A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals

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Abstract

The purpose of this qualitative study is to gain knowledge about barriers to Interprofessional Collaboration (IPC) among school mental health professionals (SMHPs) employed by a public school district in Florida. The unidentified school district has previously implemented a comprehensive model known as Multi-Tiered System of Supports (MTSS) aimed at addressing the behavioral and academic needs of struggling students in a simultaneous and collaborative manner rather than at fragmented periods of time and in disciplinary silos. IPC is imperative to the fidelity of MTSS. MTSS proposes that each school develop their own MTSS collaborative comprised of select school staff plus the SMHPs assigned to that school. The reality is that not all schools have established an MTSS collaborative and even in those that have, its members do not necessarily collaborate as intended in the MTSS model. Understanding the ways in which the SMHPs view and experience the utility of IPC is important in designing effective training and/or proposing system-wide organizational changes. The research objectives seek to answer the research question pertaining to the barriers/facilitators SMHPs perceive surrounding the implementation of IPC. Study findings suggest an unidentified school district may improve IPC by: (a) Internally bolstering their support programs; (b) providing systems-level change to allow for better use of resources for areas of concern; (c) addressing areas of fidelity; and (d) showing where to focus appropriate allocations of supports. These components lead to more effective IPC and increased supports surrounding prevention, intervention, counseling, disjointed services, lack of resources, and duplication of services (Lim & Adelman, 1997).

**Keywords:** interprofessional collaboration, Multi-Tiered System of Support, school mental health professionals, school social workers.
Acknowledgement

First, I would like to dedicate my journey in loving memory of my father, David Wright. The light and love that he brought into this world is a constant reminder of why I pursued my doctoral degree. While none of this could have happened without God’s provision in my life, my earthly foundation is my family. My husband Ryne, son Wynn, brother Oakley, and mother Debbie were the support that carried me through the late nights.

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Lastly, it is with this quote that I have been inspired to achieve my doctoral degree as it sets the stage for my profession and my continual pursuit of expertise in the field of school social work. It is by Jane Adams, “America’s future will be determined by the home and the school. The child largely becomes what he is taught; hence we must watch what we teach and how we live.” I believe that every day we have the chance to make a difference.
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Introduction

Importance of Interprofessional Collaboration

For kindergarten through 12th grade students, academic success is the most important endeavor which educational professionals undertake. Although the primary goal in schools is academics, educational leaders understand the need for nonacademic support. For many students, academic achievement comes naturally; for other students, success in school requires a significant level of support. Research supports the notion that non-academic skills of students, such as social and emotional skills, are linked with their academic performance (Palardy, 2019). In order to assist students who need additional support, school systems provide teams of school mental health professionals (SMHP) to facilitate educational impact among students. School social workers (SSW), school psychologists (SP), and other mental health professionals (MHP) in the schools are employed in these roles to help students overcome barriers they may have to academic success (Tourse, et al., 2005).

Interprofessional collaboration (IPC) is considered best practice among SMHPs and it is written into the competencies and guidelines of professional organizations such as the American School Counselor Association (2016), the National Association of School Psychologist (2014), and the National Association of Social Workers: School Social Workers (2012). The SMHPs most overlapping support for students is mental health services. Being mentally healthy is the number one leading element for academic success in students (Eagle et al., 2015). Mental health is a key identifier in how a student performs on their schoolwork and how they overcome barriers without assistance, as well as their interactions with peers, teachers, and other stakeholders in the school environment. The Center for Disease Control (CDC) states that “mental health in childhood means reaching developmental and emotional milestones, and
learning healthy social skills and how to cope when there are problems” (CDC, 2019, para. 1). Children who are considered mentally healthy show signs of positive mannerisms and function well at home, in their communities, and while at school.

The CDC states that in a given year, one out of every five children experience a mental health disorder (2019). This explains why childhood is such a crucial time for cognitive development in which children learn important skills regarding social and emotional development. During these critical childhood years, it is of the utmost importance for adults who are working with children to support their mental health needs (Doll & Cummings, 2008).

As social institutions, schools, for the most part, are designed to teach emotionally and psychologically healthy students to be productive members of society. Yet, a CDC report, Mental Health Surveillance Among Children –United States, 2005-2011, found that approximately one-fifth of children in the United States had been diagnosed with a mental disorder (Perou et al., 2013). Without early diagnosis and treatment, these conditions can become barriers to the student’s success (Rones & Hoagwood, 2000).

School districts are learning that the educational setting is quickly becoming the number one treatment setting for mental health. Rones and Hoagwood (2000) note that SMHP’s are the sole mental health providers to the approximately one-fifth of children with diagnosed mental health disorders noted above. Over time, schools have taken the responsibility to ensure good mental health among their students and therefore have become one of the leading providers for mental health services. Doll and Cummings (2008) assert that population-based services, such as mental health counselling, are intended to meet the need of students at any level. For individual students, there is a great need for mental health services; outside mental health providers present barriers for families to be able to access those services, so schools have unintentionally become
the leading place for students to access mental health services. Schools have easier access to the students to be able to provide mental health counseling and to support academic performance, they must address mental health concerns (Doll & Cummings, 2008).

One way of addressing mental health concerns among students is by ensuring that through collaboration schools can harness the full potential of the knowledge and skills that each SMHP brings to the school setting, especially if they come from different professional disciplines (Doll & Cummings, 2008). Traditionally, SMHPs work independently with their client, the student. That is, the school social worker (SSW) provides her or his services separately and disconnected from the school psychologist, the school counselor and other SMHPs. The process is repeated for every SMHP working with a student. This concept of collaborating across professions and across settings, i.e., community-based organizations, is known as Interprofessional Collaboration (IPC) and is an essential component to effectively serving the whole child including their mental health well-being (Arredondo et al., 2004).

Ideally, a student could be cared for by integrating collective experiences among the SMHPs team who have a duty to support the needs of the student from an emotional and behavioral standpoint (Tourse et al., 2005). Collaboration between the SMHPs and community-based professionals is an integral part in assisting students with mental health concerns. Following the IPC model, these professionals would team-up to ensure that students had access to the best services available. However, providing the best services available rests on stable SMHP teams that are able to work cohesively (Doll & Cummings, 2008). It requires professionals capable of working collectively, combining their skills so that no student is left without the mental health supports needed.
At the outset, it is important to distinguish between two similar and related terms: Interprofessional education (IPE) and interprofessional collaboration (IPC). IPE occurs when two or more professions learn together and about each other (Lapkin et al., 2013). IPC, on the other hand, is a partnership among two or more professionals characterized by sharing responsibilities as well as understanding the level of contribution each colleague brings to the case. Understanding how the SMHPs work together is especially critical for successful collaboration as these professionals often find themselves with intersecting responsibilities in the school setting (Murawski & Hughes, 2009).

**Problem Statement**

Although research shows that IPC is essential for the student’s success, administrators in the schools are finding it increasingly apparent that the SMHPs are operating independently in their work (Sosa & McGrath, 2013). This lack of collaboration can further hinder the educational development of students. The absence of IPC can inadvertently influence work production, as imperative information does not flow and disseminate as freely. This can quickly transpire into inaccurate and untimely sharing of information (Lim & Adelman, 1997).

Avant and Serdlik (2016) report that one of the main contributing factors in the lack of collaboration is the overlapping of roles among SMHPs. Although research suggests that school professionals should collaborate, the reality is that they are compartmentalizing their roles and becoming further removed from collaborative efforts (Avant & Serdlik, 2016). Research suggests that implementing a Multi-Tiered System of Supports [also known as MTSS or interchangeably as Response to Interventions (RTI)] demonstrates the importance of IPC (Stone & Charles, 2018).
Based upon the research presented, there is evident need to explore the following research questions to assess the barriers among the SMHP’s at an unidentified school district:

What perceived barriers do SMHP’s present for the lack of interprofessional collaboration?

What facilitators do SMHP’s perceive would enhance their ability to practice interprofessional collaboration?

What are the perceived gaps that hinder collaboration among SMHPs in the school setting?

**Review of the Literature**

There is an abundance of research supporting IPC between disciplines like nurses, mental health professionals, and community providers (Bates et al., 2019; Green & Johnson, 2015; Martin et al., 2010; Reeves et al., 2017). However, there is a shortage of research that addresses IPC within schools. A vast amount of the research surrounding the topic of IPC comes from the industry of healthcare, particularly related among physicians and nurses. Although it is not the education field, it is worth noting the importance of IPC. A literature review by Schmutz and Manser (2013) was conducted to better comprehend the processes utilized by patient care teams and if there was an impact on their clinical performance. They found that there were better outcomes for patients when the care team exhibited leadership, effective communication, team-based decision making, and collegial coordination.

A study by Sosa and McGrath (2013) from the field of school mental health looked at IPC in schools. The research took place at a suburban high school and discussed how a school social worker and a school psychologist established a collaborative partnership with a shared vision of service delivery improvement for students. Sosa and McGrath (2013) formed connections outside of themselves and included school personnel, community partners, and families. They assessed the roles of the professionals and what was considered a shared role or
unique to their profession. This decreased the duplication of services and increased the strengths of the professionals. The study authors described how these collaborative efforts facilitated stronger relationships among themselves, school staff, and with parents. It was also determined that members of the collaborative group became a support system, which further established sustainability (Sosa & McGrath, 2013).

The research provided above indicates that there are elements for effective IPC that must be implemented for the practice to work (Sosa & McGrath, 2013). The group must understand the overall goal, stakeholders must believe the goal, and there must be support from administration, group planning and review, reliability of services implemented, regular updates from the group, and flexibility. Another crucial component in successful collaboration is funding. The school’s capacity to join forces with a community partner may be contingent on funding because they may share financial obligations. Overall, positive interactions and communication are a priority in instituting successful IPC (Walsh et al., 1999). Finally, by providing early introductive training regarding the other professionals’ disciplines, it can increase the interprofessional collaborative relationship.

Throughout the literature, there is a variety of synonymous terminology for IPC (Eagle et al., 2015). Comparable terms are “transdisciplinary collaboration” and “multidisciplinary collaboration.” These varying words can all describe and relate to SMHP's uniting efforts to better assist students according to their unique profession. Although each of the terms may slightly vary in meaning, they all recognize that professionals must contribute their knowledge through collaborative efforts. IPC values each professional, demonstrating a collective power that acknowledges each professional’s expertise in their field. Interprofessional or
multidisciplinary collaboration does not suggest exceeding the disciplinary boundaries, but rather place an emphasis on interdependency among professionals (Brown-Chidsey, 2016).

**Theoretical Framework**

**Multi-Tiered Systems of Supports**

Mental health in schools is generally categorized by the services that students receive or are offered, by the SMHPs typically at three different levels: school-wide, classroom-based, or individually. A comprehensive method for students to receive mental health supports ensures that the school promotes and prevents healthy discussions about problems, intervening proactively, and providing intense supports for chronic or severe issues (Eagle et al., 2015). Multi-tiered system of supports (MTSS), is a three-tiered, evidence-based model of schooling that uses “data-based problem-solving to integrate academic, behavioral and social-emotional instruction and intervention.” (FLDOE, 2012, p. 2). The model calls for a “common language”, “common-understanding” and “team-based collaborative problem-solving” (FLDOE, 2012, p. 2, p. 10). MTSS undertakes these responsibilities by incorporating social, behavioral, emotional, and academic support. Through the MTSS model, districts and individual schools are able to align two distinct areas of concern: behavioral and academic standards (Florida’s Positive Behavior Support Project, 2011). By establishing these resources collectively, the whole child is supported academically. As the MTSS framework mentions, IPC is necessary for the reform of comprehensive services provided to students (Brown-Chidsey, 2016).

The foundation of MTSS are collective leadership, problem solving through data analysis, interventions, evidence-based curriculum and instruction, assessment, progress monitoring, and universal screening (FLDOE, 2012). MTSS combines the needs of students through a framework that address the concerns simultaneously rather than in fragmented periods
of time (Eagle et al., 2015). As the title of MTSS infers, interventions, alternatively may be called programs, are provided through a tiered approach. Tier 1 is considered *universal prevention*, which means all students receive a program based upon the particular needs of the school through school-wide implementation (Florida’s Positive Behavior Support Project, 2011).

Students who are not successful after receiving the Tier 1 supports are provided with Tier 2 interventions. At the Tier 2 level, the student who was not successful in Tier 1 will continue to receive all the supports that Tier 1 offered, but additionally will receive more targeted intervention support (Florida’s Positive Behavior Support Project, 2011). All of the performance expectations centered around academics, social-emotional, and behavior outcomes are the same at each tier.

After administering Tier 1 and 2 supports, if there are students who are still not meeting expectations, these students will be placed in Tier 3. Further, because Tier 3 serves students with the most significant academic, behavioral and/or socio-emotional barriers to overcome for school success, of the three tiers, it demands the most intensive service provision. The degree of support that is needed for a student to attain school success that MTSS promises requires effective levels of collaboration, coordination, and communication across the professions, e.g., between teachers, nurses and SMHPs that serve students in schools (Borg & Drange, 2019). Consequently, IPC is implicated in the effective use of MTSS collaborative problem-solving teams (Avant & Swerdlik, 2016).

There are significant benefits to utilizing the MTSS framework for students, including access to needed services, improved engagement and behavior, and improved collaboration among stakeholders. Universal screenings are a common MTSS tool that aids in the early detection of and intervention for identification of mental health concerns on a school-wide basis,
within small groups of students, or at the individual level (Florida’s Positive Behavior Support Project, 2011). Additionally, progress monitoring is another tool utilized in the MTSS framework that allows schools to identify students who may still be struggling and provide further supports, such as individual or group counseling.

While it is imperative that IPC is applied throughout each Tier, it is the most important factor in Tier 3 (Florida’s Positive Behavior Support Project, 2011). During this intensive support for the student, collaboration between professionals, agencies, and systems is vital to deliver the interventions needed for students to gain access to instruction and learning. Advent and Swerdlik (2016) suggest that when IPC exists within a tiered support system, it benefits and influences the students with extreme behavioral and social-emotional challenges, particularly when the SMHPs work closely together and are supporting one another professionally by collaboratively sharing resources and knowledge.

In 2008, FLDOE began building the framework necessary for implementation of the state’s MTSS model and by 2011 implementation had begun (Florida’s Positive Behavior Support Project, 2011). Although research shows that IPC is essential for student success, the reality is that many SMHPs prefer to work independently by compartmentalizing their roles in professional silos that further remove them from collaborative efforts (Avant & Swerdlik, 2016; Sosa & McGrath, 2013). For example, in a study to explore the extent of collaboration among SSWs, Stone and Charles (2018) found that collaboration among interprofessional teams was difficult. The study found huge differences in how the problem was defined across professions, setting the stage for additional discrepancies in how they each assessed and intervened. Additionally, they found that participants reported five forms of collaboration, but it was unclear whether these roles were undertaken as joint, or shared, activities; only 15% of participants
described activities such as conducting co-assessments, co-creating interventions, and co-monitoring student progress (Stone & Charles, 2018). Weist, and colleagues (2012) noted five challenges associated with IPC: (a) marginalization of the school mental health agenda; (b) limited interdisciplinary team work; (c) restricted coordination mechanisms; (d) confidentiality concerns; and (e) resource and funding issues.

Conversely, participants reported that facilitators for RTI implementation included having school administrators increase their efforts to foster feelings of value and job security among SSWs as a result of their increased responsibilities. Weist, et al. (2012) offered facilitators for IPC: (a) addressing marginalization through a focus on quality; (b) relationship building across interdisciplinary team members; (c) building effective teams; (d) embed protections for confidentiality; and (e) promote policy change and resource enhancements.

Understanding how the SMHPs work together is especially critical for successful collaboration as these professionals often find themselves with intersecting responsibilities in the school setting (Murawski & Hughes, 2009). The absence of IPC can inadvertently influence work production, as imperative information does not flow and disseminate as freely.

**Intervention Purpose**

The purpose of this three-phased qualitative study is to gain knowledge about barriers to and/or facilitators for IPC among SMHPs at an unidentified school district. The school district employs more than 100 SMHPs (School Social Workers, Mental Health Facilitators, & School Psychologists) across 150 schools serving more than 100,000 students. SMHPs are each tasked with helping struggling students overcome barriers to learning, yet they practice in independent professional silos. This reality is problematic as the school district has attempted to implement MTSS, a comprehensive model aimed at addressing the behavioral/academic needs of struggling
students in a collaborative and simultaneous manner. The MTSS model proposes that each school develop their own MTSS collaborative comprised of select school staff plus the SMHPs assigned to that school. Unfortunately, not all schools have established their MTSS collaborative and, in those that have, its members do not necessarily collaborate as intended in the MTSS model. IPC is imperative to the fidelity of MTSS. Understanding the ways in which the SMHPs view and experience IPC may provide important recommendations to system-wide organizational change efforts leading to greater successes from the MTSS model and improved student outcomes.

**Current Study**

For this research study, SMHP’s at an unidentified school district will be the focus of study, which will include Mental Health Facilitators, School Psychologists, and School Social Workers. The use of these three separate professional departments will allow for an expanded analysis of the results. Based upon the research presented, there is an evident need to explore the following research questions to assess the barriers among the SMHP’s at an unidentified public school district in Florida: (1) *What perceived barriers do SMHP’s present for the lack of interprofessional collaboration?*; (2) *What facilitators do SMHP’s perceive would enhance their ability to practice interprofessional collaboration?*; and (3) *What are the perceived gaps that hinder collaboration among SMHPs in the school setting?*

**Project Rationale and Aims**

The research objectives seek to answer the research question pertaining to the barriers/facilitators SMHPs perceive surrounding the implementation of IPC. It is most important to note that the literature is consistent in acknowledging that taking action is the first step, instead of simply lamenting about the lack of IPC (Charles & Stone, 2018). Findings from this
study may allow the school district to improve IPC by: (a) Internally bolstering their support programs; (b) implementing systems-level modifications to allow for maximum use of resources in areas of concern; (c) addressing practices that weaken MTSS fidelity; and (d) unveiling where to focus appropriate allocations of supports. These components lead to more effective IPC and increased supports surrounding prevention, intervention, counseling, disjointed services, lack of resources, and duplication of services (Lim & Adelman, 1997). IPC in schools is a practice that takes effort as well as time (Murwaski & Hughes, 2009), thus increasing collaboration among the SMHPs may lead to professionals feeling more supported and supportive of each other, which can further strengthen IPC. In addition to helping the unidentified school district, study findings may further support other school districts who are facing similar challenges implementing IPC.

As the literature supports, MTSS has improved the role of SMHPs by enhancing their roles and responsibilities as leaders, coaches, and consultants (Avant & Swerdlik, 2016). They are viewed as information providers and act as the main source of knowledge in the MTSS process for parents and teachers. Regardless of the implementation difficulties, SMHPs have the potential for leadership roles that far outweigh challenges. Because SMHPs recognize the necessity for collaborative change, these professionals are competently prepared to advocate and participate in being change agents for the implementation of MTSS (Avant & Swerdlik, 2016).

Furthermore, SMHPs are starting to provide their expert knowledge in how to assist with organizational transformation as well as evaluating, implementing, and designing the way services are delivered (Sosa & McGrath, 2013). SMHPs must maintain the development of collaborative interactions among professionals so that students may benefit. Furthermore,
SMHPs recognize the challenge set before them and can be change agents who have the power to support and implement the MTSS model (Charles & Stone, 2018).

**Methodology**

**Project Design and Procedures**

This research study is a qualitative, cross-sectional, exploratory design aimed at assessing the barriers to and/or facilitators for IPC. As informed participants in the study group, SMHPs are positioned to provide real time feedback on what, in their perception, is working or what barriers they confront adopting IPC elements. This study design procedures and subsequent data analysis allows for common themes of barriers/facilitators to be assessed. A basic content analysis using procedures recommended by Stewart and Shamdasani (1990) were conducted. The analysis adheres to the following four main phases: data making, data reduction, analysis, and interpretation.

Due to the Principal Investigator’s (PI) leadership role within the School Social Work department, arduous procedures were adopted to protect study participants’ anonymity, reassuring them that their participation in the study would not impact their employment standing in the school district, and would be free of any form of coercion. What resulted was a three-phased study in which the PI would not participate in the data collection phase. Breaking up the study into three parts allowed the PI to participate in Phase I of the recruitment phase and anonymous survey. Formal approval was granted from the University of Alabama’s Institutional Review Board (IRB) and the school district’s Assessment and Accountability department. The following Logic Model (Figure 1) illustrates the research design.
Once Phase I was completed, an amendment was submitted to the IRB to complete Phase II and III of the study. Upon approval of the amended protocol from the IRB, recruitment continued and informed consent (Appendix B) began. The Coordinator of Community Outreach (CCO), employed by the school district, assisted with recruiting SMHP’s by emailing them the study details for Phase II and III and a copy of the informed consent (Appendix B). If they chose to participate, they were instructed to send their signed consent form to the CCO. Once consent forms were collected, the CCO worked with all participants to set up dates and times for Phase II.

Phase I of the study consisted of the PI and Director of Student Services introducing the study including its purpose and prior research findings on the topic to the SMHPs. During this presentation, there were over 100 SMHPs in a regular mandatory staff meeting where it was explained that a voluntary survey would be sent out which would help inform the future phases of the study. The survey was sent out after the presentation via Qualtrics in which any SMHP
could choose to participate. The survey was anonymous and entailed a waiver of informed consent. Approximately over 100 SMHP’s were emailed to participate in Survey I via a Qualtrics Survey (Appendix A). The survey asked the participants questions about their current interactions and collaborative efforts with their SMHP collaborative. The survey was an online survey asking participants about their collaborative relationships, advantages or disadvantages, and the functionality of the teaming process. The survey yielded 42 respondents for Phase I. Survey responses were matched with the list of Critical Components of the MTSS section of the Foundations of Implementation (of the MTSS process) endorsed and supported by the State of Florida Department of Education (Florida PBIS Project, n.d.). The components are: (a) Multiple Tiers of Instruction & Intervention; (b) Problem Solving Process; (c) Leadership; (d) Capacity-Building and Infrastructure; (e) Communication and Collaboration; and (f) Data Evaluation. Subsumed under each critical component there are a set of topics essential to the successful implementation of MTSS (Appendix C).

Phase II consisted of participants attending Professional Learning Communities (PLCs), where Interprofessional Educational (IPE) took place. PLC’s are considered a pedagogical method that uses interactive learning techniques among colleagues in a group setting (NASW, 2012). In the unidentified school districts collective bargaining agreement, the district outlines PLC’s as an opportunity to learn in a collaborative setting among colleagues about particular subject areas which assist in meeting the educational needs of the students (Anonymous, 2019). Therefore, PLC’s are not new to SMHPs. These learning communities already exist as part of extended learning opportunities offered by the school district. However, each SMHPs department may have differences in the requirement and accountability of participating in yearly PLC’s. The purpose of the PLC’s for this research study was derived around SMHP’s discussing
topics that the larger group had identified as important IPC factors based on the survey from Phase I. The PLC’s allowed for the participants to collaborate concerning these topics to further their ideas from their counterparts perspectives.

During the PLC’s, the SMHPs were provided with an outline of topics to facilitate a discussion around best practice for IPC. The best practice topics were informed by Survey I (Appendix A) and derived from Florida’s Positive Behavioral Interventions and Support Project, A Multi-Tiered System of Supports (Florida PBIS Project, n.d.). All SMHPs were asked to sign-in to the PLCs, irrespective of their study participant status. At the end of each PLC, the sign-in sheets were sent to the CCO for tracking purposes for Phase III.

At the completion of Phase II, the IPE phase, the same questionnaire used for Survey I was used for Survey II. It was distributed to study participants via email. Procedures followed those implemented in Survey I (Appendix A), however this survey was used to inform the development of the semi-structured interview schedule used in the individual interviews. Since Phase I only recruited a total of nine participants, the use of Stratified Sampling Selection was not needed as originally depicted in the IRB protocol.

Using the PLC sign-in sheets, the CCO created a list of SMHPs eligible for interviews. Eligible participants were able to participate in Phase III, individual interviews. Structured individual interviews took place in a one-on-one virtual setting. This allowed for a private environment to conduct the interviews. The interviewer transcribed the documents after the interviews and sent them to the PI which continued the anonymity of participants. The PI made numerous efforts to keep identifying data about participants, confidential.

The period of time that each participant was involved in the study was approximately six months with five to six hours of direct involvement. Potential participants were asked to consider
three factors for them to consider before they decided to participate in the study: (a) This study’s PI is employed by the school district, the same district where they work and where the study took place; (b) If they were a school social worker, they were being invited to participate in a study conducted by the person who was their direct supervisor; and (c) Completion of the research study was required as part of the fulfillment of the PIs Doctorate of Social Work degree. These conditions could (or appear to) have made them vulnerable to coercion or undue influence to participate in the study or to provide responses they might perceive desirable by the PI or the school district.

Safeguards were put in place to protect their confidentiality and to protect them from even the appearance of coercion or undue influence. Mainly, the study’s PI was not involved in any aspect of recruiting focus study participants, the collection of informed consent forms, and any form of physical data collection, including transcribing the audio recorded interviews. It was made clear to all participants that their participation, or lack of participation, was not a condition of their employment at the school district. And that their responses (favorable or unfavorable) were under no circumstances, tied to their performance evaluations, career development, or other employment related decisions made by their peers or supervisors.

**Recruitment**

The recruitment happened at each of the three phases of the study. During Phase I, recruiting took place through a presentation provided by the PI and DSS. In Phase II and III, recruitment continued through an email the CCO sent to all SMHP’s. Participants who were interested were directed on how to complete informed consent and next steps.

**Inclusion/ Exclusion Criteria**
The eligibility criteria to participate in all phases of the study was being a SMHP identified as a School Social Worker, Mental Health Facilitator, or School Psychologist. Due to the topic of IPC and the school system, no other professionals were included. School Counselors were not included for this study due to the nature of only using itinerant SMHP staff. Including School Counselors will be discussed further in the limitations section of this study. PLC groups were conducted via the platform Zoom and face-to-face as mentioned previously. The CCO provided the participants with a Zoom link for the virtual setting and scheduled a room for the face-to-face options.

**Project Site**

The project site was both virtual and face-to-face due to COVID. The CCO reported that in the beginning, the IPE’s were held virtually due to high COVID cases. However, the last IPE was held in a face to face setting due to lower COVID cases. When the meetings were virtual, the participants joined the group from their corresponding locations. In the original PLC’s there were nine participants that attended and in the follow up individual interviews, only six participated individually via Zoom.

**Procedures/Timeline**

- June 2021— Notice of approval granted by unidentified school district to begin research project (Appendix G).
- August 2021— Notice of approval granted by Alabama University to begin with Phase I (Appendix E).
- September 2021—Informed Consent Process—Consent process undertaken and completed by mid-September (Appendix B).
- September 2021 Phase I Began—Survey 1 administered (Appendix A).
• September 2021 IPE Began—The IPE phase of this study consisted of four PLC’s, one per month, over a four-month period.

• October 2021— Notice of approval granted by Alabama University to begin with Phase II and III (Appendix F).

• December 2021— Notice of approval granted by unidentified school district to extend research past their original deadline of January 2022 (Appendix H).

• January 2022 Phase II Began—Upon completion of the PLCs, Survey 2 was administered (Appendix A).

• January 2022 Selection of Interviewees— The CCO created a list of SMHPs eligible for interviews. All nine participants were eligible to participate.

• January - April 2022 Data Collection—Semi-structured interviews took place with transcriptions after each interview (Appendix D).

• April - May 2022 Data Analysis—A basic thematic content analysis was conducted using procedures recommended by Weber (1990) and Stewart and Shamdasani (1990).

### Data Analysis

Data were analyzed in three steps throughout the study. First, Survey I data were analyzed at the end of Phase I. This analysis consisted of combining survey responses to create overall themes to support the Phase II IPE. The major themes were identified as: Multiple Tiers of Instructions and Intervention, Problem Solving Process, Leadership, Capacity Building and Infrastructure, Communication and Collaboration, and Data Evaluation (Appendix C). Next, Survey II data were analyzed at the end of Phase II to assist in creating the semi-structured interview guide. The combined responses informed the semi-structured interview guide (Appendix D). During the final phase, 30 minute semi-structured interviews using an open ended
guide with key questions was utilized. To analyze the interview data, basic thematic analysis was selected to review the qualitative data for Phase III. Basic thematic analysis allows for the flexibility and complexity of the qualitative data. It also allows for all of the participants' perspectives to be outlined for comparisons (Weber, 1990; Stewart and Shamdasani 1990).

**Coding**

To start the coding process, each participants transcript was reviewed. An open coding process was used to establish the perceptions specified in participants’ responses. The established codes were then categorized into themes and sub-themes. Next, the PI reexamined the themes to confirm that they aligned with the transcripts. At the next stage of coding, it was apparent that numerous initial codes were common to more than one theme or subtheme. Furthermore, this directed the final phase of coding to revising of the themes. Finally, the researcher developed all the final themes by creating an in-depth review of the overall emphasis of the study. At this point, it led to the final refining of the themes and creating a definition of what each theme represented, see Table 1 for full descriptions of themes and subthemes.

**Table 1. Major Themes**

<table>
<thead>
<tr>
<th>Defining themes and subthemes</th>
<th>Major Themes</th>
<th>Definition</th>
<th>Sub-Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTSS Teaming</td>
<td>Process</td>
<td>Effectively working in a team that has a set MTSS process for how referrals flow.</td>
<td>Lack of MTSS Team</td>
<td>Not a well-defined team without a process for referrals to flow</td>
</tr>
<tr>
<td>Capacity</td>
<td>Building &amp; Infrastructure</td>
<td>A need to strengthen and build sustainable roles for each SMHP which includes but is not limited to: more jobs, resources, efficient time for job duties, professional development, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Territorial</td>
<td></td>
<td>Professional has concern with the ownership of job duties and/or job roles as it pertains to others taking over.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication &amp; Collaboration</td>
<td>Lack of Communication &amp; Collaboration</td>
<td>An environment where individuals to not feel valued or heard interdepartmentally.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A collaborative environment where each profession feels valued and heard interdepartmentally.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership</th>
<th>Ineffective leadership</th>
<th>Leadership is unsupportive and/or lacks the ability to set forth a process in which workflows.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership is supportive and has set forth a process in which workflows that is disseminated districtwide.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Solving Process concern/problem</th>
<th>Teaming</th>
<th>Uncooperative teaming</th>
<th>The team is not working toward one common goal, collectively. It is happening in siloes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collectively working to solve a concern/problem</td>
<td>Achieving a common goal as a team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Knowledge Gaps</th>
<th>There is a lack of experience or understanding about a particular field or process. For example, not knowing what other professionals do.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience and expertise in the field (for example, school social work)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Responsibility &amp; Accountability</th>
<th>Workload gaps</th>
<th>One professional carries all of the responsibility of a task, or there is a gap of knowing who does what, or duplication or workload.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion and ownership of required tasks set forth for each professional.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Results**

All nine PLC participants were eligible to participate in Phase III, however, out of the nine participants from Phase II, only six consented to participate in Phase III of the study. Phase III began with the CCO reaching out to arrange convenient times and dates with the participants and the research team for them to be interviewed. The gender status of these members was not collected to further provide anonymity among the teams as the departments have a much smaller male ratio. The interview participants represented three different disciplines: school social workers, school psychologists, and school mental health facilitators.

Eighteen preliminary codes were established and then refined to nine themes and six
subthemes. The nine main themes identified were: a) MTSS Process; b) Capacity Building & Infrastructure; c) Territorial; d) Communication & Collaboration; e) Leadership; f) Problem Solving Process; g) Teaming; h) Knowledge; and i) Responsibility & Accountability. The six subthemes were: a) Lack of MTSS Team; b) Lack of Communication and Collaboration; c) Ineffective leadership; d) Uncooperative teaming; e) Knowledge Gaps; and f) Workload Gaps.

For the purpose of analyzing the compiled qualitative data, Table 2 below provides an overview of each time a participant discussed a particular theme. The total number is tallying how many of those overall participants discussed that theme. For example, the theme “Knowledge” was mentioned by all six participants which means that it was mentioned 100% by all participants. This showed the prevalence of that theme due to every participant finding it important to discuss it.

### Table 2
**Percentage of observation within each theme**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication &amp; Collaboration</td>
<td>P 1  P 2  P 3  P 4  P 5  P 6</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Knowledge</td>
<td>4  4  3  2  1  2</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Knowledge - Knowledge Gaps</td>
<td>3  6  2  5  5  1</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Responsibility &amp; Accountability</td>
<td>4  4  1  4  1  1</td>
<td>6</td>
<td>100</td>
</tr>
<tr>
<td>Capacity Building &amp; Infrastructure</td>
<td>2  7  4  8  6  0</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>MTSS Process</td>
<td>8  4  1  2  0  1</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>Responsibility &amp; Accountability</td>
<td>2  8  0  7  4  2</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>Workload gaps</td>
<td>3  4  5  0  4  7</td>
<td>5</td>
<td>83.33</td>
</tr>
<tr>
<td>Teaming</td>
<td>1  0  1  0  2  2</td>
<td>4</td>
<td>66.67</td>
</tr>
<tr>
<td>Problem Solving Process</td>
<td>0  9  1  1  0  1</td>
<td>4</td>
<td>66.67</td>
</tr>
<tr>
<td>Leadership - Ineffective leadership</td>
<td>0  4  0  2  1  0</td>
<td>3</td>
<td>50</td>
</tr>
</tbody>
</table>
### Table 2

**Percentage of observation within each theme**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P1</td>
<td>P2</td>
<td>P3</td>
</tr>
<tr>
<td>Territorial</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Leadership</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Teaming - Uncooperative teaming</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Teaming - Problem Solving Process</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

To show greater prevalence of a particular theme, the average number of times a theme was discussed by participants was counted as seen below in Table 3. This shows the overall prevalence of a theme based on how much it was discussed across the interview span. For example, on average, Capacity Building and Infrastructure was discussed the most throughout the interviews. This mean score allows us to quantify the results and place an overall frequency to the theme.

### Table 3

**Average number of times a participant mentions a theme**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Participants</th>
<th>Avg. # of times discussed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P1</td>
<td>P2</td>
</tr>
<tr>
<td>Capacity Building &amp; Infrastructure</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Responsibility &amp; Accountability</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Workload gaps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaming</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Communication &amp; Collaboration</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Knowledge - Knowledge Gaps</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Knowledge</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>MTSS Process</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Responsibility &amp; Accountability</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Leadership - Ineffective leadership</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Territorial</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Communication/Collaboration - Lack of Communication/Collaboration</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
The first step in presenting the findings it to illustrate the perceptions of the SMHP’s from their own lens. This will include the expectations, ideals, concerns or questions that SMHP’s have of their colleagues.

**Perceptions of Collaboration**

Through the analysis of the data, all of the participants found it most important to utilize their interview time to share various ideas as to what their perception of IPC was. The participants most significantly discussed perceptions of collaboration were identified through four major themes and subthemes: a) Communication/Collaboration; b) Knowledge; c) Knowledge Gaps; and d) Responsibility and Accountability. Across all participant interviews, SMHP’s expressed their perceptions of importance related to effective communication and collaboration. Participant number two expressed this desire to collaborate through stating the following:

> You have to establish relationships and I don't feel like that's easy for itinerant staff. It’s not always easy to go on to a campus that you're not [apart of] every day and establish relationships. You have to intentionally go on to the school campuses with the purpose of establishing these relationships, so that way you know it's going to benefit your work that you do.”

The participants also elaborated on the importance of knowledge which was identified as understanding their counterparts’ professional roles. Participants shared how important understanding one another roles impacts their collaborative efforts and serving students. Participant one stated, “establishing these relationships have been really beneficial in terms of
knowing people's skill set and how to be able to kind of offer my skill sets to kind of help essentially what it is that they do.” Participant four also stated that “recognizing what each of us is bringing to the table” brings additional perspectives and more widespread knowledge to the collaborative process.

Further insight was shared in regard to the SMHP’s responsibility and accountability as it pertains to their roles. The participants shared how they have a new process flow for mental health referrals which has benefitted their collaborative process by having a shared responsibility. Moreover, all six participants shared how important it was to identify roles within their team so that responsibility was disbursed equitably. It was also mentioned that through a shared responsibility in the collaborative process, the team then holds each other accountable for their workloads.

**Strengths of Collaboration**

SMHP’s expressed a desire to take the time, commitment, and concern to collaborate. Through their interviews, each of them felt there were strengths to successful collaboration. The data supported the idea that the strengths of collaboration were relationally based experiences which is a component of effective teaming. For example, one participant stated “It's been really good to be able to get the perspectives of a social worker because, while they work in schools, I think some people just assume that their role is related to just attendance and they do much more than just attendance now.” This demonstrates how the participant values what the other professional brings to the team which further indicates a positive relational experience. Furthermore, this firmly establishes that IPC happens when healthy relationships are formed. As shown in the below statements that were made by participants, they indicated that they value their collegial relationship and that it forms further engagement between one another.
• [Collaboration] Just become richer as we're able to continue to really foster and build our relationship, we kind of understand more of each other's gifting. And we know more about what we can go to each other for and that's the process we're still learning as we are all new teams, but I think we're just growing in that process.”

• “We can continue to foster that relationship and learn from one another.”

• “I just think relationships definitely are unique to each of the school’s climate.”

• “We are relationship builders.”

• “We can work well together but we need to recognize each person’s strengths.”

• “So, building in establishing these relationships have been really beneficial in terms of knowing people's skill set and how to be able to kind of offer my skill sets to kind of help essentially what it is that they do.”

**Barriers to Collaboration**

The barriers or challenges to IPC include differing beliefs or opinions about collaboration and/or the lack of skills to communicate effectively. The data also supports that collaboration difficulties arise when SMHP’s view themselves as the expert instead of an equal partner to their SMHP peers. Barriers to collaboration can be organized into two major parts: system level and interpersonal challenges.

**System Level Challenges**

Barriers brought on by a system provide little opportunity for the removal of a barrier often due to issues surrounding workload, procedures, and policies. For this study, systems level barriers were coded as “Capacity Building and Infrastructure”, “Leadership”, and “Responsibility and Accountability.” An example of a system level issue is required paperwork,
staffing allocations, ineffective leadership, etc. One example a participant provided as a system level barrier that supported this concern was “We are short staffed. Everyone is overworked.” Research suggests that SMHP’s collaborate less when they service more schools due to the increase for the need to collaborate with more professionals (Rones & Hoagwood, 2000). In support of this, a participant stated, “It is very time consuming. All these meetings that are required. I have 5 schools. So, if we have 3 meetings that have been added at each school, you are talking about adding 15 meetings a month that we are already adding to social work meetings.” Another participant also stated “Well, from my lens it would always be easier if there was less schools that I had to be a part of so I can focus more on one or two maybe three instead of six. Then I’d be able to concentrate more on the needs of that particular community. Rather than spreading a little thin then.” The following participant comments were also significantly related to the topic of system level challenges:

- “I think there is some type of built-in hierarchy, and I don't know why there is, I think it must have something to do with the wording of our title and what we're actually talking about in terms of mental health...”
- “So we weren't close with three unique departments, we work with the school counselors work, with the school psychologist we also work with the school social workers.”
- “They don't know exactly what we do.”

**Interpersonal Challenges**

Interpersonal barriers may include several reasons, however, in general it was coded as a “lack of communication”, “knowledge gaps”, and “ineffective teaming”. The lack of communication is ultimately when one professional says something and the receiver of that
message does not interpret it the same. One participant noted the following, “some [SMHP’s] people are not as comfortable collaborating.” This participants notion could be for a myriad of reasons as to why someone would not feel comfortable, however, one could glean that the foundation of trust would cause someone to feel uncomfortable. Another participant reported that people within the team are unwilling to collaborate. An unwillingness to participate could mean that there is a long-standing concern of follow through or fidelity of the team. Another participant reported that effective collaboration is being heard within the team and feeling important enough. As indicated throughout this theme, there is a divide that stems from lack of trust.

- “As far as a hierarchy, so I think it's the psychologists that are looked at as the experts at those meetings and followed by the mental health facilitators. And it all depends on personality too.”
- “That is what I am here for. That is my lane.”
- “They don’t even answer me back. You asked me to do this. You asked me to address the issue. I did an assessment. I said here is what is going on and what the school can do, and I get a no response. I would call that a respect issue.”
- I don’t know where the lack of understanding or respect that people have for social workers. I have run into people who don’t even know what we do. Not people in my team. But in general, I would like to have more respect, understanding of what we do, more applause.”

Current Teaming Process

Throughout the interviews, participants discussed a new teaming process that the district had implemented within the last year. This collaborative process was highlighted as being an
effective teaming process so far to date. If the participant statements had elements of MTSS, it was coded as a theme: “MTSS Process.” The participants did not identify the framework as MTSS by name, however, it was evident that through their reports, facets of MTSS were being incorporated on a small scale. As evidenced by the MTSS model, interprofessional collaboration is a part of the foundation to the framework which is needed to help change the lack of collaboration. Perhaps even more noteworthy is that this model also assists students in improving their mental health and academics (Walsh et al., 1999). This study showed that while all professionals felt collaboration could improve, MTSS supports are needed for the fidelity of teaming. Many of the participant’s alluded to the fact that the district has recently been implementing fragmented pieces of MTSS. Even with the fragmented MTSS systems in place, the SMHP’s reported that the collaborative teaming model has been the most effective part of collaborating together. The following participants statements support the unique MTSS system that they believe has been the most effective collaborative method:

- “The value of that [MTSS teaming] is good because it is place to go to find out what has been done there's a place to go to get the materials that you need.”

- “There are some schools where you can tell that the that this collaborative model [MTSS team] is really working and if there was some way for them to be like considered a model school. I don't know how that would be rolled out but I think it will get the teachers and staff at schools to believe it more when they hear from their colleagues.”

- “The new shift to mental health teams [MTSS Team] has, I think, been a great shift.”
• “It is new that we are meeting [MTSS team], and we are talking with more regularly about our students.”

• “It just depends on what campus you're on. When you talk about the [MTSS] tiers, like a lot of people are still unaware of like what that MTSS tier model even looks like. Initially I believe we were only tasked with being able to deal with tier three students and then throughout the last two years we've kind of more [been tasked with] all the tiers.”

**Discussion**

While research suggests that SMHP’s report a positive attitude toward collaboration, there is a strong perception that not enough collaboration is happening among professionals worldwide (Garth et al., 2018). During the interviews, the SMHP’s were asked a series of questions based upon the survey they filled out after completing the PLC’s. This survey asked questions about collaborating to identify areas of strengths and weaknesses. Due to the semi-structured nature of the questions, the interviewer was able to follow up to questions or pose additional questions to further understand the participants response. As evidenced by the transcripts, the SMHP’s were eager to share their thoughts on the topic of IPC. They shared what was working well and what were major concerns. Moving through the data there were some emerging themes: expectations that the participants had of their school colleagues they collaborate with, dynamics of relationships, factors that discourage collaboration, shortcomings as it relates to IPC, and more. The use of participants’ narratives showcases the collective viewpoints of SMHP’s which tells the story of how SMHP’s collaborate in the unidentified school district.

**Implications**
Participants who are in collaborative relationships typically hold shared goals that may be valuable to each other or their organization. Additionally, research suggests that it is important for the goals to be formulated by the participants rather than from external factors (Walsh et al., 1999). The use and acceptance of shared ideas allows for a sense of connection among participants which results in a shared commitment to achieve shared goals. As evidenced earlier, individuals who have equal partnerships are motivated to collaborate which would suggest that having common goals further the desire to work together in commitment to each other. This shared responsibility is often joint work. When individuals collaborate in joint work, they form inter-reliant partnerships and depend on one another to obtain their goals (Hollenberg & Bourgeault, 2011).

Equality and equity in working relationships is another vital element of collaboration (Hollenberg & Bourgeault, 2011). In the education sector, collaboration happens among varying positions from SMHP’s, teachers, principals, support staff, and superintendents. However, regardless of the unequal positions, all individuals must trust that their contribution is a meaningful part of the process. This allows for all hierarchical structures to diminish and allows for patterns of equity and inclusiveness to emerge. Collaboration, then, provides educators who have traditionally been involved in hierarchical and competitive top-down structures with a means of working towards their goals in more horizontal, equitable, and interactive patterns (Sosa & McGrath, 2013).

Unfortunately, SMHP’s do not always know the roles of their counterparts within the district support staff. First, training within the graduate universities on the roles and services provided would offer perspective. The professional organizations such as the National Association of School Psychologist (2014) and the National Association of Social Workers:
School Social Workers (2012), could provide professional development resources at the national, state, and local levels. This would strengthen the profession by providing comprehensive knowledge as it relates to their collegial relationships. An initial task should be to develop an integrated training model which would be descriptive of the various services provided by the different itinerant professions. It would be necessary to discuss the shared roles and how each professional brings a unique contribution to the team. It would be essential to showcase how each profession approaches student needs from a theoretical standpoint and how it differs. For example, the school social worker operates from a family systems and ecological perspective (NASW, 2012), the school psychologist (NASP, 2014) from an assessment and learning theory approach. However, student support teams must work alongside one another in supporting student needs and share common roles.

**Limitations**

It is imperative to ground the research findings within key limitations of the study. First, the sampling strategy limited the ability to generalize the findings beyond the particulars of the participants. In future research, a wider sampling of school professionals would offer more feedback along with representing more school professionals, like school counselors. It would also allow for understanding IPC from a different perspective, school-based versus itinerant. For this study, school counselors were omitted for the purpose of only selecting itinerant staff. The current model at the unidentified school district restricts counselors as only school-based personnel. Second, it must be recognized that many of the responses may be solely applicable to the unidentified school district and not directly reflect the general population. Continued research would offer more methods for generating data as it pertains to interprofessional practices (for example, observations of professionals).
Given the limitations of this study, the findings would recommend the integration of a well-developed, evidenced-based framework which has supporting features of interprofessional collaboration in schools. As both the literature and survey data support, integrating an MTSS framework provides analytic range to collaborative practices that would be supported in schools (Rinck, 2018). This would offer further data collection surrounding MTSS practices which would provide the unidentified school district with more leverage in supporting the framework.

**Research Outcomes**

The research findings showcase how unidentified school district can improve IPC by internally bolstering their MTSS program through a collaborative model. The findings suggest systems level change to address areas of concern. The findings address areas of fidelity and show where appropriate allocations of supports should be. As the evidence shows, these components lead to more effective interprofessional collaboration and increased supports surrounding prevention, intervention, counseling, disjointed services, lack of resources, and duplication of services (Lim & Adelman, 1997). System level changes such as IPC is a practice that takes effort as well as time. The increase of collaboration among the SMHPs can lead to the professionals feeling supportive of each other, which can further strengthen interprofessional collaboration. In addition to helping the unidentified school district, the findings can further support other districts who are facing the same challenges.

Furthermore, as illustrated by the participants during their interviews, training SMHP’s to identify duplication of roles and services will provide clarity. Devoting time for trainings during the school year to explore the different professionals’ roles and the best way to successfully work together in those roles. Familiarizing professionals to each other’s expertise will allow them to develop values of one another, build trust, and develop respect for each other’s profession.
Through these efforts, they discover how important it is to have the same goals for a student and how to assist the student collectively (Sosa & McGrath, 2013).

Findings from this study may allow the unidentified school district to improve IPC by: (a) Internally bolstering their support programs; (b) providing systems-level change to allow for better use of resources for areas of concern; (c) addressing areas of fidelity; and (d) showing where to focus appropriate allocations of supports. These components lead to more effective IPC and increased supports surrounding prevention, intervention, counseling, disjointed services, lack of resources, and duplication of services (Lim & Adelman, 1997). IPC in schools is a practice that takes effort as well as time (Murwaski & Hughes, 2009), thus increasing collaboration among the SMHPs may lead to professionals feeling more supported and supportive of each other, which can further strengthen IPC. In addition to helping the school district, study findings may further support other districts who are facing similar challenges implementing IPC.

**Further Research**

The research question for this literature review sought to answer SMHPs perception of interprofessional collaboration. The overall goal for this researcher was to identify the nature of collaboration between school social workers and other mental health professionals which was referred to SMHP’s throughout this study. Prior research has specified that school social workers frequently engage in teamwork among school staff, but there has been a lack of details about what this looks like and what barriers they have faced. Therefore, the future implications of this study will focus on collaborative practice as it pertains to SMHP’s as a whole.

First, the literature showed that there is a lack, across the board, of IPC in schools. It is evident that another layer to improve student outcomes is parent involvement to assist in improving interprofessional collaboration, as well as interventions needing a formal timeline
(Avant & Swerdlik, 2016). These standards are needed to offer clarity to SMHPs involved during the MTSS implementation. This added layer of collaboration will provide clear standards from a student perspective which will result in more suitable student services and targeted academic results. As the literature supports, MTSS has improved the role of SMHPs by enhancing their roles and responsibilities as leaders, coaches, and consultants (Avant & Swerdlik, 2016). SMHP’s are viewed as information providers, collaborators, and act as the main source of knowledge in the MTSS process for parents and teachers (Forman & Crystal, 2015). Regardless of the implementation difficulties, SMHPs have the potential for leadership roles that far outweigh any challenges. Because SMHPs recognize the necessity for collaborative change, these professionals are competently prepared to advocate and participate in being change agents for the implementation of MTSS (Avant & Swerdlik, 2016).

As the literature denotes and the study participants provided in their feedback, SMHPs are starting to provide their expert knowledge in how to assist with organizational transformation as well as evaluating, implementing, and designing the way services are delivered (Tourse et al., 2005). SMHPs must maintain the development of collaborative interactions among professionals so that students may benefit. Furthermore, the SMHPs of this study recognize the challenge set before them; they are change agents who have the power to support and implement the MTSS model.

Even more specifically, the field of school social work is part of the historical commitment to social work as seeing individuals as the structures and settings they exist in. However, current school social work practice has more of an emphasis on clinical treatment. Due to the lack of resources and ever-growing requests, SMHP’s must collectively discover ways to impact students that affects the school environment at several different levels.  IPC practice
can an influential way to foster change by incorporating staff at different levels to develop a robust school system. Further research as it pertains to the field of school social work and all SMHP’s respectively, would focus on the inclusion of students and their parents for their perception. The voice of students and parents would add another aspect for reflection and understanding of collaboration.

**Conclusion**

The research study offered insight into how IPC attempts to define its essential components and to capture its complex process. As such, the MTSS model assists in providing a framework for the bigger picture of the school improvement development that is fastened in collaboration amongst SMHP’s. The model offers the chance to examine how apparently disparate components such as interconnected trust and norms of collegial relationships relate to one another which in turn can benefit student outcomes because of it. In the experience of collaboration, which was recounted by participants of this study, IPC has shown the potential to change dynamics. The evidence of this research suggests that collaboration facets reinforce student growth which showcases the purpose of reform initiatives that go beyond the superficial structural changes. IPC involves professionals in meaningful and deep relationships which showcase trust and respect. For the district, this unlocks leadership opportunities to work on building capacity and support for long-term change.
References


https://doi.org/10.1002/14651858.cd000072.pub3


Challenges to collaboration in school mental health and strategies for overcoming them.

*Journal of School Health, 82, 97-105.*
Appendix A

Interprofessional Collaboration Survey
*This survey will be distributed via Qualtrics*

Please read this informed consent carefully before deciding to participate in the study.

Purpose of the research study: This study seeks to explore how you, as a school mental health professional (SMHP) perceive Interprofessional Collaboration (IPC), what works, and what can be improved.

Survey: This online survey should take about 5-10 minutes to complete. Participation is voluntary, and responses will be anonymous.

Voluntary participation: Your participation in the study is completely voluntary and is not required as a condition of employment. You have the right NOT to participate in this study. Participation or nonparticipation will not impact your employment. Answering questions and submission of the survey will be interpreted as your informed consent to participate.

If you have questions about the study or need to report a study related issue, please, contact:

Name of Principal Investigator: Shannon Gillespie
Title: Senior Manager: Social Work Services
Telephone: [Redacted]
Email address: shannon.gillespie@polk-fl.net

Faculty Advisor’s Name #1: Dr. Tania Alameda-Lawson
Department Name: University of Alabama: School of Social Work
Telephone: 205-348-4396
Email address: talamedalawson@ua.edu

Faculty Advisor’s Name #2: Dr. Robert Lucio
Department Name: Saint Leo University: School of Social Work
Telephone: (352) 588-8252
Email address: Robert.Lucio@saintleo.edu

****Agreement: If you agree to participate, please click “NEXT”, to participate in the survey.****

SURVEY QUESTIONS

1. Do you have collaborative relationships with school mental health professionals within at least one of your assigned schools? Yes or No

1b. If Yes, Is this a collaborative team or just an individual collaborative relationship? ___Team _____Individual. How long have you worked with your collaborative? ____Years ____Months

1c. If no, skip to question 5.

2. What have been the advantages of this collaborative process?

(Select all that apply)
___No advantages
___Focus on MTSS
___More efficient use of resources
We have started new joint projects
We have found new resources
We have generated new service links
We have improved services for students
We accomplish more by working together
We benefit from the diverse points of view
Better ideas
Other________________________________

3. What have been the disadvantages of the collaborative process?
(Select all that apply)
  _No disadvantages
  _Too many meetings
  _A few people dominate the group
  _The process is too challenging
  _Too much discussion, not enough action
  _Need more guidelines
  _Takes too much time
  _Politics/ territorialism
  _Duplicates other efforts
  _Other________________________________

4. In your opinion, how true are the following (a-r) for the MTSS collaborative?

<table>
<thead>
<tr>
<th></th>
<th>Very true (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Not at all true (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Members are committed to MTSS efforts</td>
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<td></td>
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<td>b. The collaborative has enough resources to achieve its goals</td>
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<tr>
<td>c. Members of the collaborative work well together</td>
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<tr>
<td>d. The members manage conflict well</td>
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<tr>
<td>e. School administrators support the collaborative MTSS Model</td>
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<tr>
<td>f. Diverse school professionals participate in the collaborative</td>
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<tr>
<td>g. The collaborative is likely to achieve its goals</td>
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<tr>
<td>h. New members are welcomed and oriented</td>
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<tr>
<td>i. Differences within the group are recognized, confronted, and successfully resolved</td>
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</tr>
<tr>
<td>j. Members’ resources and skills are used by the</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
5. You identified that you do not have any collaborative teaming at your assigned schools. What barriers do you think contribute to this?
(Select all that apply)

- Lack of administrative support
- I do not like to work with my colleagues
- The teaming process is too challenging
- I do not have time to collaborate with others
- Need more training on how to collaborate
- Other, please explain

---

*This survey has been altered to fit the unique needs of this research project. However, the original survey can be found here and is properly cited within the references: [https://www.buildinitiative.org/Resources/Community-Systems-Development-Toolkit/Section-4-Measuring-Progress-Evaluating-Impact/Section-4B](https://www.buildinitiative.org/Resources/Community-Systems-Development-Toolkit/Section-4-Measuring-Progress-Evaluating-Impact/Section-4B)*
Appendix B

INFORMED CONSENT TO PARTICIPATE IN RESEARCH
Participant Code _____________

Please read this informed consent carefully before deciding to participate in the study. If any part of the consent is not clear, please, do not hesitate to seek clarification from the person who distributed it to you.

Purpose of the research study: This study seeks to explore how you, as a school mental health professional (SMHP) perceive Interprofessional Collaboration (IPC), what works, and what can be improved.

Consent Form Key Information:
- Your voluntary participation will require that you engage in:
  - Interprofessional Education (IPE) taking the form of four (4) 1-hour Professional Learning Community (PLC)
  - Respond to one short questionnaire after the final PLC
  - Participate in one audio recorded individual interview lasting approximately 1-hour in duration
- Your participation during the PLCs will be for educational purposes only and not result in information being collected, recorded, or otherwise used in any way in the study
- Your total participation will take approximately six (6) hours over the course of four (4) months

What will you do in the study and time required: You are being asked to participate in this study because you are a SMHP (school psychologist, mental health facilitator, or school social worker) employed by an unidentified school district where a collaborative model known as Multi-Tiered System of Supports (MTSS) is being implemented. Your experiences with IPC among stakeholders are valuable and important in gaining a better understanding of the strengths and/or gaps in these processes. Participation will take place during the course of your regularly scheduled work hours.

Risks: This study has minimal risks, no more than beyond those encountered in daily living. Safeguards have been put in place to protect your confidentiality and to protect you from even the appearance of coercion or undue influence. Your participation, or lack of participation, is not a condition of your employment. Your responses (favorable or unfavorable) will under no circumstances be tied to your performance evaluations, career development, or other employment related decisions made by your peers or supervisors.

Benefits: There are no direct benefits to you for participating in this research study other than learning more about the topic of IPC and how it can benefit you.

Confidentiality and Data Use: Every effort will be made to protect your privacy and confidentiality throughout this study. This informed consent form has been assigned a numerical code before being distributed to you. The signed informed consent form and the list will be the only documents that could possibly identify you as a study participant. Therefore, the signed informed consent form and the list will be kept in a locked file in the office of the Coordinator of Community Outreach until the study has been completed.

Data not linked to identifying information: Before participating in any form of data collection you will be reminded not to use any identifying information. If identifiers are used inadvertently in the surveys and/or the interview, the identifier will be removed during transcription of the recordings. Your name will not be used in any report. The information that you give in the study will be handled confidentially. Because of the nature of the qualitative
interviews, it may be possible to deduce your identity; however, there will be no attempt to do so and your data will be reported in a way that will not identify you.

**Voluntary participation:** Your participation in the study is completely voluntary and is not required as a condition of employment. You have the right NOT to participate in this study.

**Right to withdraw from the study:** You have the right to withdraw from the study at any time without penalty or explanation. If you would like to withdraw after your responses have been submitted, please contact the Coordinator of Community Outreach who is conducting the interviews.

**Member Checking:** Member checking, also known as participant validation, is used in studies such as this one, as a way to increase the trustworthiness of the study’s results. Member checking also adds credibility to the study results. A preliminary report of the results of the data analysis will be made available to you for your review. If you would like to review the results and/or make any comments about the results, your written permission will be required. Please give your permission in the space provided below.

**If you have questions about the study or need to report a study related issue, please, contact:**

**Name of Principal Investigator:** Shannon Gillespie  
Title: Senior Manager: Social Work Services  
Telephone: [Redacted]  
Email address: [Redacted]

**Faculty Advisor’s Name #1:** Dr. Tania Alameda-Lawson  
Department Name: University of Alabama: School of Social Work  
Telephone: 205-348-4396  
Email address: talamedalawson@ua.edu

**Faculty Advisor’s Name #2:** Dr. Robert Lucio  
Department Name: Saint Leo University: School of Social Work  
Telephone: (352) 588-8252  
Email address: Robert.Lucio@saintleo.edu

If you have questions about your rights as a participant in a research study, would like to make suggestions or file complaints and concerns about the research study, please contact:  
Ms. Tanta Myles, the University of Alabama Research Compliance Officer at (205)-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach Website at http://ovpred.ua.edu/research-compliance/prco/. You may email the Office for Research Compliance at rscompliance@research.ua.edu

**Agreement (Please check one in each box below):**

- [ ] I agree to participate in the research study described above.
- [ ] I DO NOT agree to participate in the research study described above.

- [ ] I agree to audio footage in the research study described above.
- [ ] I DO NOT agree to audio footage in the research study described above.
☐ I agree to participate in member checking as described above.
☐ I DO NOT agree to participate in member checking as described

_______________________________________________
Signature of Participant

_______________________________________________
Print Name of Participant

Date
Appendix C

LIST OF TOPICS FOR PROFESSIONAL LEARNING COMMUNITIES

The list below is derived from the survey data collected from 42 participants in Phase 1 of the study. Survey responses were matched with the list of Critical Components of the MTSS section of the Foundations of Implementation (of the MTSS process) endorsed and supported by the State of Florida Department of Education (Florida PBIS Project, n/d). The components are as follows: (a) Multiple Tiers of Instruction & Intervention; (b) Problem Solving Process; (c) Leadership; (d) Capacity-Building and Infrastructure; (e) Communication and Collaboration; and (f) Data Evaluation. Subsumed under each critical component there are a set of topics essential to the successful implementation of MTSS.

This PLC is intended to operate as self-guided and will consist of just mental health professionals. PLC’s should last approximately 1 hour in duration. During the PLC phase no information will be recorded, other than signing in. The topics will help to facilitate discussion surrounding interprofessional collaboration from the lens of each participant. The discussion will help to develop your full understanding of interprofessional collaboration from all viewpoints. There is no right or wrong way to approach the discussions. Once PLC’s are over, participants will be randomly selected to participate in semi-structured interviews.

PLC A (2 topics)

Multiple Tiers of Instruction & Intervention
This is what students get, and includes:
1. Integrated achievement & behavior supports

Problem Solving Process
This is how we decide who gets what.
1. Structured process used with fidelity
2. Relies on collaborative and team-based decision-making
3. Includes decision protocols/decision rules

PLC B (1 topic)

Leadership
Effective leaders:
1. Are actively involved with MTSS implementation
2. Share leadership responsibilities
3. Recognize the importance of fidelity for successful outcomes
4. Strategically allocate professional development resources
5. Positively influence the culture and climate of the school/department
6. Engage in reciprocal coaching practices with stakeholders

PLC C (1 Topic)

Capacity Building and Infrastructure
Includes:
1. Ongoing, data-driven professional development & coaching
2. Professional development matched to educator responsibilities
3. Schedules that allow for multiple tiers of instruction/intervention & team-based problem solving
4. Established written practices, policies and implementation guidance (e.g., plans)
PLC D (2 topics)

**Communication & Collaboration**

*Effective teaming and communication practices:*

1. Build & sustain consensus about MTSS
2. Build purposeful relationships
3. Are transparent & inclusive when reviewing implementation & student data
4. Are aligned to stakeholder roles & responsibilities
5. Coordinate efficient use of resources

**Data Evaluation**

*Data-based decision making depends on:*

1. A data culture that understands that data may be used in multiple ways
2. Having consensus on the purpose for using data,
3. A “data system” that includes roles & responsibilities for using data (from district to classroom)
# Appendix D

## Semi Structured Interview Guide

<table>
<thead>
<tr>
<th>Domain</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>What do you see your role is as a team member of school mental health professionals?</td>
</tr>
<tr>
<td></td>
<td>Can you describe your role?</td>
</tr>
<tr>
<td>Collaboration</td>
<td>What have been your experiences collaborating with other school mental health professionals?</td>
</tr>
<tr>
<td></td>
<td>Tell me about a time when you worked on a team with other school mental health professionals. What went well? What could have gone better?</td>
</tr>
<tr>
<td>Knowledge Gaps</td>
<td>What are the 3 main things you wish other school mental health professionals knew about your profession?</td>
</tr>
<tr>
<td></td>
<td>What are the most misunderstood elements of your profession?</td>
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<tr>
<td></td>
<td>What professional hierarchies in the interprofessional team have you observed? How does hierarchy influence the interprofessional team and the process?</td>
</tr>
<tr>
<td></td>
<td>Describe how you establish a new working relationship with other school mental health professionals?</td>
</tr>
<tr>
<td>Professional Priorities</td>
<td>How is the quality of student service judged in your profession? How does this impact the service you provide?</td>
</tr>
<tr>
<td></td>
<td>How would you describe your priorities when approaching a new student?</td>
</tr>
<tr>
<td></td>
<td>What are your biggest barriers to providing good services to students?</td>
</tr>
<tr>
<td>Summary</td>
<td>Did anything come up today that sparked a new idea or that you wanted to be sure to emphasize to me?</td>
</tr>
</tbody>
</table>

*This semi-structured interview has been altered to fit the unique needs of this research project. However, the original interview can be found here and is properly cited within the references: [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880757/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880757/)
NOTICE OF APPROVAL FOR HUMAN RESEARCH

DATE: August 03, 2021
TO: Gillespie,Amanda, School of Social Work
     Reid,Lesley, School of Social Work, Alameda-lawson, Tania, School of Social Work
FROM: Graham, Jeanelle, MPH, Research Compliance Specialist, NM Expedited
PROTOCOL TITLE: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals
FUNDING SOURCE: NONE
PROTOCOL NUMBER: 21-05-4625
APPROVAL PERIOD: Approval Date: August 03, 2021 Expiration Date: August 02, 2022

The Institutional Review Board (IRB) for the protection of human subjects has reviewed the protocol entitled: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals. The project has been approved for the procedures and subjects described in the protocol. This protocol must be reviewed for renewal on a yearly basis for as long as the research remains active. Should the protocol not be renewed before expiration, all activities must cease until the protocol has been re-reviewed.

If approval did not accompany a proposal when it was submitted to a sponsor, it is the PI’s responsibility to provide the sponsor with the approval notice.

This approval is issued under University of Alabama’s Federal Wide Assurance 00004939 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under Committee’s Assurance, please do not hesitate to contact us.

Please direct any questions about the IRB’s actions on this project to:

Graham, Jeanelle
Graham, Jeanelle

Approval Period: August 03, 2021 through August 02, 2022
Review Type: FULLBOARD
IRB Number: 03
NOTICE OF APPROVAL FOR HUMAN RESEARCH

DATE: October 14, 2021
TO: Gillespie, Amanda, School of Social Work
     Rain, Lesley, School of Social Work, Alameda Lawson, Tanis, School of Social Work
FROM: Graham, Jeanelle, MPH, Research Compliance Specialist, NM Expedited
PROTOCOL TITLE: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals
FUNDING SOURCE: NONE
PROTOCOL NUMBER: 21-05-4625
APPROVAL PERIOD: Approval Date: October 14, 2021 Expiration Date: August 02, 2022

The Institutional Review Board (IRB) for the protection of human subjects has reviewed the protocol entitled: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration Among School Mental Health Professionals. The project has been approved for the procedures and subjects described in the protocol. This protocol must be reviewed for renewal on a yearly basis for as long as the research remains active. Should the protocol not be renewed before expiration, all activities must cease until the protocol has been re-reviewed.

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This approval is issued under University of Alabama’s Federal Wide Assurance 00004939 with the Office for Human Research Protections (OHRP). If you have any questions regarding your obligations under Committee’s Assurance, please do not hesitate to contact us.

Please direct any questions about the IRB’s actions on this project to:

Graham, Jeanelle
Graham, Jeanelle

Approval Period: October 14, 2021 through August 02, 2022
Review Type: FULLBOARD
IRB Number: 03
Appendix G

Shannon Gillespie

June 16, 2021

Re: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration

Dear Shannon Gillespie,

The Office of Assessment, Accountability, and Evaluation has approved your request to conduct research. Your research activities are effective from June 16, 2021 through January 31, 2022. Should you desire to continue your research efforts beyond the aforementioned period, you must submit a request for an extension no later than November 30, 2021. Any significant changes or amendments to the procedures or design of this study must be approved by resubmitting a request for research that clearly identifies these methodological changes. Please send us copies of your signed consent forms as you receive them. We also ask that you do not use your email when reaching out to participants.

In the interest of continued research benefits and the coordination of research interests, we ask that you mail one copy of your finalized research product and a one-page executive summary for our research webpage at the conclusion of your study. This information, and any other relevant information you may have, will be filed in our research library and added to the annotated listing of research projects. We look forward to reading the results of your study and any suggestions they may offer toward improving academic services for students.

If you have any questions, or if I can be of any further assistance, please contact me or

Best wishes on your research endeavors.

Sincerely,
Appendix H

Shannon Gillespie

December 7, 2021

Re: A Qualitative Study: Assessing Barriers to Interprofessional Collaboration

Dear Shannon Gillespie,

The Office of Assessment, Accountability, and Evaluation has approved your request to conduct research. Your research activities are effective from December 7, 2021 through July 31, 2022. Should you desire to continue your research efforts beyond the aforementioned period, you must submit a request for an extension no later than June 30, 2021. Any significant changes or amendments to the procedures or design of this study must be approved by resubmitting a request for research that clearly identifies these methodological changes. Please send us copies of your signed consent forms as you receive them. We also ask that you do not use your email when reaching out to participants.

In the interest of continued research benefits and the coordination of research interests, we ask that you mail one copy of your finalized research product and a one-page executive summary for our research webpage at the conclusion of your study. This information, and any other relevant information you may have, will be filed in our research library and added to the annotated listing of research projects. We look forward to reading the results of your study and any suggestions they may offer toward improving academic services for students.

If you have any questions, or if I can be of any further assistance, please contact me or

Best wishes on your research endeavors.

Sincerely,