for the students. These effective classroom management practices include the consistent use of rules, expectations, procedures, opportunities to respond, praise, acknowledgment and response to rule violations, and token economies throughout the school day (Egan, Wymbs, Sarno Owens, Evans, Hustus, Allan, 2019, p 2). This also helps the teachers in managing their classroom as well as students with behavioral and emotional problems. Even though there are many evidence-based behavioral and mental health interventions, school personnel often experience difficulty in applying some practices without proper training. There are several interventions which are targeted only for the student, or the teacher. There are also some interventions which pay more attention to the needs of both the teacher and students. Good prevention and prevention programs include teachers, children, and parents as well.

## **Prevention and Intervention Programs**

There are many prevention and intervention programs that are available at schools that support the student's academic achievement and mental health. An intervention or prevention

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should target the children that are the highest at risk in a low cost and way that is possible that addresses the mental health risks in their community as well as having an approach that addresses the whole school community through mental health literacy education for parents and school personnel (Raval, Meyer, Bergen-Jenkins, 2019, p 667). Interventions should combine the most effective approaches to particular problems in a developmentally sensitive manner. The definition of an intervention is an extensive concept that encompasses many different theories and practices that are directed at helping the child and family adapt more effectively to their current and future circumstances (Mash & Wolfe, 2017, p 109). Interventions that focus on specific problems with clear recommendations for treatment appear to be the most effective interventions to use. Effective interventions should cover a vast range of possible actions, some would include prevention, treatment, and coping.

Children who are acting out in class, etc. could be an underlying symptom of a bigger problem. Not only is prevention important in improving the classroom environment but it helps to identify and prevent long-term mental health problems. It also allows for school psychologists to examine potentially larger issues. Prevention efforts are important to lessen the poor long term outcomes that are associated with mental health disorders, including suicide, drug use, and poor educational attainment (Raval et al. 2019, p 662). Prevention and intervention are better implemented together to better support the children. Prevention efforts are established to possibly decrease the chances of undesired future outcomes. The prevention, treatments, and maintenance efforts are complementary to each other because they focus on separate aspects of what could be problems with students that are identified in different ways and different settings which includes the students who might not have looked for help (Mash & Wolfe, 2017, p 111).



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Another thing is that selecting to combat both the risks and the existing problems and disorders simultaneously, the blend of preventions and interventions have enormous potential to reach a diverse range of students and families across a wide range of settings (Mash & Wolfe, 2017, p 111). Prevention programs try to prevent an issue, whereas intervention programs identify a problem and try to solve or manage the issue.

Some of these evidence-based prevention and intervention programs use Social Emotional Learning (SEL). The programs that use Social Emotional Learning “target school-age youth and address a variety of skills that may include emotional processes, such as emotional management or regulation; prosocial skills to support successful peer interactions, such as problem solving, conflict resolution, or character education; skills for learning, such as how to listen, focus, follow directions, and ask for help; behavioral skills to replace aggressive behavior with prosocial actions; and cognitive skills to improve executive function, attention, inhibitory control, working memory, and cognitive flexibility” (Low, Smolkowski, Cook, Desfosses, 2019, p 415).

A Multi-Tiered System of Support (MTSS) is a good framework that is beneficial for the whole school. A good framework is a preventive approach to meet the concerns about behavior as well as having organized plans or standards for students and schools to achieve. MTSS offers to reframe the problem with the potential for social and academic gains for all students, including the students with more extensive needs of support and services. This whole school application allows for special education students to have proper support firmly established in the school’s general curriculum. MTSS also enables general education students to receive benefits that these supports provide. Some of these benefits include Response to Intervention (RTI), and Positive

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Behavioral Interventions. Response to Intervention (RTI) identifies students who are struggling with academics. RTI provides different levels of support within the classroom setting. MTSS is an umbrella term. The different tiers of support are important and each tier increases the intensity of the support. There are universal screenings for all students at the beginning of the school year. It provides integrated plans to address the academic, behavioral, social, and emotional needs of students. Teachers, counselors, and school psychologists have the ability to work together when they assess students and plan for interventions. This framework allows for school personnel to observe and monitor the progress of students frequently.

Tier 1 is the whole class, or whole school tier in which all students are taught with methods that are shown to be effective for all students. This is also where all students are screened to see if some students need additional support, being Tier 2. Tier 2 are small group interventions. The students were identified as struggling with tier 1, these students receive more target support in small groups. A goal for this tier is to keep students from falling behind with the core instruction that tier 1 provides. If those students still need additional support, then they move on to tier 3. Tier 3 is the most intensive, individualized support. Tier 3 includes assistance aside from the teacher, such as behavioral counselors, or family therapies. These students continue with tier 1 activities, but they are given more time and a more narrow focus on the key points of the lessons.

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based, three-tiered intervention framework that is intended to improve the school's atmosphere, reduce problem behaviors, and maximize instructional time. PBIS is an example of Multi-tiered system of

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supports that all elementary schools should have if they do not. The three-tiered framework works the same as MTSS. PBIS is more focused on social behavior of the students.

More of the prevention and intervention programs are the Coping Power Program (CPP), Turn 2 Us, Comprehensive Behavioral Health Model (CBHM), Mindfulness, Soles of the Feet. Some of these are universal programs while others are for targeted individuals. Individualized programs often make it a necessity for more frequent communication with the child, to work together with parents, and consultations with school-based mental health providers, and school psychologists because they are more intensive than universal programs.

The Coping Power Program (CPP) is an evidence based intervention for students who are identified as being at risk for developing externalizing behavior difficulty. This intervention is intended to be individually or in groups ranging from 4 to 8 children. This program includes cognitive behavioral practices. Some of those include token economy, setting goals, techniques for self-control, and relaxation techniques. This intervention might also help students in focusing on learning, and carrying out more skillfully on assignments in the classroom setting. Teachers attend an eight-hour training workshop in the first month of the services used. Then, every month there would be a two hour monthly meeting for the duration of the program. This program has been conducted in schools for a duration of three years. This model has been shown that it has produced positive results on students' externalizing behavioral problems that are at risk for developing behavioral issues. This may lead to a decrease in externalizing behaviors at home as well as in school (Moulton et al. 2019, p 139). The parents also reported fewer emotional problems in children who participated in the program.

The Turn 2 Us prevention program is a program created in New York City for Elementary aged children that are in the 4th and 5th grade. This program strives to improve the social, behavioral, and academic performance for students who are at risk for developing mental health disorders. Turn 2 Us puts focus on teaching teachers and students social and emotional skills rather than knowledge acquisition or behavior change which has also been considered to be effective (Raval et al. 2019, p 663). This program has been shown to significantly decrease the internal and external behaviors in the students who participated. Previous studies of the Turn 2 Us program found that students who are at a high risk who participated in the program showed improvement in aspects such as in prosocial behavior, classroom compliance, academic achievement, and attendance in comparison to a control group (Raval et al. 2019, p 664).

The Comprehensive Behavioral Health Model (CBHM) was implemented in about 70 Boston elementary schools. This program allows for teachers and children to put focus on social and emotional wellbeing just as much as math or language arts. This program implements a Multi-Tiered System of Supports framework (MTSS) created to get to all students. This may include promoting social and emotional wellbeing, preventing mental illness, and offering interventions to the students who are in need of further maintenance. Strategies such as Mindfulness, Positive Behavior Interventions and Supports (PBIS), etc. The Boston public schools, Boston children's hospital, and the university of Massachusetts all partnered for this MTSS. The program uses evidence-based instruction, assessment, and intervention practices to make sure that every student receives some type of social, emotional, or behavioral health assistance. Social Emotional Learning is implemented into their core academic program. School psychologists were equipped to serve as CBHM models to the teachers and staff. Each school

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psychologist assists a school-based team who share responsibility for leading and implementing the social, emotional, and behavioral health strategy (Rennie Center for Education Research & Policy, 2019, p 5). An example of what the school psychologist does when they first spot a child in need of intervention is that they quickly designate a mentor to develop a relationship that is trusting with the child. The mentor and the student would schedule to meet weekly to go over the child's information, as well as focus on their behavior, attendance, and grades. The mentor regularly comes in contact with the student's family to share their progress and address possible issues that they have a concern about. If during that time, a certain need is required, the mentor gives the student some school and community supports. This program has been shown to transform school culture and improve the experience of school for students with a range of different needs.

### **Mindfulness**

There is lots of evidence that mindfulness is a strategy that works well with students and students with emotional and behavioral issues. Mindfulness is the practice of being aware of what is happening in the present moment within and around one's self with acceptance and also curiosity with no judgement (Zolkoski & Lewis-Chiu, 2019, p 47). It is useful for all students to try this strategy. It promotes no judgments. There are three fundamental approaches to mindfulness. They are intention, attention, and attitude. Mindfulness is considered to be a modern strategy that goes along with social emotional learning that has shown promise for reducing problems in the behavior of the students. Though, mindfulness is not seen as the overall solution to these problems. It takes time and consistency to practice good mindfulness skills. There are mindfulness strategies for students in all the grades. However, mindfulness is not a

fast solution to the problems that result from students' behavior that is challenging, research has supported that practicing mindfulness can help students with challenging behaviors to better manage their behavior, emotions, and actions in more productive and constructive ways (Zolkoski & Lewis-Chiu, 2019, p 52). Some of those practices include thought watching, body scan meditation, sitting meditation, yoga, and walking meditation. There are also books with many child friendly mindfulness strategies that could be available in the classroom.

There are lots of positives to mindfulness, so it is being used more. Practicing mindfulness could be cost free. Mindfulness strategies are positive, proactive approaches that may help students with emotional behavioral disorder (EBD) improve their ability to regulate their own behaviors (Zolkoski & Lewis-Chiu, 2019, p 48). This strategy is also equally beneficial to the teachers. A teacher's wellbeing can be improved by doing mindfulness strategies. The increase of sense of well-being, self-efficacy, the ability to effectively manage classroom behaviors, and the capacity to nurture supportive relationships with students are excellent reasons as to why teachers should be practicing mindfulness in their classrooms. Mindfulness can be blended into the classroom environment that may promote the learning from all content areas for all students by improving their self-awareness and their relationship as a class. These interventions are made to be implemented with all students and young children to prevent and reduce possible risk factors while promoting protective factors at the same time, which increases the likelihood of successful outcomes for students (Zolkoski & Lewis-Chiu, 2019, p 48).

Mindfulness practices may result in the reduction of anxiety, stress, and depression. It may also contribute to improvements in mental health, reduce symptoms of ADHD, and

reductions in behavioral and anger management problems for children and youth (Zolkoski & Lewis-Chiu, 2019 p 47). Several mindfulness strategies have been shown to create a decrease in sleep disruptions, decrease in obsessive thought patterns, decrease in depression, anxiety, and an increase of quality relationships.

### **Classroom Management**

While doing my research, I discovered that classroom management is highly important for the students and it could possibly influence the behavior in the classrooms. It is important because if the classroom is not managed, there would be little learning in the classroom. When a teacher is unable to manage children's behavioral problems, classroom instructional time is significantly reduced (Muratori et al. 2019, p 129). Teachers and staff could be trained on ways to manage their classroom. There are also teachers who are practicing strategies that are not effective. They are responsive strategies such as reprimands, time-outs, and negative teacher and student exchanges. This type of teacher behavior has been discovered to lead to unfavorable student outcomes, including disruptive and off-task behavior, poor academic achievement, and higher stress levels for teachers. With providing training, the teachers can learn strategies that would make managing their classroom easier. Children with emotional and behavioral problems are in need of teachers who are skilled in managing disruptive and distressed behaviors while also attending to the needs of the students in the whole class (Klopfer et al. 2019, p 50).

Providing classroom management strategies could increase the confidence in the teacher which results in a better teacher as a whole. Sometimes teachers have unpleasant attitudes and intentions towards children with emotional and behavioral problems in their classroom. There is a lower confidence from teachers who are going through issues with classroom management.

This is not a good mentality for a teacher to have. Some of the positive classroom management strategies “include rapport and relationship building, priming, teaching and praising desired behaviors, preparing students for upcoming transitions, scaffolding learning, and providing functionally equivalent alternatives for inappropriate behaviors” (Klopfer, Scott, Jenkins, & Ducharme, 2019, p 50).

### **Exposure to the Natural Environment**

There have been studies done that have shown that exposure to the natural environment, also referred to “green space”, has an effect on health and health related behaviors. Green spaces are defined as areas that are open, land that is not developed, with natural greenery that may include parks, forests, playing fields, and trails along rivers (Mitchell & Popham, 2008, p 1655). The studies were conducted with adults, and outside of the classroom. However, it could also easily be applied to children at schools as well. This could also be low to no cost while providing enrichment to nature. Studies have also found that the relationship between green space and mental health is stronger in lower socioeconomic status groups (Beyer, Kaltenbach, Szabo, Bogar, Nieto, Malechi, 2014, p 3454). This is especially relevant to my community. Having an area of green space, such as a park or forest, has been seen as positive for health. Green space has been connected to recovery from mental fatigue, stress reduction, lowers blood pressure, reductions in crime, violence and aggression, and a better reported health. These benefits include the community as well as the students with their mental health. More green space should be considered when building a new school. The studies of the exposure to the natural environment were conducted in New Zealand and several European countries. There is less knowledge in the settings across the United States.



### **Possible Problems**

Many possible problems may occur when implementing preventions and interventions at schools. Problems could come from the teachers, cost, and further studies. Teacher willingness is a big problem that may occur. A teacher's stress-related low energy and enthusiasm could diminish their willingness to implement a new intervention in their classroom (Egan et al. 2019, p 1636). Teachers should want to have the willingness to try something new for the benefit of their students. Sadly, some do not. Teachers were not as interested in understanding the behavioral problems as they should be. Some teachers are used to practicing strategies that do not work, and students received more reprimands. Approximately 20% of at-risk students were less engaged; they were disruptive approximately 3 times as often (Downs et al. 2019, p 140). Reprimands occurred significantly more often than praises. The higher the reprimand rates were, the less engagement of students was reported. It did not matter if these students were at a high risk or not. Another problem could be the lack of these programs or training in schools. Many teachers have reported limited training in behavioral interventions and preventions in the schools. This could be the result of budget costs. With some of these interventions, further studies need to be conducted for further evidence-based programs and results.

### **Possible Actions**

Many possible actions are available that have been shown to improve the classroom environment and support students with behavioral and emotional issues. Those actions include training for teachers and staff, implementation of prevention and intervention treatments, universal treatment, and awareness. For example, many teachers attending intervention classes would attend an initial eight hour training workshop. They would also have two monthly

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meetings for an hour in small groups for the duration of the program (Muratori et al. 2019 p 132). Improving the teacher's skills are continuous. After the initial training has been done, there should be meetings to review or ask questions. Some programs such as the Coping Power Unit mentioned earlier, it is said to consist of lesson plans that are given out by teachers. These lesson plans involve the introduction of the main components of the program. The curriculum helps children learn cognitive and behavioral practices that help them to calm down, recognize their emotions and deal with their problems. Techniques such as direct instruction, puppet presentation, and stories are part of the CPU curriculum (Muratori et al. 2019 p 136). Parent involvement is also critical. It was shown that teachers chose interventions in which the parents were involved on a weekly or monthly basis instead of daily or no involvement at all. Parent involvement could be attending a minimum of 5 workshops that are created to increase awareness of common elementary aged mental health disorders and treatments, destigmatize mental health issues, and to teach parents beneficial stress management and discipline strategies (Raval et al. 2019, p 663). We also have to keep in mind that not all parents have a lot of time. That is why we need a balanced approach to support families that will not take too much time away from the parents, and provide support to their children and be active in their academic success.

### **Methods**

I conducted an interview with a professor of school psychology, and I asked her 10 general questions that a school psychologist would be able to answer. The role that the interview played in this paper is that I was looking for clarifications of what a school psychologist is and what types of support they are able to provide at the schools. The interview was very informative

because I wasn't even aware that there is a role for a school psychologist at the elementary schools. The key takeaways that I got from the interview was that a school psychologist is an advocate for students that help to support their academic, behavioral, mental, and social health.

I had asked her what a school psychologist does on a daily basis. She explained that a school psychologist plays several roles during their day-to-day business. They conduct cognitive testing, academic assessing, and consulting with teachers. I also learned that the national association recommends there to be one school psychologist for every 750 students, though oftentimes the school psychologist is responsible for more than the recommended number of students. Therefore, the school psychologist might not be able to provide the proper support each student needs. Every school is assigned a school psychologist, but not every school has one on their campus. She stated that one school psychologist may be in charge of up to 5 schools at a time.

In Monterey county, data from 2019 shows that there is 1 school psychologist for every 1,617 students. More specifically, in the South county, the school district of Greenfield, CA has 1 school psychologist for 1,205 students. In Soledad, CA there is 1 for every 1,226 students, and in King City, CA there is 1 for every 1,351 students. These numbers demonstrate that there are far too many students for one school psychologist. There is no way that the school psychologist can develop a close supportive relationship with the individual student. She also stated that she worked in a High School where there were 3 psychologists for 2,800 students. Another school she worked at had 1 school psychologist for 4,000 students. More school psychologists should be hired in this area to help support these students in our communities.

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The types of services provided for students who have behavioral/emotional problems and students in general could receive anything from a simple break in the classroom, strategies to reinforce their behavior, to being placed in a different classroom setting or individualized support as a one-to-one aid. Depending on the school and school district is how funding and cost play a factor in the services that students get. Budget is a huge factor as to how many school psychologists there are at a school district. Under the IDEA act, students regardless of a disability or not have the right to services. The services are free. Students do not pay, but schools may bill medicare or medicaid for example, but the cost should be free to parents. I was wondering how schools decide what types of interventions are available for students at schools. She explained that the school should provide any intervention the student needs. The school does not get to deny services because they do not have it available. The school would then have to pay to bring in the services or pay the students somewhere where they can provide the services they need.

The steps for a student to receive behavioral/emotional help at their schools mostly start off by being referred by their parents or teachers for support. The students are taken to student support teams. Student support teams are staff who are committed to identify and support students who show academic or behavioral issues by assigning assistance to students and connecting them to suitable interventions and supports. Parents, children, and teachers all participate in this team. The team could suggest a referral for special education. Meaning that an assessment plan is completed to get a sense of students academic and behavioral performance which they gather from the school psychologist, counselors, and teachers. The teams also go in and do observations, conduct interviews, they collect multiple data points, and then they

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determine if the student has a disability. The support teams help address what data they have collected such as interventions that might have been done, and they would send the students and teachers to try other forms of interventions. The support teams may also determine if the level of support they are getting is enough, or if they need additional support beyond the general education setting. There is a federal definition for emotional disability that a student needs to meet in order to qualify for special education services. So, the federal definition for emotional disturbance is when they have a condition that exhibits one or multiple of the characteristics that they described over a long period of time and that it affects a child's educational achievement and performance. Those characteristics include: An inability to learn that cannot be explained by intellectual, sensory or health concerns. An inability to maintain or build satisfying interpersonal relationships with teachers or peers. Inappropriate behavior types or feelings under normal circumstances. A general prevalent mood of unhappiness or depression. Also, a tendency to develop physical symptoms or fear associated with personal or school issues.

There are sometimes stigmatizations and possibly bullying for students who are in special education by their peers. I asked if there are students who receive these services that are bullied or stigmatized, or if she had seen any instances where she has seen something of that sort. She had not, but she stated that these students can be stigmatized or bullied. She has also read research that mentions that once a kid is identified as having an emotional disability or emotional disturbance they often don't ever exit special education. This means that they could be stigmatized because they would continue to be found eligible for special education services even if they are not eligible. It could be very hard for students to exit out of special education services.

Parents are able to play a big role, but sometimes they do not play a big role. The professor claimed that the role of the parent should be bigger than it often is in the schools. It is important for parents to be involved because the parents or caretakers are the ones who know the child best. They could provide a lot of really important information to share with the team about what their child's performance is and how it is being affected. The parent could also provide data for interviews and they should be filling out rating scales. A rating scale is a tool for assessing the performance of a task, and other aspects the student does. They are similar to checklists, but the rating scales are more detailed and indicate the degree of accomplishment. The parents should be attending all team meetings, and be involved in the conversation around what services are being provided. That way they can have a say in whether or not they want those services for their child. They could also recommend additional interventions or services to be discussed which is their right to do so.

Students do not spend all their time at schools, so I asked what are other good resources for them and their parents outside of the school that are available for these students. She recommended to do research online. It is great for times when students are not in school and cannot go physically to places. Such as during this time of the shelter-in-place where we cannot go anywhere and places might be closed. Websites like [understood.org](http://understood.org) are good starting points for parents. [Understood.org](http://understood.org) talks about different disability areas and how people may qualify for them. Searching up services like The Board Certified Behavioral Analyst (BCBA) can provide parents with helpful information. They are able to figure out what their rights are, this could include finding somebody who is an advocate who can talk about what the rights of the student are. They can explain educational laws like IDEA, Individuals with Disabilities Education Act.

There are several recommendations that people can share depending on the specific issues the child has. Generally these are the first steps.

I wanted her to share anything that she wished more people were aware of. She would like to say that she wishes that parents had knowledge of their rights. She believes that parents go with what the school recommends, which might just be the cheapest, easiest option. Schools might not be doing right by the parents. It is not always the schools fault, it could be the lack of resources that they have at their schools. Parents who fight for their child's rights or get a lawyer are often parents who have the money to do so. So oftentimes there is a disservice to the students who are lower socioeconomic status. She would also like for people to have the knowledge that emotional disturbances does not have to be a life sentence. The kids can and do get out. Providing interventions and not just providing individual interventions, but school-wide interventions is highly important to helping all of the students. Due to the COVID-19, and the shelter in place, I was unable to gather further first hand data for my research.

### **Findings and Discussion**

Given the research question of how does the behavioral and emotional problems that elementary students face affect their academic achievement and mental health, I have explored programs that are in schools intended for these students, and students in general to provide interventions and preventions that help students with their challenges in the school. In considering the challenges I observed in schools as a service learning student past semesters, these would be the recommendations I would make. I would make sure that each school psychologist gets assigned the appropriate amount of students so that they can provide the attention and support that they need to succeed. A school psychologist cannot create a proper

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relationship with all the students, if they have too many. There needs to be enough funds to pay the school psychologists needed at the school. Each school should implement a universal multi-tiered system of support which helps to generally target students. Practicing classroom management is also a great way for teachers to implement positive behaviors for the students and the teacher themselves. Another recommendation for the classroom is to practice mindfulness. During my time as a service learning student, I was in a second grade classroom where the teacher had posters on the wall about mindfulness and phrases students can say to themselves to practice mindfulness on their own. This teacher also used praise and kind words when she was interacting with the students. This allows for students to feel more positive and feel safe in the classroom. This helps lessen negative behaviors such as frustration and anger. Parents should also be aware of their child's rights and educate themselves with resources and actions that they can do to better support the academic success and mental health of their child. Websites such as [understood.org](http://understood.org), [childmind.org](http://childmind.org), and [pacer.org](http://pacer.org), provide many information, articles, resources, etc. which are easily available, and accessible in other languages as well.

### **Limitations**

There are lots of limitations for intervention and prevention programs that were discussed in the possible problems. Also, other limitations are that I am not a school psychologist, I do not have nearly enough knowledge on the issues with intervention/prevention programs and how to best treat students who have behavioral and emotional issues. Some articles have also mentioned that further research needs to be conducted on some intervention/prevention programs to have more evidence-based programs. Another limitation for this paper is the shelter-in-place order in California that was put in effect the month of March 2020 because of COVID-19. I would have



liked to interview another school psychologist at one of my local schools to get another viewpoint from them, and gather first hand data from them and the school.

### **Conclusion**

There is no easy way to provide the best support for the students who have behavioral and emotional issues at schools. Since each student needs their own individualized support, it is tough for school personnel to provide the help that each student needs. Having prevention and interventions in schools are a great way to support these students, especially when there is a multi-tiered system of support. Programs such as Positive Behavioral Interventions and Supports offer both prevention and interventions at a school-wide level, and the tiers allow for students to be assessed regularly to prevent students from not receiving the proper support that they need.

This project has fulfilled two Major learning outcomes for a CSU Monterey Bay Liberal Studies student: MLO 1 and 4. In achieving MLO 1: Developing Educator, I had to think, write, and speak about the general knowledge, skills, and responsibilities of a general education public educator in the classroom and community. Throughout my four years at college, I have learned so much about elementary education and why it is so important to become a public educator. I was able to observe and speak to several public educators that have helped me think critically about pedagogical skills and apply some of those perspectives to developing my professional practices. This has led me to an interest in school psychology. MLO 4: Social Justice Collaborator is another learning outcome that has been expressed with this project, as well as the work conducted on the other paper that I have written about for LS 300 course. The paper I wrote for that course was with students who are living with parents that are addicted to drugs or alcohol and how that affects their mental health and academic performance. In the United States

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in 2010, it was stated that 1 in 6 children in school has a parent dependent on or addicted to drugs or alcohol. That is a huge number of students. In a classroom for example, there might be on average about 23 students in a second grade class. Out of those 23 students, based on the statistics in 2010, there is a chance that the classroom has at least 3 students who has a parent or parents dependent on alcohol or drugs. This is another reason why there should be more school psychologists in the United States.

MLO 4 learning outcome combines disciplinary knowledge, community knowledge, and reflective practices that allows me to become ethically and socially responsible to work towards a world that is just and sustainable. I have been able to collaborate with stakeholders such as teachers, professors, and school psychologists that advocate for access, equity, and justice in the schools, classrooms, and community. I have come across situations in which it has opened my eyes that sadly there are times where there is no equal education because education can be easily influenced by anything. Whether it is the lack of support teachers have, or the home life of a child. In conducting this project, I have also learned about another equally important career, a school psychologist, that could fulfill my passion for mental health awareness, advocacy, and students' academic achievement.

## **Appendix**

Interview questions:

1. What types of services are provided for students who have behavioral/emotional problems? And students in general?
2. What is a school psychologist? What do they do on a daily basis?
3. Do all schools have a school psychologist? How is a school allotted a psychologist? If not, why not?
4. What are the steps for a student to receive behavioral/emotional help at the school?
5. How does funding, or cost, factor into the services for a student to receive these services at school?
6. How does a school decide what type of interventions are available for the students?
7. What is the role of the parent? How big is the parents' role?
8. Are students who receive these services stigmatized or bullied?
9. What are good sources outside the school that are available for these students?
10. Is there anything that you wish more people would be aware of?

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