Assessing Readiness for Change among School Professionals and its Relationship with
Adoption and Reported Implementation of Mental Health Initiatives

A thesis presented to
the faculty of
the College of Arts and Sciences of Ohio University

In partial fulfillment
of the requirements for the degree
Master of Science

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April 2017

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This thesis titled
Assessing Readiness for Change among School Professionals and its Relationship with
Adoption and Reported Implementation of Mental Health Initiatives

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Abstract

HUSTUS, CHELSEA L., M.S., April 2017, Clinical Psychology

Assessing Readiness for Change among School Professionals and its Relationship with Adoption and Reported Implementation of Mental Health Initiatives

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Readiness for change, defined as “the cognitive precursor to the behaviors of either resistance to, or support for, a change effort” (Armenakis, Harris, & Mossholder, 1993), can serve as a facilitator or barrier to dissemination of evidence-based services. Limited research has been conducted to understand the role of readiness for change in educational contexts and its relationship to the success of evidence-based school mental health (SMH) initiatives. The current study examined three community’s (i.e. teachers, school mental health staff, and principals) readiness for change in schools from the perspective of three key informant groups. Participants were recruited from 11 elementary schools in Ohio and included school administrators ($n=13$), teachers ($n=194$), and school mental health staff ($n=47$). All participants completed a modified version of Change Orientation Scale (COS; Kearney & Smith, 2009), and answered questions about their use of a specific positive behavior support strategy and their participation in a recent school mental health initiative. Replicating previous work, the subscales of the COS exhibited good to excellent internal consistency ($\alpha = .85 - .92$). Results demonstrated variability in COS scores across schools, suggesting that COS scores may be used to identify schools that are ready for adoption of a new initiative. Differences were detected among informant’s perceptions of readiness and among community readiness levels.

Building administrators tended to rate readiness the highest and the teacher community was consistently rated as the least ready. When individual ratings were used, there was a significant, positive correlation between teacher readiness and teachers' reported use of a positive behavior support strategy ($r = .38$). When school-level ratings were used there were positive correlations between teacher readiness and teachers' use of a positive behavior support strategy ($r = .62$) and their intention to use a daily report card intervention ($r = .39$). Findings provide initial evidence for the utility of the COS in assessing readiness and its relationship to implementation of school mental health initiatives.

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Introduction

Mental health problems, including depression, anxiety, and attention-deficit/hyperactivity disorder (ADHD) are common among school-aged youth, with as many as 20% of children having a diagnosable mental disorder (Angold et al., 2002). Given the considerable barriers to receiving community mental health services (e.g. stigma, transportation, limited financial resources, and lack of awareness of services; Kazdin, Holland, & Crowley, 1997), there are significant benefits to school-based delivery models that integrate evidence-based mental health and behavioral support services into the classroom and school building.

Unfortunately, implementation of evidence-based services in schools is a process with many obstacles as well (see Owens et al., 2014 for review). Across disciplines *readiness for change* or *readiness for innovation* is identified as a key antecedent to successful implementation of a new services (Adelman & Taylor, 1997; Armenakis, Harris, & Mossholder, 1993; Rogers, 2003). Within the organizational change literature, experts posit that readiness for change is an important precursor to successful implementation, some arguing that up to 50% of large-scale organizational change fails because adequate readiness had not been established (Armenakis et al., 1993; Kotter, 1996). Readiness for change can be defined as “the cognitive precursor to the behaviors of either resistance to, or support for, a change effort” (Armenakis et al., 1993). In particular, implementation of a new initiative has a higher chance of success if the professionals in the organization are “ready for change.” Specifically in schools, this likely includes (a) a strong leader (typically a principal) who supports reform (Birky,

Shelton, & Headley, 2006) and is able to create buy-in among the staff implementing the intervention (Langley, Nadeem, Kataoka, Stein, & Jaycoz, 2010); (b) staff that value evidence-based practices and innovation, and (c) an infrastructure that provides adequate resources for the innovation, including training and on-going support staff (Edmondson, 2003; Turnbull et al., 2002). Thus, a school comprised of leaders, teachers, and support staff aligned with these characteristics would be most likely to exhibit the willingness, motivation, and effort to adopt and implement a given initiative (Collie, Shapka, & Perry, 2012; Kam, Greenberg, & Walls, 2003).

Although research has shown the connection between an organization's readiness for change and success of a new initiative (Cunningham et al., 2002), much of this research has occurred within business and health sectors, with limited focus on the relationship to school-based mental health services. Among the few studies that do explore this construct in schools, there are notable limitations. First, most measurement tools are investigator-developed and lack psychometric support. Second, the process of assessing readiness in previous research has been time intensive and/or qualitative in nature and the perceptions of various stakeholder groups have not been considered. Lastly, data assessing the ability to differentiate school buildings or the relationship of readiness scores to evidence based service use are seldom provided. With psychometrically strong measures assessing readiness, an understanding of various informants' perspectives, and a better understanding of the relationship between readiness and adoption of SMH initiatives, researchers and school administrators could better identify schools that are ready for an innovation as well as schools that may need

additional pre-intervention support to enhance likelihood of innovation success. Further, such data would indicate which informant/s may be most helpful in making this determination.

Thus, the goals of proposed study are to examine the psychometric properties of a brief measure of readiness for change in schools (Aim 1), explore the ability of readiness scores to differentiate between individual school buildings and investigate perceptions of three informant types about three community's readiness for change (Aim 2), and examine how readiness for change within schools is related to adoption of services (i.e. the decision to use an intervention), and reported on-going implementation of evidence-based services (Aim 3).

Status of School Mental Health

School mental health services and the research related to these services have increased over the past 20 years as federal and state policies have focused on the importance of mental health care and enhancing access to such care for children and families. However, this research has highlighted that there is variability in the extent to which school districts can achieve the goals and mandates for these initiative (Atkins, Frazier, Adil, & Talbott, 2003; Forman, Olin, Hoagwood, Crowe, & Saka, 2009; Owens et al., 2014). Underlying reasons for the ongoing variability in the success of school mental health (SMH) initiatives have been studied and identified as areas for future research and improvement.

One broad area of study has been on the role of education professionals (e.g. general education teachers) in the provision of SMH services. Teachers are one important group to consider because they are considered first-line providers of universal strategies to prevent or address the social, emotional and behavioral problems of children and adolescents (Reinke, Stormont, Herman, Puri, & Goel, 2011). Despite this expectation and the existence of many well-established classroom interventions for these problems, there is concern regarding the integrity and frequency with which school staff implement these strategies (Martinussen, Tannock, & Chaban, 2011; Owens et al., 2008). Underlying this is documented variability in teachers' knowledge, skills, and beliefs regarding mental health services, as well as their perceived self-efficacy in behavior management (Baker, 2005; Coles, Owens, Serrano, Slavec, & Evans, 2015; Sanetti & Kratochwill, 2009). Unfortunately, similar variability has been documented when

considering other school-based mental health providers (e.g. social workers and school psychologists) knowledge and use of evidence-based interventions (Evans, Koch, Brady, Meszaros, & Sadler, 2013; Kelly et al., 2010). Because such characteristics are known to be important in understanding an individuals' service utilization they also may be related to that individual's readiness to take on related initiatives.

Consistent with this, the A-VICTORY model of readiness (Davis & Salasin, 1975), identifies eight factors that may impact individual readiness and thus, the likelihood of intervention adoption. Abilities, values, and ideas are included within the model, paralleling the standpoint that individual characteristics such as knowledge and beliefs may influence overall readiness for change. Given the impact that a school professionals' knowledge, skills, and beliefs may have on their comfort with and focus on SMH initiatives, it stands to reason that the likely variability in these domains may be related to variability in the level of readiness for change experienced by a given individual, as well as the collective climate of readiness for change across buildings and districts.

Conceptualizing Readiness for Change

Implementation science has been defined as the scientific study of procedures to facilitate uptake of evidence-based practices into professional practice and public policy (Eccles & Mittman, 2006). Broadly speaking, implementation science researchers aim to highlight facilitators and barriers to implementation at all levels (e.g., individual stakeholder/implementer, internal context, external context) to better understand the processes related to successful integration of evidence-based services in various settings, and to develop strategies to overcome barriers to such integration. Oftentimes, these facilitators and barriers are compiled into a frameworks designed to articulate how various components intersect to affect a given outcome (e.g. high quality implementation). The ultimate goal of such theoretical frameworks is to highlight possible pathways for reducing the gap between research and practice (Rogers, 2003). Notably, many of the theoretical frameworks for implementation science within the mental health sector (Aarons, Hurlburt, & Horowitz, 2011; Adelman & Taylor, 2003; Rogers, 2003; Wandersman et al., 2008) include facets of readiness for change, highlighting the importance and/or perceived central role of this factor in adoption and implementation. Conceptually, adoption can be thought of as an initial decision and associated action toward the use of a new program or intervention, while implementation is focused on if that program or intervention is actually used as expected during an initial trial period.

One particularly relevant framework or model was introduced by Adelman and Taylor in 1997 in an attempt to provide more concrete structure to school reform efforts.

In the model, they proposed four distinct, yet overlapping phases necessary for successful large-scale change. The first of those phases was creating readiness, followed by initial implementation, institutionalization, and ongoing evaluation and support. Specifically, Adelman and Taylor (1997) suggest that readiness must be created through enhancement of the climate and culture for change. In doing this, schools must consider the presence of negative attitudes and resistance, as well as other barriers to change. Specifically, Adelman and Taylor theorize that an atmosphere of openness, focus on trusting relationships, and commitment to skill building are essential in creating a climate of readiness. Further Adelman and Taylor (1997) posit that the crucial first steps associated with readiness must involve the commitment to a fundamental interest in and consensus for change.

More recent discourse (Weiner et al., 2008) highlights the intersection of readiness for change at the individual level (e.g., the teacher providing the intervention) and the surrounding context (e.g., the community of teachers, or mental health providers in the school). Consideration of individual readiness is important because implementation often requires teachers and SMH professionals to change the way in which they function in order to provide more efficacious services to their students. Training and ongoing support for the service provider can improve individual characteristics such as knowledge or attitudes, and thus impact outcomes (Aarons, 2005). Unfortunately, individual change must occur within the context of the school or social organization and therefore, individual readiness alone may not be sufficient (Armenakis et al., 1993; Owens et al., 2014). Specifically, the community of teachers, the principal, or those leading the school

mental health agenda may play a role in shaping individual readiness (either facilitate it or diminish it). Therefore, if the broader organization has the necessary internal climate to support the intended change or initiative there is a greater chance for overall success.

Thus, as we adapt a measure of readiness and build a foundation for a program of research studying readiness, it is important to consider the perspectives of individuals and the communities of individuals representing a given group, and their relationship to adoption and implementation of services. Readiness for change is perceived as a crucial component in the success of both large and small scale change efforts (Adelman & Taylor, 1997; Armenakis et al., 1993). Therefore, gaining knowledge on readiness for change may help predict the success of a given change effort, reducing wasted resources and allowing for necessary preparation.

Measuring Readiness for Change

The conceptualization of readiness as a construct is complex and not without considerable variability (see Weiner et al., 2008 for review). This variability has impacted the consistency with which the construct has been measured over time and thus, affected the implications for various studies or assessments of readiness. Change experts such as Armenakis et al. (1993) defined readiness as “the cognitive precursor to the behaviors of either resistance to, or support for, a change effort”. This definition focuses explicitly on the psychological components of readiness, including beliefs, attitudes and intentions of those who are involved in the change process. Armenakis and colleagues (1993) argue that this cognitive aspect precedes any action or behavior by individuals. This definition is consistent with other models of change including Adelman and Taylor’s (1997) four stage school-based model in which readiness building is focused on challenging the beliefs, attitudes and values of stakeholders in order to increase motivation, interest, and willingness to step away from the status-quo.

Across all disciplines (i.e. health care, business, education, government, human service, other) most currently available instruments within this area of study have limited evidence of reliability and validity. Further, Weiner et al., (2008) found that only 33% of the instruments exhibited evidence of predictive validity based on regression analyses and only 16% had undergone systematic assessments of validity and reliability. Those measures with the most validation and reliability were developed for use in large corporations undergoing technological changes or patient-focus redesign within hospitals (Cunningham et al., 2002; Ingersoll, Kirsch, Merk & Lightfoot, 2000; Lehman et al.,

2002; Molla & Licker, 2005). None of these instruments were developed for use within schools or the field of education more generally and therefore do not fit within the unique context of implementations of evidence-based practices in schools.

Readiness for Change in School Mental Health Research

Given the increased attention to mental health programming in the recent years, some researchers have acknowledged the utility of assessing readiness when deciding how to allocate funds and/or training resources to schools (Flaspohler et al, 2008; Robbins, Collins, Liaupsin, Illback, & Call, 2004; Short & Fortier, 2015). Knowledge regarding potential obstacles to successful change may be useful to administrators when rolling out federal policy and mandates, as well as when prioritizing a limited number of school buildings in which to pilot a new resource or program. Assessing perceptions of readiness is informative in identifying those schools that are most adequately prepared for reform, as well as those schools, or individual stakeholder groups, who may benefit from increased support and collaboration in an effort to enhance the climate for change prior to moving forward with full change initiatives.

In reviewing the school-based literature on readiness, there have been two major categories of study: (1) the use of baseline readiness assessments to select pilot schools for systems reform, and (2) assessing readiness or its components in relation to school climate variables. Flaspohler et al. (2008) and Robbins et al. (2004) conducted baseline readiness assessments with the aim of identifying elementary school communities that had initial capacities in place to maximize their likelihood of success in implementation of an initiative. However, the authors of these studies reported few empirical results associated with the readiness assessment or how it related to outcomes, and instead provided a detailed qualitative account of their process. Further, the researchers in these studies created their own measures and techniques for assessing readiness. Although

these measures were based on a model of readiness (A-VICTORY; Davis & Salasin, 1975), their measures had no psychometric testing and included the use of single informant responses (e.g., principal to represent the whole school), as well as more time-intensive interviews and site visits. As such, these studies do not inform the development of a brief, generalizable tool for assessing readiness in schools.

The second category of studies focused on understanding the components of readiness (Goh, Cousins, & Elliott, 2006; Kearney & Smith, 2009). For example, Goh et al., (2006) surveyed educators (N=970) from 41 middle and high schools to learn about teacher and administrator perceptions of organizational learning, evaluative inquiry, and readiness for change in schools, using a survey adapted from five previously created questionnaires. The results indicated that in general, informants perceived bureaucracy in the schools as a hindrance to change, but that overall educators viewed their schools as moderately ready for change (average score was 3.4 on a 5-point scale). However, the implications associated with this information are limited. First, no information is provided about the psychometric properties of the measurement tools used. Second, although both teachers and administrators were included in one of the samples (Goh et al., 2006), the authors did not examine the data from these groups separately. Thus, it is unclear if different stakeholders hold differing views of readiness.

Examining discrepancies and/or similarities in stakeholder perspectives is important for two reasons. First, teachers, principals and other school stakeholders (i.e. SMH staff and students) have differing perspectives of a variety of school level factors. For example, research has illustrated that on average, principal's rate or perceive their

schools more positively on a variety of indices than the individuals within the school (Desimone, 2006; Nusser & Haller, 1995; Ross et al., 1997). Thus, it can be argued that, collectively, teacher or other school staff perceptions may provide a better representation of building or school level variables than that of a single administrator. At the very least, it is important to acknowledge and assess for these potential differences in perspectives with the overall goal of identifying whether one informant groups' perception of readiness is most related to adoption and implementation of services.

In addition to examining the unique perspectives of stakeholder groups, it may also be important to consider the readiness of specific communities within schools (e.g. teachers, administrators, SMH staff), as rated by different informants. For example, researchers have found that implementation of interventions for social and emotional learning is directly related to principal support for the intervention, even when assessed by the teaching staff (Ransford, Greenberg, Domitrovich, Small & Jacobson, 2009). Likewise, Forman et al., (2009) interviewed developers of evidence-based interventions and found that (1) support from principals and (2) leadership style were viewed as key to successful implementation. However, because teachers or school mental health professionals are typically the implementers of the service, the readiness of that community may be most related to the integrity with which a service is implemented.

Interestingly, none of the above studies used a psychometrically-acceptable measure of readiness. To the author's knowledge, the only questionnaire assessing readiness (as presently conceptualized) in schools that has any reported psychometric evaluation is the Change Orientation Scale (COS) developed by Kearney and Smith

(2009). This measure assesses elementary school teacher and principal receptivity and willingness to change. Initial principal component analyses found high internal reliability of the measure; teacher factor ($\alpha=.95$), principal factor ($\alpha=.87$) and community factor ($\alpha=.87$). Additionally, Kearney and Smith (2009) investigated the relationship between teacher-rated openness to change and the schools' organization climate. Evidence was found for the relationship between teacher openness to change and organizational climate, specifically teacher behavior ($r = .71$), achievement press ($r = .55$) and collegial leadership ($r = .67$). Similarly, principal openness to change was positively correlated with teacher behavior ($r = .39$), achievement press ($r = .51$) and collegial leadership ($r = .82$) (Kearney & Smith, 2009). This study provided preliminary evidence for the psychometrics of this brief measure, and thus offers a useful base for further measurement development

In summary, there are considerable gaps in the school mental health literature with regards to understanding readiness and its relationship to adoption and implementation of evidence-based services. First, the study of readiness, generally and in schools, lacks standardization and consistency in measurement technique. Namely, minimal evidence of the psychometric properties of any measure of readiness in schools exists. Second, there has been limited attention to the unique perspectives of relevant school stakeholders when assessing community readiness for change. Lastly, although the organizational change literature has made connections between readiness for change and implementation efforts (Armenakis et al., 1993; Rogers, 2003), there is no research to date that focuses on making a direct, empirical connection between a school community's

readiness level and their use of evidence-based strategies (i.e. concurrent validity). Taken together, there is a considerable need for a valid, reliable, and efficient measure that can assess multiple stakeholder views, differentiate schools that are high and low on readiness, and offer promise for predicting future behavior (i.e., successful use of evidence-based practices).

Current Study

The goals of this study were to address several limitations in the literature by assessing the psychometric properties of the COS (Aim 1), examining readiness in multiple stakeholder communities (i.e. teachers, school mental health staff, and administrators; henceforth referred to as communities) as perceived by multiple informants (i.e. teachers, school mental health staff, and administrators) in order to examine unique profiles of schools, informants, and stakeholder communities (Aim 2); and examining how readiness for change within schools is related to reported use of a specific positive behavior support strategy and participation in recent school mental health initiatives (Aim 3). Undoubtedly there is still work to be done in untangling the complexities of the construct of readiness, as well as the various factors that may precede or come as a result of readiness. However, this study takes an important first step that can lay the foundation for future hypotheses, measure development, and prediction of implementation.

This Change Orientation Scale (described below: Kearney & Smith, 2009) was utilized to assess stakeholder perceptions of readiness for change. Although there are limitations to this measures, it was selected for use in this project because it is one of the only brief (19 items), survey measures with any psychometric support for use in school based populations. The archival data set analyzed in this study allowed for assessment of adoption and reported use of specific school mental health strategies in a number of ways. Specifically, the dataset included (a) an individual and building-level indicator of teachers' adoption of a new program (i.e., the daily report card - online (DRC.O) system;

Mixon & Owens, 2016) for all schools in the dataset; and (b) an individual-level, teacher community-level, and principal-level indicator that reflects the use of components of the School-Wide Positive Behavioral Supports (SW-PBS) framework; a district wide, evidence-based, school mental health initiative (Sugai & Horner, 2002).

With regard to Aim 1, it was predicted that the previously identified factors will be internally reliable. With regard to Aim 2, the goal was to determine if meaningful differences in readiness levels could be detected between schools, informants and communities. Consistent with previous research (Desimone, 2006), it was expected that principals' report of staff readiness would be higher than that of teachers and SMH staff. With regard to Aim 3, it was hypothesized that schools in which informants are, on the average, reporting higher levels of readiness, there would also be a greater percentage of implementation of evidence-based services, and more consistent use of the PBS procedures, as reported by teachers, principals, and SMH staff.

Method

Participants

The investigator analyzed archival data from a sample of convenience. Data analyzed in this study included responses from 194 general education teachers, 47 school mental health staff, and 13 building-level administrators from 11 elementary schools in two districts in southeast Ohio. School mental health staff included school social workers, school counselors, school psychologists, special education teachers, intervention specialists, title teachers, and behavior coaches. Building administrators included principals, assistant principals and deans of students. The survey completion rate was 83.06% for teachers, 73.44% for school mental health professionals, and 81.13% for administrators. These response rates are based off the total number of individuals invited to complete the survey and the consenting participants. The participants had, on the average, 14.56 ($SD = 8.81$) years of experience in the field of education. Participants were recruited from two school districts; one in a rural community and one in a small city where the school populations are >90% Caucasian.

Measures

Demographics. Participants reported the name of the school in which they serve, title or role within the school, years of experience in the field of education, within the current district and with the current principal.

The Change Orientation Scale (COS). The COS is a 19 item numeric rating scale to assess orientation to change (Kearney & Smith, 2009). The original instrument assesses three communities' level of orientation or openness to change; principal, teacher

and outside community. The outside community subscale was not included in this study because it was outside of the project goals. Because this study intended to assess the readiness of multiple communities by multiple informant types, a subscale was added to assess school mental health staff orientation to change. Items on this scale mirror those on the teacher subscale. Example items include: “Teachers in this school embrace new ideas relating to mental health and behavioral supports” and “In this school, the building level administrators are committed to major change relating to school mental health, counseling and PBS.” Informants rate each item on a five point Likert-type scale ranging from *Strongly Agree* to *Strongly Disagree* with a neutral option in the middle. Higher scores reflected greater readiness. In a previous study, the internal reliability estimate (i.e., Cronbach’s alpha) of the three subsets are strong (faculty orientation to change, .95, principal orientation to change, .87, and community pressure for change, .87) (Kearney & Smith, 2009).

Teachers’ participation in school mental health initiatives. During the year the COS was collected, both districts had participated in a study examining the utility of an interactive, online resource designed to increase teachers’ access to and adoption of an evidence-based classroom intervention for youth with academic and behavior problems, the Daily Report Card (DRC; Mixon & Owens., 2016). The DRC is a tier-two intervention effective at improving academic outcomes and reducing disruptive behaviors (Owens et al., 2012; Vannest, Davis, Davis, Mason & Burke, 2010). In addition to the online resource (i.e., the DRC- Online; DRC.O), teachers received consultation with project staff as needed. All teachers were invited to participate and could do so by

referring a student in their classroom who exhibited some level of academic or behavioral difficulty. Thus, an individual-level outcome variable is whether the teacher referred a student to the project or implemented the DRC at any time during the data collection year. A building-level outcome variable is the percentage of teachers in each building who adopted and implemented the daily report card in the 2015-2016 school year. At the individual level, this was calculated using self-report survey data. At the building level, existing data on DRC referral and adoption rates in these elementary schools were used.

Teachers' use of a specific evidence-based positive behavior support strategy.

All schools in the participating districts have, in the last 3-7 years, adopted a School-Wide Positive Behavioral Supports (SW-PBS) framework. Consistent with this framework, each teacher is expected to use a behavior wheel to document the students' daily rule following behavior, such that students are moved down a level for inappropriate behavior as identified by the teacher's classroom rules. Although there was some variability in the number of levels on the wheels across classrooms, administrators in both districts agreed that the use of the color wheel was expected of all teachers.

Although we could not assess adoption of this, it did allow us to assess implementation of a mental health initiative that was present across all participating schools. The survey asked all general education teachers the extent to which they individually followed the prescribed procedures in their classroom (PBS Self), the extent to which they thought their peer teachers followed the procedures (PBS Teachers), and the extent to which they felt their principal held teachers accountable to the PBS system (PBS Principal).

Response options included "Not at all/Never; Just a little (25% of the time); Sometimes

(at least 50% of the time); Most days (about 75% of the time); Nearly Always (nearly 100% of them time).”

Procedures

The data was collected in spring 2016 by researchers at the Center for Intervention Research in Schools at Ohio University. The researchers worked in collaboration with school district administrators to introduce the project to district faculty and staff during a monthly staff meeting. Staff were given the opportunity to ask questions and voice any concerns. Staff received an email that contained a REDCap (Research Electronic Data Capture) link to the survey. REDCap is a secure online program for data collection, storage, and management (Harris et al., 2009). The first page of the survey contained the informed consent information. Participants were directed to the survey questions once consent was documented. The survey was administered to all potential participants as part of a professional development day during which there was a specific time allotted to the survey completion. All participants completed the survey, anonymously, in one sitting as there was no option to quit and return to it at a later time. No monetary compensation was provided for participation in the study. Outcome data focused on trends at the building and district level were reviewed with district director of special education and superintendents to obtain a qualitative assessment of the validity of the data obtained.

Analytic Strategy

The archival dataset allows for the examination of internal reliability assessment of the three subscales of the COS (Aim 1). This analyses was conducted with the full

sample (N=255 and with the teacher sample only (N=194); the latter was conducted to examine the replicability of Kearney and Smith's (2009) outcomes.

To examine the extent to which readiness scores differentiate school buildings (Aim 2; regardless of informant or community), a one way analyses of variance (ANOVA) was conducted with building as the independent variable (IV) and overall readiness as the dependent variable (DV). Post-hoc analyses were conducted to examine differences between schools; only those at the .01 p-level are interpreted. Although the .01 correction is not as conservative as a full Bonferroni or Holmes correction, this level was chosen because this is the first investigation of its type and one main goal is to generate hypotheses for future research. To examine the meaningfulness of the effects detected, effect sizes for comparisons significant at .01 were calculated. This significance level, in addition to the consideration of effect sizes, will help to reduce interpretation of erroneous findings. To more thoroughly examine the effects of both informant and community within schools, effect sizes were calculated for all main effect comparisons within each school building. Patterns and effect sizes are presented.

To examine the extent to which readiness scores differentiate communities and informants (Aim 2), the interactions between the community readiness scores and informant position were examined for the total sample (e.g. collapsed across schools). Given the relatively smaller sample size for principals and SMH staff compared to teachers, appropriate statistical analyses could not be conducted and thus only descriptive statistics and effect sizes are reported.

To examine the relationship between readiness, and adoption and implementation of interventions, correlations were assessed at two levels (Aim 3). First, all informants' individual ratings of the community of teachers, SMH staffs, and principals readiness were correlated with their individual responses to three questions relating to PBS implementation (PBS Self; PBS Teachers; PBS Principal) and DRC adoption and implementation. Second, all variables were averaged at the building level (i.e. teacher, SMH staff, and principal readiness, DRC percentages, and scores on the three PBS questions). These school-aggregated variables were correlated to look at the relationships between readiness and mental health programming within a given building.

Results

Internal Consistency of the COS (Aim 1)

Internal consistency of all three subscales ranged from good to excellent when assessed using all participant responses (teacher community, $\alpha=.89$; principal orientation to change, $\alpha=.84$; and SMH staff orientation to change, $\alpha=.91$). To replicate the initial internal reliability estimates of the COS (Kearney & Smith, 2009), this analysis was also conducted with only teacher responses included. The findings were consistent with the full sample (teacher community, $\alpha=.89$; principal orientation to change, $\alpha=.85$; and SMH staff orientation to change, $\alpha=.92$) and with Kearney and Smith (2009).

Examining Aspects of Readiness in Schools (Aim 2)

Differences among schools. A one-way between subjects ANOVA was conducted to look at differences in readiness scores among schools, collapsed across informants and communities (i.e. overall readiness for all communities, as rated by all informants; see Figure 1). The homogeneity of variance assumption was violated as assessed by the Levene's test ($p=0.011$). Because of this violation, the Welch test statistic (a robust test of equality of means) was used. The omnibus test was significant demonstrating differences among the 11 elementary schools, $F(10, 89.49) = 7.06, p<.001$. Post-hoc comparisons were conducted using the Games-Howell procedure; given the large number of comparisons only those results at the .01 significance level are interpreted. School 1 had significantly greater readiness scores than six of ten other schools. Likewise, School 8 and 9 were perceived as significantly more ready than Schools 3 and 4. These three school buildings (Schools 1, 8 and 9) were the highest in

overall readiness. All Cohen's *d* effect sizes were large, ranging .98 to 1.46 (see Table 1).

Descriptive data for each school can be found in Tables A1 and A2 in Appendix A.

Table 1

Mean Differences and Effect Sizes for Schools with Significant Differences in Readiness Scores at the .01 Level Based on the Games-Howell Post-hoc Procedure

School Buildings		Mean Difference	Effect Size (<i>d</i>)
School 1	School 3	.69	1.46
School 1	School 4	.65	1.45
School 1	School 5	.44	0.98
School 1	School 6	.46	1.11
School 1	School 7	.57	1.13
School 1	School 11	.51	1.17
School 8	School 3	.55	1.36
School 8	School 4	.51	1.40
School 9	School 3	.58	1.35
School 9	School 4	.54	1.39

Figure 1. Readiness scores by school building (scores are collapsed across informant type and community). Mean readiness scores based on a 5-point scale (1=strongly disagree, 3=neutral, 5=strongly agree).

These school-based readiness scores were presented to the school district directors of special education and superintendents. These administrators reported that the readiness scores were well aligned with their perceptions of the leadership within each school building (e.g., high in School 1) and the extent to which teachers in the building have been receptive to or resistant to recent initiatives (e.g., low in School 3). They reported appreciating that the data validated their preliminary concerns. This report offers some informal validity to the building-level readiness scores.

Differences between informants and communities within schools. Figure 2 and Figure 3 provide visual representations of readiness scores of each community by school (Figure 2) and as rated by each informant by school (Figure 3). The patterns that emerged are discussed below (effect sizes representing the differences between the three communities in each building and the three informants within each building are provided

in Appendix A, Table A3). First, with regard to the communities, as can be seen in Figure 2, teachers were generally perceived as less ready than principals and SMH staff. Effect sizes indicate that this difference was likely meaningful in five schools. Namely, teachers were perceived as less ready than principals in Schools 1, 4, and 10 (effect sizes (ES) ranged from .76 to 1.04) and less ready than SMH professional in Schools 3 and 5 (ES = .74 and .75, respectively). There were no instances in which the teachers were viewed as more ready relative to the other communities. Lastly, there was one school (School 4) in which principals were perceived as more ready than the SMH staff (ES=.79).

Figure 2. Readiness scores of each community by school (scores are collapsed across informants).

Figure 3. Readiness scores as rated by each informant by school (scores collapsed across communities).

Second, with regard to informant, a pattern emerged in 5 of the 11 schools, in which SMH staff rated overall readiness lower than did the administrators in the building (ES ranged from .9 to 1.75). In two buildings (Schools 10 and 11), SMH staff also rated readiness lower than did teachers (ES = 1.17 and .89, respectively). In contrast, however, in Schools 8 and 9 SMH staff rated readiness higher than did the administrator in the building (ES = .86 and 1.6, respectively). With regard to teachers and building administrators, in four schools, teachers rated overall readiness lower than did the administrator in the building (ES ranged from .78 to 2.76). However, in School 8, teacher and administrator ratings showed a large effect in the opposite direction (ES= .77).

Interaction between informant and community collapsed across schools.

Given the large number of schools, complexity in studying interactions, and exploratory nature of the study, the interaction between informant and community was examined without consideration of the specific schools. Although the statistical analyses could not be completed, examining mean differences and effect sizes using Cohen's d among variables can provide a preliminary understanding of this data. Means and standard deviations for this analysis are provided in Table 2 and graphical representation of the interaction is provided in Figure 4.

Table 2

Readiness Scores of Communities by Informant Groups Collapsed Across Schools

Informant	<u>Teacher Community</u>		<u>Principal Community</u>		<u>SMH Community</u>		<u>All Communities</u>	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Teachers (n=194)	3.65	.55	3.84	.61	3.76	.58	3.73	.51
Administrators (n=14)	3.60	.45	4.17	.40	3.93	.44	3.87	.33
SMH Staff (n=47)	3.40	.60	3.78	.55	3.79	.56	3.63	.45
All Informants (n=255)	3.59	.56	3.85	.59	3.77	.57	3.72	.49

Note. Values are mean readiness scores based on a 5-point scale (1=strongly disagree, 3=neutral, 5=strongly agree).

Figure 4. Interaction between informant type and community readiness scores

Large effects were found for a number of comparisons. Specifically, building administrators ($M = 4.17$) rated the principal community more favorably than did either teachers ($M = 3.84$) or SMH staff ($M = 3.78$) ($ES = .64$ and $.81$, respectively). All informants rated teachers as less ready than principals, but the effect was largest for the building administration informants ($ES = 1.34$) and smallest for the teacher informants ($ES = .33$). A similar result appeared such that teachers were perceived as less ready than SMH staff, but this effect was only moderate to large for administrators and SMH informants ($ES = .74$ and $.63$). The most robust pattern in both the within school and overall data is that teachers are viewed as generally less ready than principals and SMH staff.

Relationship between Readiness and Intervention Adoption and Implementation

(Aim 3)

In considering Aim 3, correlations were examined to consider the associations between readiness scores, and intervention adoption and implementation. Per individual informant ratings (see Table 3), perceived principal and teacher readiness were positively correlated (r s ranged from .19 to .38; all p s < .01) with self-reported use of PBS, use of PBS by the teacher community in the school, and the principal accountability to PBS. Additionally, SMH staff readiness was correlated (r s ranged from .15 to .19; all p s < .05) with all three PBS variables. No relationship was found between the individuals ratings of readiness and self-reported use of the DRC intervention.

Table 3

Correlations among Individual Level Study Variables

Measures	1	2	3	4	5	6	7	8	9	10	11
1. Tch. Readiness	--										
2. Prin. Readiness	.56**	--									
3. SMH Readiness	.67**	.56**	--								
4. Total Readiness	.89**	.80**	.87**	--							
5. PBS Self ^a	.19*	.20**	.15*	.20**	--						
6. PBS Principal	.36**	.34**	.16*	.34**	.52**	--					
7. PBS Teachers	.38**	.25**	.19**	.33**	.58**	.66**	--				
8. DRC Referral ^a	-.02	.02	-.09	-.03	.06	-.05	-.06	--			
9. DRC Implement ^a	-.06	.06	-.04	-.02	.05	.06	.01	.66**	--		
10. Years Ed Field	.08	.06	.09	.09	-.10	.06	.00	-.07	-.00	--	
11. Years Building	-.01	-.06	-.06	-.04	-.03	.05	-.01	.08	.16*	.30**	--
12. Years Principal	.09	.04	.12	.10	.03	.02	.01	-.12	-.05	.28**	.06

Note. The DRC Referral and DRC Implement variables reflect participant self-reported participation in the DRC initiative.

^a N=194; For all other correlations, N=254.

* $p < .05$, ** $p < .01$.

Per informant ratings aggregated at the building level (Table 4), there was no significant relationship between teachers' self-rated use of PBS and any domain of readiness (r s ranged from .10 to .24; all $ps > .05$). Teacher readiness was significantly correlated with perceived use of PBS by the teacher community ($r = .62$), as well as principal accountability ($r = .65$) to PBS at the .05 level. No other correlations between predictors and outcome variables were significant.

Table 4

Correlations among Study Variables Aggregated at the Building Level

Measures	1	2	3	4	5	6	7	8
1.Tch. Readiness	--							
2.Prin. Readiness	.73*	--						
3.SMH Readiness	.83**	.63*	--					
4.PBS Self	.24	.18	.10	--				
5.PBS Principal	.65*	.45	.39	.74**	--			
6.PBS Teacher	.62*	.36	.44	.83**	.89**	--		
7.DRC Referral	.39	.32	.14	.56	.53	.43	--	
8.DRC Implement	.16	.23	-.09	.71*	.56	.52	.89*	--

Note. The DRC Referral and DRC Implement variables reflect building percentages of DRC referrals and DRC implementers based on data obtained by the Center for Intervention Research in Schools during the corresponding project data collection.

* $p < .05$, ** $p < .01$.

Discussion

The goal of this study was to address several limitations in the literature related to the measurement and role of readiness for change in school mental health. Specifically, the aims were to further validate the psychometrics of a specific measure of readiness, provide a preliminary examination of the variability of readiness in schools and stakeholder communities, as perceived by multiple informants, and examine the relationship between readiness and intervention implementation or uptake. This line of research is focused on the long term goal of (1) being able to easily assess readiness and (2) use it as a tool for identifying schools or communities within schools that may benefit from additional intervention or support prior to the introduction of a new initiative. Although the study has several limitations, it provides initial empirical support for continued study of readiness in understanding intervention uptake and implementation.

First, the results provide additional support for the use of the Change Orientation Scale in school-based contexts. The initial study investigating the validity of the COS was conducted using a large sample of teachers (N=4000 in 112 schools) and yielded excellent internal reliabilities for all subscales (Kearney & Smith, 2009). The current study extended this finding by expanding the participant pool to include school mental health staff and administrators. The internal reliability estimates remained excellent for all subscales assessed (teacher, principal, and SMH Staff) when considering teacher only responses, as well as the full participant dataset. Given the notable shortcomings in the current state of readiness assessment across disciplines, in addition to the specific limitations in the school-based research (e.g. studies using qualitative assessments or

measures with no psychometric properties), these results bolster the utility of the COS in assessing community readiness via multiple key stakeholders in the education setting.

Second, consistent with findings that there is variability in school professionals knowledge, beliefs, skills, and use of evidence-based interventions, the current data suggests that there is also variability in levels of readiness among school buildings; representing variability in readiness of the individuals and communities that make-up these schools. Indeed, the results of this investigation indicate that the COS can likely be used to differentiate schools based on their overall level of readiness. This is the first study to provide empirical evidence for the utility of readiness in making such distinctions and more specifically, the first to use a brief measure of readiness completed by multiple informant groups. Namely, there were statistical and meaningful differences between schools (ES ranged from 0.98 to 1.46). This is a particularly important finding as it provides an initial foundation for using brief assessments when trying to identify schools that would be most ready for and open to piloting a new project, rather than more arduous processes like those described by Flaspohler et al., (2008) and Robbins et al., (2004). The qualitative reports from the directors of special education and the superintendents further strengthen the validity of the COS for this purpose. Specifically, a difference in readiness scores of at least 0.5 seemed to be noticeable to the district administrators (i.e. School 1 vs School 3) while a difference of 0.25 points on the readiness scale, regardless of statistical significance, did not seem observably different to the administrators with more direct experience with those school communities.

Third, consistent with past research (Wanless, Patton, Rimm-Kaufman & Deutsch, 2012) there was also variability in informant perceptions within individual schools. Specifically, in schools where variability between informants occurred, SMH staff tended to rate school readiness lower than teachers did, whereas building administrators tended to rate readiness higher than did the teachers. Given past research indicating that principals often view their school more positively than other stakeholders (Desimone, 2006), it is not surprising that this was also found when assessing readiness. Collectively, these findings may suggest that ratings of readiness by building administrators alone may overestimate readiness perceived by teachers and SMH staff. Thus, obtaining efficient ratings from diverse informants may provide more fruitful information than a focused interview with just one or two building representatives (e.g. the principal).

Fourth, at both the school level (Figure 2) and the overall sample (Figure 4) agreement was found such that the teacher community tended to be rated lower than principal community (ES: .25 to 1.04) and SMH staff community (ES: .07 to .75). This finding may reflect the ongoing tension between the fields of education and mental health. Mental health and well-being have become increasingly rooted within schools, yet teachers often describe a division between their perceived role as an educator and their 'new' role as a manager of student behavior (Reinke et al., 2011). Potentially this disconnect is perceived by other stakeholders and viewed as a lack of openness or willingness on the teachers' part to take on new or different school mental health initiatives in the classroom. This perception may be driving the low overall SMH staff-

rated readiness scores as this group is likely most involved with, and attuned to school action related to improving mental health and wellness. Notably, although there were a number of interesting trends, there were also schools in which no differences were identified among the communities and/or informants being assessed. This again highlights the unique aspects of schools and bolsters the importance of considering specific characteristics of individual schools when working within this discipline and context.

Fifth, significant correlations were identified between readiness scores and PBS implementation scores at both the individual (Table 3) and aggregate school building level (Table 4). All correlations were greater at the building level than at the individual level; however, power in detecting significance at the building level was limited due to the reduced sample size (i.e. 11 buildings). This finding is consistent with the above results demonstrating that differences exist among schools, and thus accounting for school building would potentially impact the strength of the relationships. At the building level, teacher readiness was moderately to strongly related to perceptions of teachers' classroom use of PBS ($r = .62$), as well as perceptions of the extent to which the principals holds teachers' accountable to PBS protocols ($r = .65$; see Table 4). Given that teacher readiness scores reflect the readiness of the whole community of teachers, it is reasonable that the relationship between PBS self (i.e. to what extent do I implement these procedures) was weak, while the relationship with PBS of the teacher community (i.e. to what extent do teachers in this building implement these procedures) was moderate to strong. This provides preliminary evidence that teacher communities higher

in readiness may be implementing the PBS procedures more consistently. Theoretically, this finding lends support to Adelman and Taylor's (1997) framework highlighting the importance of generating interest and support for a change effort during the readiness phase in order to maximize potential success during initial implementation, scale-up, and sustainment processes. Aligning with this framework, schools in which the teacher community was viewed as more ready and open to SMH change initiatives, PBS techniques were also rated as being implemented more consistently. Stated differently, higher readiness paralleled higher reported rates of implementation.

Likewise, these results indicate that in schools where principals are perceived to be holding teachers more accountable to implementation procedures, the readiness of the teacher community is higher. This is consistent with past research demonstrating that principal support and buy-in for new initiatives are related to teacher integrity behaviors (Wanless et al., 2013). Further, principal readiness was correlated ($r = .45$) with perceptions of principal accountability indicating that administrators that are perceived as more ready are also those that are viewed as demonstrating more prioritization of and personal responsibility for PBS in their schools. The presence of these associations provides promising initial evidence for the relationship between community readiness, specifically teacher and principal readiness, and implementation of building-wide mental health/behavior management strategies. Additional prospective research with objective assessments of implementation integrity and principal accountability would offer a rigorous assessment of this hypothesis. Likewise, a longitudinal study design would be

necessary to make causal conclusions in regards to the relationship between readiness and intervention adoption and implementation.

Conversely, no significant associations appeared between readiness scores and DRC referral or implementation. At the individual level, the absence of a relationship is not surprising given the disconnect between the level at which readiness and DRC variables are being examined. All readiness scores reflect a community (e.g. teachers or SMH staff), whereas the DRC variable reflects an individual's use of the DRC. It is understandable that individuals may personally have implemented a DRC, but view the greater community of teachers in their school to be low on readiness. Indeed, participants in the DRC.O initiative may have provided higher readiness scores for themselves as individuals had this been assessed (i.e., they may represent the innovators in their respective buildings). These correlations increased at the building level with the strongest relationship emerging between teacher readiness and DRC referrals ($r = .39$), reflecting that schools with higher teacher community readiness also have a greater percentage of teachers who were willing to adopt the DRC intervention. The relationship between teacher readiness and DRC implementation ($r = .16$) may have been weaker due to the other variables impacting the teachers' ability to use the DRC. For example, teachers were required to obtain parent and child assent in order to begin implementation and this may have impacted teachers' ability to move forward from the referral stage. Principal readiness was also marginally related to DRC referrals at the building level ($r = .32$) which again demonstrates the impact of perceptions of principal behavior on teacher behavior.

This study has a number of limitations that warrant consideration. First, data (with the exception of building level DRC rates) was collected at one time point which inhibited the ability to examine whether variations in readiness impacted adoption and implementation of a new initiative at a later time point. Second, the indicators for the PBS implementation were collected through self-report survey data and rated by the same individuals who rated readiness in the schools. Ideally, intervention adoption and implementation would be assessed through an alternate objective method (e.g. observation) at a later time point. Third, the small sample size of principals and issues related to nesting within schools (e.g., school mental health staff served multiple buildings and thus could not be independently nested within school) limited our ability to conduct more complex statistical analyses. Likewise, the large variability in sample sizes of each informant group led to violations in test assumptions, further limiting the types of analyses conducted and the interpretability of the results.

Although there are limitations to the study and thus its implications, the study provides promising preliminary evidence for the use of the COS to measure readiness for change in schools. The findings suggest that brief assessments of readiness at a very broad level (e.g. openness and willingness to change) can be used to differentiate between school buildings that are high and low on readiness, and additionally highlight variability in readiness among individual communities within a school. Thus, it is recommended that the COS be used in future studies (rather than investigator-developed measures) as the use of a consistent measure across studies will facilitate a body of comparable evidence. In addition, informant ratings suggest that using single informant

interviews (e.g., with the principal only) may overestimate the readiness of the school community. Thus, obtaining ratings from multiple diverse informants is recommended. Further, the results provide initial evidence for the relationship between teacher and principal readiness and intervention implementation which can serve as a foundation for future research in this domain. This foundation suggests that assessing prospective and temporal relationships between readiness and adoption and implementation may be fruitful.

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Appendix A: Additional Tables & Figures

Table A1

Number of Participants by Informant Type and School Building

School Building	Building Administrators	General Education Teachers	School Mental Health Staff ^a	Total
1	2	27	7	36
2	1	13	4	18
3	2	20	4	26
4	1	15	1	16
5	2	19	4	25
6	2	19	1	22
7	0	20	9	29
8	1	21	7	29
9	1	17	3	21
10	1	10	5	16
11	1	13	3	17
Total	14	194	47	255

^a Several SMH staff served multiple buildings in the district and thus completed surveys for each building in which they worked.

Table A2

Means (Standard Deviations) for Readiness Scores and Participation in SMH Initiatives by School Building

School	Overall Readiness	Teacher Readiness	Principal Readiness	SMH Staff Readiness	PBS Self	PBS Principal	PBS Teachers	DRC Referral	DRC Implement
Mean (SD)								Building % Rate	
1	4.08 (.51)	3.84 (.65)	4.39 (.46)	4.11 (.63)	3.48 (1.15)	3.18 (1.06)	3.36 (.78)	2.94	2.94
2	3.76 (.62)	3.66 (.74)	3.97 (.54)	3.70 (.75)	2.31 (1.49)	2.42 (1.35)	2.37 (1.26)	5.88	0.00
3	3.39 (.43)	3.24 (.58)	3.39 (.63)	3.61 (.47)	2.86 (1.35)	2.17 (1.42)	2.30 (.99)	3.03	3.03
4	3.43 (.38)	3.27 (.45)	3.74 (.45)	3.35 (.55)	3.33 (.90)	2.06 (1.12)	2.44 (.63)	25.00	12.50
5	3.64 (.38)	3.48 (.48)	3.64 (.58)	3.84 (.48)	3.32 (1.16)	2.08 (1.38)	2.96 (.87)	18.52	7.41
6	3.62 (.30)	3.52 (.35)	3.63 (.44)	3.74 (.42)	3.00 (1.25)	2.70 (1.15)	2.87 (.76)	3.03	3.03
7	3.51 (.50)	3.37 (.57)	3.66 (.56)	3.56 (.58)	3.95 (.05)	3.43 (.82)	3.2 (.76)	25.00	12.50
8	3.94 (.35)	3.87 (.39)	4.09 (.46)	3.89 (.42)	3.76 (.14)	3.68 (.72)	3.46 (.74)	73.33	26.67
9	3.97 (.40)	3.97 (.43)	3.93 (.47)	4.00 (.39)	3.76 (.11)	3.82 (.4)	3.64 (.58)	36.36	9.09
10	3.71 (.56)	3.56 (.51)	4.02 (.61)	3.66 (.68)	3.91 (.09)	3.71 (.47)	3.59 (.51)	33.33	22.22
11	3.58 (.33)	3.59 (.33)	3.54 (.43)	3.59 (.43)	3.77 (.12)	3.41 (1.06)	3.76(.44)	10.00	10.00

Note. DRC Referral and DRC Implement variables correspond to the percentages of eligible individuals from each building that referred a student to the DRC project or implemented a DRC. Schools are ranked from highest to lowest overall readiness score.

Table A3

Effect Size Differences for Informants and Communities within Each School Building

Factor	School Building										
	1	2	3	4	5	6	7	8	9	10	11
Informant Comparisons											
Admin v SMH	0.90	1.53	1.36	-	1.21	0.20	-	-0.86	-1.60	1.75	0.00
Admin v Teacher	0.33	1.38	0.25	2.76	0.78	0.09	-	-0.77	-0.38	-0.43	0.89
Teacher v SMH	0.43	0.49	0.54	-	-0.10	0.22	0.22	0.09	0.04	1.17	0.89
Community Comparisons											
Prin v SMH	0.48	0.41	-0.43	0.79	-0.39	-0.28	0.17	0.46	-0.15	0.49	-0.01
Prin v Teacher	0.95	0.48	0.25	1.04	0.29	0.25	0.52	0.54	0.08	0.76	0.13
Teacher v SMH	-0.42	-0.32	-0.74	-0.15	-0.75	-0.57	-0.34	-0.07	-0.07	-0.18	0.01

Figure A1. Visual depiction of study design

Appendix B: Measures

Perceptions of School Community Scale

Directions: When completing this survey, please specifically consider initiatives and innovations relating to school mental health, counseling and positive behavior supports (e.g. behavioral supports and coaching, Positive Behavior Supports (PBS), Youth Experiencing Success in School (YESS), Project to Learn about Youth (PLAY), Challenging Horizons Programs, Daily Report Card) in this school community.

A. Please select the building in which you work: (appropriate schools for the district provided)

☐ XX Elementary

B. Please select the box that best represents your position in this school:

☐ Teachers (general education only)

☐ Mental Health Support Staff (e.g. therapists, counselors, coaches, social workers, intervention specialists, title staffs, psychologists)

☐ Administration (i.e. principal, dean of students)

Please mark the extent to which you agree with statements below.

1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree

When answering the following questions please specifically consider building level administrators (i.e. principal and dean of students)					
1. In this school, the building level administrators are committed to major change relating to school mental health, counseling and PBIS.	1	2	3	4	5
2. In this school, the building level administrators are hesitant to make changes relating to school mental health, counseling and PBIS.	1	2	3	4	5
3. In this school, the building level administrators often avoid new suggestions regarding mental health and behavioral supports.	1	2	3	4	5
4. The building level administrators in this school embrace change initiatives relating to mental health and behavioral support.	1	2	3	4	5
5. In this school, building level administrators are committed to no change (stability) relating to school mental health, counseling and PBIS.	1	2	3	4	5
6. In this school, the building level administrators often resist-change suggested by parents relating to school mental health, counseling and PBIS	1	2	3	4	5

7. In this school, building level administration receives support from central office for mental health and behavior supports when requested.	1	2	3	4	5
8. Mental health and behavioral support initiatives are a priority in this school for building level administration.	1	2	3	4	5
When answering the following questions please specifically consider general education teachers.					
9. In this school, teachers welcome change relating to school mental health, counseling and PBIS.	1	2	3	4	5
10. Teachers in this school embrace new ideas relating to mental health and behavioral supports.	1	2	3	4	5
11. Teachers in this school readily accept changes to new rules and procedures relating to school mental health, counseling and PBIS.	1	2	3	4	5
12. In this school, the teachers appreciate innovation relating to school mental health, counseling and PBIS.	1	2	3	4	5
13. Teachers are opposed to all but minimal change related to school mental health, counseling and PBIS.	1	2	3	4	5
14. Teachers in this school would rather challenge new initiatives relate to school mental health, counseling and PBIS than commit to them.	1	2	3	4	5
15. In this school teachers are receptive to substantial changes relating to school mental health, counseling and PBIS.	1	2	3	4	5
16. In this school, major change related to school mental health, counseling and PBIS is challenged.	1	2	3	4	5
17. The rhetoric of change in this school is strong, but actual change related to school mental health, counseling and PBIS is limited	1	2	3	4	5
18. In this school, teachers receive support for mental health and behavioral supports when requested.	1	2	3	4	5
19. Mental health and behavioral support initiatives are a priority in this school for teachers.	1	2	3	4	5
When answering the following questions please specifically consider school mental health support staff (e.g. therapists, counselors, coaches, social workers, intervention specialists, title staffs, psychologists.					
20. In this school, support staff welcome change relating to school mental health, counseling and PBIS.	1	2	3	4	5
21. Support staff in this school embrace new ideas relating to mental health and behavioral supports.	1	2	3	4	5
22. Support staff in this school readily accept changes to new rules and procedures relating to school mental health, counseling and PBIS.	1	2	3	4	5

23. In this school, the support staff appreciate innovation relating to school mental health, counseling and PBIS.	1	2	3	4	5
24. Support staff are opposed to all but minimal change related to school mental health, counseling and PBIS.	1	2	3	4	5
25. Support staff in this school would rather challenge new initiatives relate to school mental health, counseling and PBIS than commit to them.	1	2	3	4	5
26. In this schools, support staff are receptive to substantial changes relating to school mental health, counseling and PBIS	1	2	3	4	5
27. In this school, support staff receives support for mental health and behavior supports when requested.	1	2	3	4	5
28. Mental health and behavioral support initiatives are a priority in this school for support staff.	1	2	3	4	5

29. Including this year, how many total years have you worked in the field of education?
[1-50]

30. How many years have you worked in this school building (including this year)? [1 – 40]

31. How many years have you worked with the current principal (including this year)?
[1-40]

As part of PBIS programming, teachers in this district are expected to use a levels system (e.g., behavior wheel) to manage behavior in their classroom. If teachers are doing this as prescribed, they would on a daily basis, give students feedback on positive and negative behaviors and move student clips to different levels (e.g., colors on the wheel) in accordance with this feedback.

For the next set of questions, use the following responses:

- 0 - Not at all/Never
- 1 - Just a little (25% of the time)
- 2 - Sometime (at least 50% of them time)
- 3 - Most days (about 75% of the time)
- 4 - Nearly Always (nearly 100% of them time)

41. For Teachers Only: To what extent do **you** follow these prescribed procedures in your classroom?

42. To what extent does the principal hold teachers accountable to these procedures?

43. To what extent do teachers in this building follow these prescribed procedures?

For Elementary Teachers Only

44. Did you refer a student to the DRC.O/YESS program this year?	Yes	No
45. Did you implement the DRC this year using the DRC.O website?	Yes	No

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